

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

### **Marshall Resolution Declares October “Chiropractic Health and Wellness Month”**

Rep. Jim Marshall (R-Beaver) has sponsored a resolution that declares the month of October to be Chiropractic Health and Wellness Month in Pennsylvania. The resolution recognizes National Chiropractic Health Month 2018, and, in Marshall’s words, “serves as a reminder to all citizens of Pennsylvania that noninvasive, non-drug treatments for low-back pain such as chiropractic services/spinal manipulation may lessen or eliminate the need for riskier, potentially addictive treatments such as prescription opioid pain medications and should be thoroughly exhausted whenever possible before initiating over-the-counter and prescription opioid therapy.”

### **Telemedicine Bill Nears Passage, Despite Objections from Insurers**

Years of negotiations and hard work are ominously close to yielding legislation to create rules for PA to allow for the use of “telemedicine”, or more aptly “telehealth” in the Commonwealth. Although the concept has been adopted in over 2/3 of the states in the United States, and has been put to use in closed health systems here, the bill, [SB 780](#), sponsored by **Sen. Elder Vogel (R-Beaver)** provides for rules governing when, how and by whom health care services can be made accessible to patients. The bill passed the Senate last spring, and was referred to the House Professional Licensure Committee. Committee chairman **Mark Mustio (R-Allegheny)** took it upon himself to spend large portions of the summer traveling to various parts of the state to see how it is working in hospital systems now, and determining what needs to be in place for it to become a statewide asset. Those views culminated in a comprehensive amendment being adopted in committee on September 24, which among other things removed physical therapists from the scope to the bill.

Mustio and many House members are committed to this bill becoming law before the General Assembly adjourns next month, though the health insurance industry has raised numerous concerns, and as a result several amendments have surfaced that may be considered when the House resumes in early October. A coalition of health care provider groups has banded together to support passage of the legislation without further amendments, and at this writing, it remains to be seen what will happen before the bill returns to the Senate for concurrence in House amendments. Only 6 session days remain scheduled, though that could change as House and Senate leaders determine the need for various bills to get done before the end of session, including this one. Stay tuned.

### **Chiropractic Board Cancels September Meeting**

The State Board of Chiropractic canceled its scheduled September 20 Board meeting, due to “lack of agenda items,” according to an announcement by the Board administrator. Curious, given several pending regulations, and on-going discussion regarding veterinary chiropractic, but that was the reason given. The Board meets again on November 8 in Harrisburg.

### **September 27 Medical Assistance Advisory Committee Meeting Notes**

The Medical Assistance Advisory Committee (MAAC) held its regular monthly meeting on September 27, with the following participants:

- **Kathy Cubit, Center for Advocacy for the Rights and Interests of the Elderly**
- **Sally Kozak, deputy secretary, Office of Medical Assistance Programs**
- **Dennis Olmstead, Pennsylvania Medical Society**
- **Dr. Mark Goldstein, Pennsylvania Dental Association**
- **Sonia Brookins, Philadelphia Welfare Rights Organization**
- **Richard Edley, Rehabilitation and Community Providers Association**

- Coleen Kayden, Pennsylvania Pharmacists Association
- Cindi Christ, Pennsylvania Association of Community Health Centers
- Minta Livengood, Indiana County Welfare Rights
- Nick Watsula, UPMC for You
- Dan De Lellis, Bureau of Policy Analysis and Planning at Office of Medical Assistance Programs
- Laval Miller-Wilson, Pennsylvania Health Law Project
- Vicki Hoak, Pennsylvania Homecare Association
- Jonathan Encarnacion, UPMC for You
- Fred Hess, Managed Long-Term Services and Supports Subcommittee Chair
- Kevin Hancock, Deputy Secretary for the Office Long Term Living
- Helen Hawkey, Executive Director of the Pennsylvania Coalition for Oral Health
- Sherry Peters, Director of the Bureau of Policy, Planning and Program Development
- Shannon Fagan, Director of the Bureau of Children's Behavioral Health Services
- Scott Talley, Chief of the Division of Operations and Service Delivery
- Julie Mochon, Director for Division of Policy for the Office of Developmental Programs
- Jamie Buchenauer, Director Bureau of Fee for Service Programs
- Barry Bowman, OMAP, Bureau of Managed Care Operations.

Below are notes of interest from the meeting.

