

**Chiropractic Fellowship of PA
Summary of Legislation
July 2017**

Senate Passes Series of “Code” Bills Needed to Fund FY 2017-18 Budget, After House Effort Fails

The Senate resumed session on July 26 and 27. They addressed five budget implementation and revenue raising code bills, which direct and fund how the spending law passed in June will be driven out.

Here is a breakdown of the highlights of each of the bills as provided by Republican committee summaries and fiscal notes:

TAX REFORM CODE

House Bill 542 introduced by Rep. Curtis Thomas (D-Philadelphia), legislation that was originally intended to require remote vendors to provide information about Pennsylvania’s sales and use tax to buyers.

The key provisions related to the **\$1.7965 billion revenue package** included in the bill after the Senate Appropriations Committee amended the legislation were included in an omnibus amendment sponsored by Sen. Pat Browne (R-Lehigh). No tax changes of interest to health care providers is contained in the Senate amendments.

HUMAN SERVICES CODE

HB 59 contains numerous controversial Medicaid changes made in the House, though a Senate amendment removed provisions that placed a **medical service premium on children with disabilities** and a limitation of choice for managed care for individuals on medical assistance. However, the chamber did keep in place the work requirements, but also made the following changes:

Evaluation of Software Programs

Requires the Department of Human Services to engage in an evaluation of the efficacy and cost effectiveness of software programs designed to identify and prevent welfare fraud and similar activities.

Total Population Coordinated Care Management

The legislation requires the Department of Human Services to issue an RFP and enter into a contract for a Total Population Coordinated Care Management Pilot Program in one Medicaid managed care region of the Commonwealth to incorporate evidence-based medicine into physical and behavioral health decisions for Medicaid recipients. A region for this pilot program has yet to be selected. This section could have major impacts for non-MD providers.

Federal Waivers

Directs the Department of Human Services to seek federal waivers from the prohibition against using Federal Medicaid financing for the care provided to the most patients in mental health and substance use disorder residential treatment facilities larger than 16 beds.

A waiver or state plan amendment that is designed to reduce the Commonwealth’s financial burden for medical assistance programs before requesting supplemental appropriations.

For design options or reports that require reasonable **employment or job search** requirements for nondisabled, non-pregnant, nonelderly Medicaid eligible adults, as well as appropriate limits on nonessential benefits.

Compliance with Federal Medicaid Asset Verification System Requirements

The legislation implements an electronic asset verification process to determine the eligibility of Medicaid applicants and recipients in order to comply with federal law.

Surgical Centers

Requires ambulatory surgical centers to provide a yearly report to the department.

ADMINISTRATIVE CODE

House Bill 118 was used as the vehicle for the Administrative Code. The legislation, sponsored by Rep. Aaron Kaufer (R-Luzerne), was originally designed to require the development of strategies to combat the opioid epidemic.

An omnibus amendments sponsored by Sen. Pat Browne (R-Lehigh) made the following changes:

Department of Revenue employees with access to federal tax information must provide a criminal history record and fingerprints; legislators who are members of the Pennsylvania Commission on Crime and Delinquency are allowed to designate legislative staff as alternates; the Pennsylvania State Police is authorized to increase the fee for criminal background checks through publication in the Pennsylvania Bulletin; allows the Office of Attorney General to keep 25 percent of debt, taxes, and accounts collected for the Commonwealths, capped at \$2.5 million per fiscal year; prohibits the closing of a state correctional facility during FY 2017-2018 without a public hearing; **transfers \$200 million from the Joint Underwriting Association to the General Fund and addresses past legal challenges**; requires Environmental Quality Board rulemaking that would utilize federal discharge limits for manganese or sources that are more than five miles from a drinking water source; extends the sunset date for the recycling fee to 2023; extends the expiration of permits issued to water treatment facilities that exclusively treat water from conventional oil and gas well development; requires DCNR to conduct a feasibility study for the establishment of a state park in Wyoming County; **requires the Department of Health to establish a program for detoxification in licensed health care facilities**; sets the PACE and PACENET program dispensing fees at \$10.49; increases the fee for child welfare background checks to \$13; establishes alternate contracting procedures for construction and renovation of county jails; renews the senior judge grant program and makes it retroactive to June 30, 2017; extends the expiration date for the judicial surcharge to December 21, 2020.

