

## **Chiropractic Fellowship of PA Summary of Legislation April 2018**

### **Bloom Introduces Bill Creating Department of Health and Human Services**

**Rep. Stephen Bloom (R-Cumberland)** has reintroduced a bill ([HB 2104](#)) to unite the Departments of Health and Human Services into one larger, theoretically more nimble, agency. As Rep. Bloom's memo to his colleagues stated, "In his budget, Governor Wolf once again proposed merging the Department of Health with the Department of Human Services. The unification of the two agencies I intended to achieve savings for taxpayers while improving the delivery of services to Pennsylvanians. The proposed unification presents us with a significant opportunity to reinvent state government, streamline bureaucracy, and break down the silos that prevent agencies from serving residents most effectively."

Bloom applauded Governor Wolf for this bold proposal as merging the two agencies allows for the Commonwealth to achieve savings while improving the quality-of-care provided to those in need. This legislation would address the overlap and redundancies between state agencies who oversee our social safety net programs.

An example of this overlap can be seen through the Supplemental Nutrition Assistance Program (SNAP), Women Infants and Children Program (WIC), and Temporary Assistance for Needy Families Program (TANF). Each program is similar in nature and often they serve overlapping populations. Many individuals receiving WIC are also receiving SNAP due to the limited types of food and supplies that can be purchased with each. Yet SNAP and TANF are housed in DHS and WIC is housed in the Department of Health. WIC is distributed to individuals by check and SNAP and TANF are distributed on Electronic Benefit Transfer (EBT) cards. By merging the two agencies into the Department of Health and Human Services, the new agency can coordinate these programs to provide service needed to those in need. As a result, we can improve care while saving taxpayer money.

The bill was introduced on April 18, and awaits consideration in the House State Government Committee.

### **House Passes Dowling MA Work Requirement Bill**

Citing concern that more than 50 percent of able-bodied Medical Assistance (MA) recipients do not work, **Rep. Matthew Dowling's (R-Fayette/Somerset)** legislation to establish work requirements for the program was approved by the House Health Committee on April 10.

"This is an important step in reforming our Human Services system and to ensure that funds are directed to those residents who are truly in need. People who can work, should work," said Dowling. "The bill is intended to promote better mental, physical and emotional health and aid to individuals and families to help them rise up out of poverty and achieve independence from government aid."

Under the bill, able-bodied citizens enrolled in MA would either have to be employed or attending a job training program for 20 weeks or more, or complete 12 job training program-related activities in a month. Dowling stressed there are exceptions built into the legislation. The exceptions are:

- An enrollee who is attending high school full time.
- Someone receiving temporary or long-term disability benefits.
- A resident who is under 20 years of age or those who are 65 and older.
- Pregnant women.
- Residents who receive SSI.
- An individual residing in a mental health or correctional institution.
- A resident experiencing a crisis, serious medical condition or temporary condition which prohibits employment, such as domestic violence or a substance abuse disorder.
- Those persons acting as a primary caregiver to a dependent under 6 years of age or is permanently disabled.

Statistics provided by the Department of Human Services (DHS) demonstrate the need for the legislation. According to DHS:

- The total number of MA enrollees classified as newly eligible under the federal Affordable Care Act: 785,244.
- Total number of Medical Assistance enrollees classified as newly eligible under the Affordable Care Act reporting \$0 in earned income: 376,185.
- 48 percent of newly eligible Medical Assistance Recipients do not work.
- Total number of non-disabled Medical Assistance enrollees between the ages of 19 and 64: 965,410.
- Total number of non-disabled Medical Assistance enrollees between the ages of 19 and 64 reporting \$0 in earned income: 495,719.

Dowling said DHS would apply to the federal government for approval of work requirements and, to ensure compliance, the legislation follows policy established by the federal Centers for Medicare and Medicaid Services earlier this month. Work requirements are already in place for the Temporary Assistance for Needy Families and Supplemental Nutrition Assistance programs.

[House Bill 2138](#) passed the House on a party line basis on April 17, by a 115-80 vote.