#### OFFICE OF MEDICAL ASSISTANCE PROGRAMS (OMAP) UPDATE

Kozak provided an update regarding the **Medicaid Managed Care Organization (MCO) Innovation Tour**. Kozak said numerous department staffers had the ability to accompany DHS Secretary Teresa Miller across the commonwealth to hear concerns regarding Medicaid. In February, the department held roundtable discussion with managed care organizations to help Medicaid individuals identify and obtain work, she explained. The roundtable made clear that the department's plans were doing much more at the community level than DHS was aware of, indicating a strong Level of support from community based organizations. Kozak said during the time of the roundtable, DHS had internal conversations on how to move forward to address the needs of individuals for promoting healthy and productive lives. Kozak said **other concerns included housing, health, literacy, food security and sustainability issues**. Kozak said the tour, which started in May, allowed the department to see programs in place. Kozak said the tour ended two weeks ago and the department saw the following community based organizations:

- Geisinger Fresh Food Farmacy: provided individuals with Type 2 diabetes with food security and nutritional education, including how to prepare food and how to shop on a budget. Results include less hospitalization and better health effects on individuals. Kozak said Geisinger expected the program to be expanded moving forward
- Health Partners Plans: provided Medicaid consumers with identifying work skills to help place people into workforce, including hiring people in their call center. Kozak indicated, together with RWA Philadelphia, the company worked on developing communication skills, resume building and interview abilities for Medicaid consumers. Kozak said, when Sec. Miller spoke to people involved in the program, she was impressed with work being done. Kozak said the company opened a clinic within the Broad Street Mission to provide services to people in shelter
- Gateway subcontractor Dasher: hired former Medicaid recipients to help pregnant woman navigate the insurance system, including appointments, childcare, housing and additional benefits. Kozak stated the secretary talked to several individuals previously enrolled in Medicaid and they are learning to be self-sufficient. According to Kozak, Gateway is working to help expand that program because of the positive outcomes, including prenatal and postpartum care.
- Aetna: talked about recovery from addiction. Kozak said the department also learned that **Water Street**, a nonprofit organization in southeastern Pennsylvania, provided health care for those without coverage, serving 3,200 people annually, According to Kozak, Water Street provided services for the homeless, including finances and trauma informed dental practices
- UPMC: delivered human services for those experiencing homelessness, partnering with an organization to help people with chronic mental illness to find housing, including the application process and the housing status to ensure a smooth transition, including food assistance and medication. Kozak said the small program included around 30 people, but UPMC is working to expand the program. Kozak indicated

significant outcomes, including a decrease in emergency room visits and those seeking health care treatment

- UnitedHealthcare: partnered with Salvation Army to provide a backpack program to donate meals for children, serving about 1,700 children with meals for the weekend
- AmeriHealth: provided a “baby shower” and community event for pregnant women in the community as well as the opportunity to meet with human service providers. Kozak indicated AmeriHealth assists with application process and informs individuals of additional benefits. AmeriHealth also provided diapers and other goods for pregnant women, health education about maternity and information about government services

Kozak stated the department’s next steps include **onsite meetings during October and November** where they intend to look deeper and have additional conversations about how to address social needs. She said a meeting of the Managed Care Organizations Coalition for further conversation about collaborating together to help address pressing issues would be upcoming. Kozak claimed the department is internally discussing strategy regarding moving forward. According to Kozak, New York awarded funding to community based organizations which addressed social needs of people they served. Kozak indicated the organizations were diverse in providing human services, including providing social interactions, urban farming vocational training for individuals with development disabilities.

**Miller-Wilson** said he appreciated the direction the department is heading, but asked whether they use Medicaid funding provided for these managed care programs. Kozak said, for the most part, the managed care organization used their own dollars because they saw the improved health that arrives because of it and that it is the right thing to do. She noted the baby shower was part of Medical Assistance funding because it is include in care management. According to Kozak, New York could fund things differently than the commonwealth.

**Livengood** said these programs also benefit the consumer by decreasing medical visits and medication and by finding housing and jobs. She said these programs are much needed and hopes to see them grow more, regardless of where funding is allocated. Kozak said the impact at the individual level is tremendous and the assistance helps people achieve more in terms of health and relationships, moving them towards self-sufficiency.

**Christ** wondered if any of the innovations are being transferred to Community HealthChoices Initiative. Kozak said the takeaways enhanced agreements along those lines and initiatives have a willingness to contribute. Christ asked about the outcomes of HealthChoices Patient Center, which Kozak indicated it would be something she could provide.

**Hess** asked if any of the Centers for Independent Living are involved with the DHS programs, mentioning one doing trade in New Castle to cook and provide self-sufficiency. Kozak said she is not aware if they are but they can inquire if they are involved. Hancock added that in the physical health choices programs no they are not, but managed care organizations do have a relationship established but he did not think there is a strong history established such as Hess described.