Notably, the legislation does not make provisions for the merger or consolidation of the four human services related state agencies as proposed by Gov. Wolf and carried forward by House Republicans in their budget plan earlier this spring. Senate leaders said Wednesday that consolidation is still a goal they hope to work toward this session.

According to a memo sent to rank-and-file House Republicans by the caucus's leadership team after the votes, it does **not** appear that the chamber will be moving quickly toward a consideration of the proposal, although members were told that they should expect to return to session before the end of August.

Senate Approves Changes to Health, Human Services Call System

The only legislation considered by the state Senate on Tuesday is a bill intended to improve an existing statewide call system utilized by residents seeking information and referrals for health and welfare assistance. Under the unanimously-approved [legislation](#), the PA 2-1-1 system, which is currently financially supported by the United Way and other private funders, would receive 24/7 coverage; expand its coverage to all Pennsylvanians; implement a text-to-chat option and a mobile app; upgrade its website and disburse funds to regional 2-1-1 programs to enhance their accuracy and efficiency to national standards, among other enhancements. “2-1-1 is a one-stop connection for any Pennsylvanian to get a referral for services because it possesses the most comprehensive database of public and private resources available in our communities,” said Sen. Pat Browne, the bill’s sponsor, on the Senate floor. “The PA 211 system provides assistance to veterans and their families for financial, health and employment services, individuals and their families in need of help with opioid and drugs addiction issues, communities in time of disaster

by handling non-emergency calls, school students and their families for food programs to utilize over the summer months and seniors to agencies and programs that keep them healthy and independent,” Browne said. Investing in the system will streamline and improve services to Pennsylvanians and save taxpayer money, said Browne. The bill now heads to the House of Representatives for that chamber’s consideration.

State Board of Chiropractic July 20 Meeting Highlights

The State Board of Chiropractic met on **July 20 in Harrisburg**. Here are the highlights.

- **Board Chair John McCarrin, DC, welcomed the members and guests.**
- **Physician General Rachel Levine, MD,** noted that she is currently also serving as Acting Secretary of Health, since the departure of her predecessor, and gave a presentation on the Department’s efforts to reduce the prescribing of opioids for pain, in response to an invitation by the Board. She noted that under recently passed laws, prescribers must take relevant CE courses in prescribing of opioids, as part of their biennial license renewal requirements. Dr. Levine invited the Board to send a representative to ongoing meetings regarding clinical care guidelines, insurance coverage, in an effort to reduce legal prescribing, which can lead to abuse and addiction. She talked about non-drug therapy alternatives, like chiropractic and acupuncture as being essential tools in relieving pain without risking drug addiction. Dr. Levine also discussed the potential “unification” of the Departments of Health and Human Services, proposed by the Governor and is being considered in the General Assembly.
- **Lead Board Prosecutor Anita Shekletski** had no cases to present. The Board also held a hearing on a license reinstatement case.
- **BPOA Commissioner Ian Harlow** did not attend, or send a report.
- **Board Counsel Kerry Maloney** discussed the status of cases before the Board.
- **Regulatory Counsel Tom Blackburn** was unable attend to give a report on the status of regulations before the Board.
- During the public comment period, **PCA ED Ed Neilsen** introduced Robert Cavoto, DC., to explain a recent Common Pleas Court case in which a Delaware County Judge declared that Pennsylvania Chiropractors may NOT delegate to unlicensed support staff the following services: 1) Massage, 2) Manual Therapy, and 3) Therapeutic Procedures/Exercises. The case is State Farm Mutual Automobile Insurance Company v. Robert J. Cavoto, Jr. et al. ([click here to read Judge Green's decision](#)). Dr. Cavoto intends to appeal the ruling to the State Superior Court.