## **Wolf Vetoes Workers' Compensation Bill**

Governor Tom Wolf vetoed controversial SB 936 April 27 after a week of partisan battles over how the bill would actually affect injured workers. In a statement, Wolf said the bill would ration care and hurt health outcomes for laborers across the state.

"Senate Bill 936 threatens health care for millions of workers who could be injured on the job, including police, corrections officers, and firefighters, who put their lives on the line every day, and whose injuries can be unique, debilitating and severe," Wolf said. "It is wrong to sacrifice health care for our first responders to protect the bottom-line for insurance companies and corporations."

The bill, introduced by **Sen. Don White (R-Indiana)**, has been pushed by Republicans as a way to combat the opioid crisis by restricting the drugs prescribed to injured workers. Democrats have attacked the measure, saying it would prevent injured workers from getting the pharmaceuticals they need while recovering. Inspired by reporting from the Philadelphia Daily News, the bill would add a formulary to the state worker's compensation system, in effect a set list of medications which are compensated for. The outlet's original reporting showed a system in Philadelphia where personal injury attorneys owned a joint stake in a pharmacy with doctors. The lawyers would refer clients to the same doctors, who would then send patients to the co-owned pharmacy for medication. Worker's prescriptions often included expensive and untested topical creams and opioids.

In a statement, Speaker of the House Mike Turzai (R-Allegheny) played to accusations of political donations being behind the decision-making in response to the veto.

"Gov. Wolf caved to powerful special interests today with his veto of a bill which would combat the opioid crisis, protect injured workers and rein in prescribing abuses within the Workers' Compensation system," Turzai said.

In a joint statement, the Senate and House Minority Leaders Jay Costa (D-Allegheny) and Frank Dermody (D-Allegheny) praised the veto and pointed to a set of executive orders issues yesterday afternoon. The orders, among other things, would add new guidelines for future opioid prescriptions and review existing ones in the workers' comp system and limit pricing for compound medicines — like the topical creams.

"We applaud the concrete steps Governor Wolf took because they are effective and targeted actions that also preserve the rights of injured workers," their statement said.

Overriding the veto would require a two thirds vote from both chambers. The bill passed the Senate in November by a 34-16 vote — although not along party lines. Republican **Senators Stewart Greenleaf (R-Montgomery) and Charles McIlhinney (R-Bucks), both of whom are retiring at the end of this session, voted no**, while Democratic Senators Andrew Dinniman (D-Chester) and Lisa Boscola (D-Northampton) voted yes. It met even more trouble in the House, requiring two attempts at a floor vote to get through. Initially it tied 98-98 in February

before a successful 101-92 vote on April 16, when it was brought up for reconsideration. Overriding the veto in the House would require 136 members.

## **Legislative Activity**

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

### **Scope of Practice/Licensure Bills**

[HB 1343](#) RE: Continuing Ed Credit Carryover (by Rep. Harry Readshaw, et al)

Amends the act entitled, "An act empowering the General Counsel or his designee to issue subpoenas for certain licensing board activities; providing for hearing examiners in the Bureau of Professional and Occupational Affairs; providing additional powers to the Commissioner of Professional and Occupational Affairs; and further providing for civil penalties and license suspension," adding that in addition to disciplinary powers and duties, boards and commissions shall have the power to provide for the carryover of any continuing education credits in excess of the number required for biennial renewal. The carryover shall be valid for one biennial renewal term only.

**Removed from the table, 4/9/2018**

**Read second time, and rereferred to House Appropriations Committee, 4/10/2018**

**Reported as committed from House Appropriations Committee, read third time, and passed House, 4/11/2018 (190-0)**

**Received in the Senate and referred to Senate Consumer Protection & Prof. Licensure Committee, 4/17/2018**

[HB 2272](#) RE: Supportive Personnel (by Rep. Stephen Barrar, et al)

Amends the Chiropractic Practice Act, in preliminary provisions, further providing for definitions; in licensure and regulation, further providing for refusal, suspension or revocation of license; and, in supportive personnel, further providing for supportive personnel. The bill establishes that the board may refuse to issue a license or may suspend or revoke a license for any of the following reasons: delegating an activity or duty to unlicensed supportive personnel who is not qualified by documented training, education or experience to perform the activity or duty; or failing to exercise direct on-premises supervision of unlicensed supportive personnel to whom the chiropractor has delegated an activity or duty under section 601. It also establishes that a licensed chiropractor may not delegate to unlicensed supportive personnel an activity or duty unless the chiropractor is assured through personal observation and documented training that the unlicensed supportive personnel is competent and qualified to perform the delegated activity or duty.