## **Subcommittee Reports**

### **CONSUMER SUBCOMMITTEE**

Miller-Wilson reported that the subcommittee discussed the fee-for-service position directory, which is now a federal requirement. Miller-Wilson said that there is a significant number of people using this service and the biggest question is how to implement it and make it useful, instead of just checking the box to meet federal requirements. He added that the subcommittee will continue to provide additional suggestions and feedback moving forward. Miller-Wilson commented that they had dialogue with the department regarding homecare service denial data and the department provided feedback from consumers. Miller-Wilson said that they are interested in the amount of approvals, full denials and partial denials, adding that they are working with the department to go through data from 2016 and 2017 and will continue going forward into 2018. Miller-Wilson discussed how manage care plans send denials to people and the subcommittee wanted to make suggestions regarding the readability of those denial rights, especially in lower literacy populations.

### **FEE-FOR-SERVICE DELIVERY SYSTEM SUBCOMMITTEE**

Buchenauer reported that the subcommittee discussed updates due to the passage of the budget, including MATP and ambulance rate changes. She added that they heard policy updates that will be coming out that will impact the fee-for-service program. Buchenauer said that they discussed program enrollment updates, which included electronic enrollment application, and a change to their call-tree.

## **MANAGED CARE DELIVERY SYSTEM SUBCOMMITTEE**

Bowman reported that the subcommittee gave an update of the medical and physical health report. Bowman said that they received an overview of the current population through Medicaid expansion as well as changes that were made in Medical Assistance coverage for people in skilled care facilities. He added that they discussed social determinants of health, specifically along the lines of food insecurity to identify and help people who may be eligible for SNAP benefits.

**The next MAAC meeting is scheduled for October 25.**

## **Legislative Activity**

**The General Assembly considered the following bills of interest to CFOP in the past month.**

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

[SB 1226](#) RE: Disciplinary Hearings (by Sen. John Blake, 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," further providing for hearing examiners by requiring that the respondent appear in person for a hearing conducted under this act. The bill further stipulates that an individual adversely affected by the respondent's actions which are relevant to the disciplinary matter pending before the licensing board or commission or a hearing examiner shall have an opportunity to provide a statement concerning any loss, damages or injury suffered as a direct result of the respondent's actions.

**Introduced and referred to Senate Consumer Protection & Prof. Licensure Committee, 8/9/2018**

### **Budget-Related Bills**

[HB 2104](#) RE: Consolidation of Departments of Health and Human Services (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.

**Reported as committed from House Rules Committee, and laid on the table, 9/12/2018**

### **Child Abuse Reporting**

NONE

### **Health Care Bills**

[HR 1042](#) RE: Chiropractic Health and Wellness Month (by Rep. Jim Marshall, et al)

A Resolution designating the month of October 2018 as "Chiropractic Health and Wellness Month" in Pennsylvania.

**Introduced as noncontroversial resolution, 9/7/2018**

**Adopted, 9/26/2018 (193-0)**

[SR 292](#) RE: Immunization Policies (by Sen. Don White, et al)

A Resolution directing the Joint State Government Commission to study the issue of immunization policies for students residing at institutions of higher education, conduct a comprehensive analysis of compliance with existing immunization requirements, examine the need for updating immunization policies, suggest options for enhancing voluntary immunization rates for students and report its findings and recommendations to the Senate.

**Reported as amended from Senate Education Committee, 9/25/2018**

**Adopted by voice vote, 10/2/2018**

## Health Care Work Force Bills

[HB 2585](#) RE: Occupational Licensing for Convicted Criminals (by Rep. Jim Cox, et al)  
Amends Title 63 (Professions and Occupations (State Licensed)) providing for licensing for individuals with a criminal conviction and for occupational licensing for low-income individuals.

**Introduced and referred to House Professional Licensure Committee, 9/11/2018**

[HB 2617](#) RE: Physical Therapists and Physical Therapist Assistants (by Rep. Chris Quinn, et al)  
Amends the Physical Therapy Practice Act, further providing for qualifications for license and examinations for physical therapists and physical therapist assistants. The bill establishes that an applicant who is 90 days from completing the professional study of physical therapy may sit for the examination if the applicant verifies with the board that the applicant is 90 days from graduating from an accredited program as determined by the board.

**Introduced and referred to House Professional Licensure Committee, 9/5/2018**

### Cosponsor memo filed

[HCO3715](#) (Tai) - A Resolution directing the Joint State Government Commission to conduct a study on the mental health provider shortage in Pennsylvania.