Next meeting is September 21. Future 2017 meeting date: November 9.

2018 meeting dates (subject to change): January 18, March 22, May 17, July 19, September 20, November 8

Legislative Activity

The following bills of interest to CFoP were acted on by the General Assembly this past month.

Scope of Practice/Licensure Bills

NONE

Budget-Related Bills

[HB 59](#) RE: Human Services Code (by Rep. Dan Moul, et al)

Amends the **Human Services Code**, in general powers and duties, providing for payment of salary, medical and hospital expenses for certain injured employees of the Department of Human Services and survivors' benefits for up to three years and requiring for evaluation of software programs' efficiency to identify and prevent fraud; in public assistance, providing for a **total population coordinated care management pilot program**, further providing for **persons eligible for medical assistance by requiring the department to establish an enrollment process**, providing for **medical assistance waiver for treatment at institutions for mental disease related to substance use disorder**, for additional funding requests for medical assistance appropriations in fiscal year 2017-2018 and for supporting self-sufficiency for medical assistance recipients, further providing for medical assistance benefit packages, coverage, copayments, premiums and rates and requiring the department to establish an **electronic asset verification program** for medical assistance eligibility based on age, blindness or disability; in children and youth, further providing for provider submissions and providing for appeal of adoption opportunity payments and

reimbursement; in nursing facility assessments, further providing for administration by requiring the assessment to be remitted electronically and periodically and repealing provisions relating to calculation; requiring financial data reports ambulatory surgical center data to be submitted; and making a related repeal. Provisions regarding asset verification are effective December 31, 2017; provisions regarding the appeal of adoption subsidies are effective in 60 days; and the remainder is effective immediately.

Read third time, and passed Senate, 7/8/2017 (49-0)

Received as amended in House and rereferred House Rules Committee, 7/9/2017

Re-reported on concurrence as amended from House Rules Committee, 7/10/2017

House concurred in Senate amendments as amended by the House 7/11/17

Received as amended in Senate and rereferred Senate Rules and Executive Nominations Committee, 7/17/2017

Re-reported on concurrence as amended from Senate Rules and Executive Nominations Committee, 7/26/2017

Senate concurred in House Amendments, as further amended by the Senate, 7/27/2017

[HB 118](#) RE: Emergency Drug and Alcohol Detoxification Program (by Rep. Aaron Kaufer, et al)

Amends the Administrative Code, in powers and duties of the Department of Health and its departmental administrative and advisory boards, establishing the **emergency drug and alcohol detoxification program** to provide for detoxification in licensed health care facilities and to establish detoxification facilities. The program shall be administered by the Department of Health. The program shall utilize existing beds in health care facilities and the department shall provide special priority review for applications for licensure.

Reported as amended from Senate Rules and Executive Nominations Committee, 7/26/2017

Read third time, and passed Senate, 7/27/2017 (37-13)

[HB 218](#) RE: General Appropriation Act of 2017 (by Rep. Stan Saylor, et al)

Provides from the General Fund for the expenses of the Executive and Judicial Departments, the State Government Support Agencies and the General Assembly of the Commonwealth, the public debt and the public schools for the fiscal year July 1, 2017, to June 30, 2018.

Became law without Governor's signature, 7/11/2017 (Act No. 1A of 2017)

Child Abuse Reporting

NONE

Health Care Bills

NONE

Health Care Work Force Bills

NONE

Health Insurance Bills

[HB 1648](#) RE: Telemedicine Act (by Rep. Marguerite Quinn, et al)

Provides for telemedicine and for insurance coverage. The Commonwealth's health professional boards shall maintain consistent licensure or certification and standards of care requirements between in-person and telemedicine-provided practices. A health care practitioner who delivers services through the use of telemedicine shall be subject to the laws that require licensure, certification or other authorization to practice a health care profession, held to the same standard of professional practice as a similar licensee of the same practice area or specialty that is providing the same healthcare services through in-person encounters. Provides for insurance coverage of telemedicine services. Also requires the Department of Health and Human Services to provide medical assistance coverage and reimbursement including medical assistance fee-for-service and managed care programs, for health care services delivered through telemedicine in accordance with this act.