**Introduced and referred to House Professional Licensure Committee, 4/18/2018**

[SB 892](#) RE: Chiropractic Students (by Sen. Guy Reschenthaler, et al)

Amends the Chiropractic Practice Act, in licensure and regulation, further providing for license required. The bill establishes that this section does not apply to a student enrolled in a chiropractic education program at a chiropractic college approved by the board provided the student is conducting chiropractic activities as part of the curriculum established by the chiropractic college and the student is under the direct, immediate and personal supervision of a chiropractor licensed by the board.

**Removed from the table, 4/9/2018**

### **Budget-Related Bills**

NONE

### **Child Abuse Reporting**

NONE

### **Health Care Bills**

[SB 1001](#) RE: Public Health Emergency Act (by Sen. Jay Costa, et al)

Allows the Secretary of Health to declare a public health emergency by disseminating the declaration promptly by means calculated to bring its contents to the attention of the general public. The declaration shall be valid for a

period of up to 90 days unless renewed or terminated by the secretary. Further provides for definitions; the duties of the Department of Health; requirements; confidentiality of information; temporary regulations and subsequent promulgation; suspension of regulations; immunity from liability; and prohibitions.

**Introduced and referred to Senate Health and Human Services Committee, 4/18/2018**

## **Health Care Work Force Bills**

[HR 754](#) RE: Health Workforce Needs Study (by Rep. Kerry Benninghoff, et al)

A Resolution directing the Joint State Government Commission to study the long-term workforce and workforce training needs of the Commonwealth's health care sector.

**Adopted, 4/10/2018 (189-1)**

## **Health Insurance Bills**

[HB 1800](#) RE: Medication Synchronization (by Rep. Eric Nelson, et al)

Amends Title 40 (Insurance), in regulation of insurers and related persons generally, providing for medication synchronization. The bill establishes no individual or group health insurance plan providing prescription drug coverage shall deny coverage for the dispensing of a medication that is dispensed by a network pharmacy on the basis that the dispensing is for a partial supply if the prescriber or pharmacist determines the fill or refill to be in the best interest of the patient and the patient requests or agrees to a partial supply for the purpose of medication synchronization.

**Introduced and referred to House Insurance Committee, 4/2/2018**

**Reported as committed from House Insurance Committee, read first time, and laid on the table, 4/16/2018**

**Removed from the table, 4/18/2018**

**Read second time, and rereferred to House Appropriations Committee, 4/30/2018**

**Reported as committed from House Appropriations Committee, read third time, and passed House, 5/1/2018 (192-0)**

[SB 780](#) RE: Telemedicine Act (by Sen. Elder Vogel, et al)

Authorizes the practice of telemedicine by health care providers. Requires each licensure board to promulgate regulations within 24 months of the effective date and provides for the publishing temporary regulations within 60 days. Further provides for evaluation and treatment; insurance coverage; and Medicaid program reimbursement. The provisions regarding insurance coverage and Medicaid program reimbursement shall take effect in 90 days and the remainder shall take effect immediately.

**Laid on the table, and removed from the table, 4/17/2018**

**Amended on Senate floor, 4/24/2018**

## **Medical Assistance/DHS**

[HB 2104](#) RE: Consolidation of DOH with DHS (by Rep. Stephen Bloom, et al)

Amends Title 71 (State Government), in boards and offices, providing for Department of Health and Human Services. The department shall exercise the authority and perform the duties of the Department of Health and Department of Human Services. Scope of chapter, definitions, secretary, and strategic plan sections are effective immediately; and the remainder of the act is effective 30 days after publication in the Pennsylvania Bulletin.