Introduced and referred to House Insurance Committee, 7/7/2017

Medical Assistance/DHS
NONE

Opioid Reduction

HB 1679 RE: [Strengthening the PDMP to Prevent Prescription Drug Abuse](#) (by Rep. Eli Evankovich, et al)
Amends Achieving Better Care by Monitoring All Prescriptions Program (ABC-MAP) Act, further providing for powers and duties of board by directing the board to integrate the Prescription Drug Monitoring Program system with prescriber and dispenser electronic health information systems. Also directs the board to develop an automated process within the system to monitor information entered by prescribers and dispensers to detect potential abuse and to establish internal and real-time audits of patients and patient data.
Introduced and referred to House Health Committee, 7/22/2017

SB 472 RE: [Prescribing Opioids to Patients](#) (by Sen. Gene Yaw, et al)
Amends Title 35 (Health & Safety) providing for prescribing opioids to individuals. Limits the prescription for a controlled substance containing an opioid to seven days unless there is a medical emergency that puts the patients' health or safety at risk. Requires all prescribers who are licensed, registered or otherwise legally authorized to distribute, dispense or administer a controlled substance containing an opioid to discuss the risks of addiction and dangers of overdose associated with the medication.
Laid on the table (Pursuant to Senate Rule 9), 7/9/2017

SB 728 RE: ABC-MAP Exceptions (by Sen. Gene Yaw, et al)
Amends the Achieving Better Care by Monitoring All Prescriptions Program (ABC-MAP) Act further providing for requirements for prescribers by adding that a query is not required if a patient has been prescribed a nonnarcotic Schedule V controlled substance, as defined in The Controlled Substance, Drug, Device and Cosmetic Act, that treats an epilepsy or seizure disorder.
Laid on the table (Pursuant to Senate Rule 8), 7/9/2017

Partnerships/Liability
NONE

Sales Tax Expansion
NONE

WORKER'S COMP
NONE

Upcoming meetings of Interest

Some House Committee meetings and session can be viewed online at: <http://www.pahousegop.com/>
Senate Committee meetings and session can be streamed at: <http://www.pasenategop.com/>

THURSDAY - 8/24/17

Independent Regulatory Review Commission

10:00 a.m., 333 Market Street, Harrisburg

To consider the following regulations:

- Reg. No. 3153 Environmental Quality Board #7-498: Radiological Health and Radon Certification Fees; PA Radon Mitigation System Tag and Fee
- And others

2017 Senate Fall Session Schedule

September 18, 19, 20
October 16, 17, 18, 23, 24, 25
November 13, 14, 15
December 11, 12, 13, 18, 19, 20

2017 House Fall Session Schedule

September 11, 12, 13, 25, 26, 27
October 2, 3, 4, 16, 17, 18, 23, 24, 25
November 13, 14, 15, 20, 21, 22
December 4, 5, 6, 11, 12, 13, 18, 19, 20

State Board of Chiropractic Board Meeting Schedule

2017 Meeting Dates (Subject to Change)

September 21, November 9

All Board meetings are held at Penn Center, 2601 N. 3rd Street, Harrisburg, PA, at 9 AM

DHS Medical Assistance Advisory Committee (MAAC)

ALL MEETINGS ARE SCHEDULED FROM 10:00 A.M. TO 12 NOON

Lecture Hall 246/248

Temple University Harrisburg

234 Strawberry Square

Harrisburg, PA

Remaining 2017 Meeting Dates

July 27, September 28, October 26, December 14

Copies of bills described above can be obtained through the CFOP office, or on-line at:

<http://www.legis.state.pa.us/cfdocs/legis/home/session.cfm>