**Introduced and referred to House State Government Committee 4/18/2018**

[HB 2138](#) RE: Work Requirement (by Rep. Matthew Dowling, et al)

Amends the Human Services Code, in public assistance, providing for work requirements. The bill requires the secretary to apply to the Centers for Medicare and Medicaid Services for a demonstration program under section 1115 of the Social Security Act in order to institute a work requirement for a Medicaid enrollee who meets certain criteria.

**Reported as committed from House Health Committee, read first time, laid on the table, and removed from the table, 4/10/2018**

**Amended on House floor, read second time, and rereferred to House Appropriations Committee, 4/11/2018**

**Reported as committed from House Appropriations Committee, and read third time, 4/16/2018**

Passed House, 4/17/2018 (115-80)

Received in the Senate and referred to Senate Health and Human Services Committee, 4/30/2018

## Opioid Reduction

[HB 2200](#) RE: [Opioid Reform Package](#) (by Rep. Jason Ortity, et al)

Amends the Administrative Code, in powers of DOJ & its boards, for opioid action task force; for drug & alcohol treatment programs for pregnant women, mothers & their dependent children; for intergovernmental cooperation; making changes.

**Introduced and referred to House Human Services Committee, 4/2/2018**

[HB 2201](#) RE: [Opioid Reform Package](#) (by Rep. Jason Ortity, et al)

Amends the Controlled Substance, Drug, Device and Cosmetic Act providing for prescribing of opioids and penalties.

**Introduced and referred to House Human Services Committee, 4/2/2018**

[SR 258](#) RE: Rescheduling of Marijuana (by Sen. Anthony Williams, et al)

A Resolution urging the Congress of the United States to amend the Controlled Substances Act by rescheduling marijuana in order to protect the right under the Second Amendment of the United State Constitution of participants in a state-sanctioned medical marijuana to legally own a firearm and further consider whether marijuana has a proven medical purpose.

**Laid on the table, and removed from the table, in Senate, 4/16/2018**

**Amended on Senate floor, 4/23/2018**

**Adopted, 4/25/2018 (49-0)**

## Partnerships/Liability

NONE

## Sales Tax Expansion

NONE

## Worker's Comp

[SB 936](#) RE: Worker's Comp Drug Formulary (by Sen. Don White, et al)

Amends the Workers' Compensation Act, in liability and compensation, further providing for prescription drugs and the treatment of work-related injuries; and, in procedure, further providing for peer review. The bill requires the department to select a nationally recognized, evidence-based prescription drug formulary appropriate for resolving issues related to drugs prescribed for or related to the treatment of work-related injuries and establishes requirements related to the formulary for comment periods, selection factors, costs, annual review, online availability, savings calculations, and utilization review. The bill also places requirements on utilization review organizations and peer review organizations for certification.

**House Kauffman/Mackenzie motion to reconsider vote by which SB 936 was defeated, 4/16/2018**

**Passed House, 4/16/2018 (101-92)**

**Signed in the Senate and House, 4/17/2018**

**Vetoed by the Governor, 4/27/2018**

## 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/>

## 2018 SENATE SPRING SESSION SCHEDULE

May 1, 2, 21, 22, 23

June 4, 5, 6, 11, 12, 13, 18, 19, 20, 25, 26, 27, 28, 29

**2018 HOUSE SPRING SESSION SCHEDULE**

**May** 1, 2, 22, 23

**June** 4, 5, 6, 11, 12, 13, 18, 19, 20, 21, 25, 26, 27, 28, 29, 30

**State Board of Chiropractic Board Meeting Schedule**

**2018 Meeting Dates (Subject to Change)**

**May 17, July 19, September 20, November 8**

**All Board meetings are held at Penn Center, 2601 N. 3<sup>rd</sup> 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 2018 Meeting Dates: April 26, May 24, June 28, July 26, September 27, October 25, December 13**

*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>