**Filed, 9/10/2018**

## Health Insurance Bills

NONE

## Medical Assistance/DHS

NONE

## Opioid Reduction

[HB 122](#) RE: Project Lazarus Commission (by Rep. Aaron Kafer, et al)  
Amends the Pennsylvania Drug and Alcohol Abuse Control Act establishing the Project Lazarus Commission, which shall review and make recommendations related to a best practice model for a comprehensive, community-based effort to consolidate overdose prevention efforts for counties in this Commonwealth.

**Reported as amended from Senate Health and Human Services Committee, and read first time, 9/26/2018**

[HB 1532](#) RE: Access to Prescription Information (by Rep. Kristin Phillips Hill, et al)  
Amends the Achieving Better Care by Monitoring All Prescriptions Program (ABC-MAP) Act further providing for access to prescription information adding that authorized users include a Medicaid managed care organization that is a party to a Medicaid managed care contract with the Department of Human Services. The Medicaid managed care organization may query the system to review the requested dispensing or prescribing of a controlled substance to an individual to whom the organization provides services under the State's plan for medical assistance under Title XIX of the Social Security Act. The Medicaid managed care organization shall notify the Department of Human Services and the Office of Attorney General if the organization has reason to believe that a controlled substance prescribed or dispensed to an enrollee under the State's plan for medical assistance under Title XIX of the Social Security Act is fraudulent.

**Reported as amended from Senate Health and Human Services Committee, and read first time, 9/26/2018**

[HB 1987](#) RE: [Fentanyl Limited Use Legislation](#) (by Rep. Bryan Barbin, et al)  
Amends the Controlled Substance, Drug, Device and Cosmetic Act providing that fentanyl and fentanyl derivatives shall only be dispensed to a patient who is being treated on an inpatient basis or remains in observation status, or during a surgery that takes place in a health care facility; for use in palliative or hospice care; for use in the management of pain associated with cancer; for use in the management of chronic pain not associated with cancer if the prescriber documents the condition and states the reason why another medication is not appropriate; or to a patient whose treatment is associated with a medical emergency as documented in the individual's medical record. Further provides in instances where, in the professional medical judgment of prescriber, fentanyl is required to

stabilize an individual's acute medical condition, the prescriber may prescribe no more than a seven-day supply of fentanyl. Also provides the Department of Health, in consultation with the State Police, shall issue an annual report to the General Assembly regarding fentanyl overdoses and dispensing data.

**Public hearing held in House Democratic Policy Committee, 9/6/2018**

[HB 2600](#) RE: [Legalization of Marijuana](#) (by Rep. Jake Wheatley, et al)

Amends the Medical Marijuana Act in preliminary provisions, further providing for title, for short title, for declaration of policy and for definitions; in program, further providing for program established, for confidentiality and public disclosure, for lawful use of medical marijuana and for unlawful use of medical marijuana; in practitioners, further providing for practitioner registration, for practitioner restrictions, for issuance of certification and for duration; in patients, further providing for identification cards, for special conditions, for contents of identification card and for prohibitions; in medical marijuana organizations, further providing for medical marijuana organizations, for permits, for granting of permit, for application and issuance, for fees and other requirements, for issuance, for relocation, for permit renewals, for suspension or revocation, for convictions prohibited and for limitations on permits; in medical marijuana controls, further providing for electronic tracking, for grower/processors, for storage and transportation, for laboratory and for prices; in dispensaries, further providing for dispensing to patients and caregivers and for facility requirements; in tax on medical marijuana, further providing for tax on medical marijuana and for Medical Marijuana Program Fund and providing for tax on recreational cannabis and cannabis products; in administration, further providing for reports by medical marijuana organizations and for report; in Medical Marijuana Advisory Board, further providing for advisory board; in offenses related to medical marijuana, further providing for criminal diversion of medical marijuana by practitioners, for criminal diversion of medical marijuana, for criminal retention of medical marijuana, for criminal diversion of medical marijuana by patient or caregiver, for falsification of identification cards, for adulteration of medical marijuana, for disclosure of information prohibited, for additional penalties and for other restrictions and providing for lawful conduct; in research program, further providing for definitions, for establishment of medical marijuana research program, for medical marijuana research program administration, for approval, for requirements, for restrictions, for regulations and for nonentitlement; in academic clinical research centers and clinical registrants, further providing for legislative findings and declaration of policy, for clinical registrants and for research study; in miscellaneous provisions, further providing for conflict, for financial and employment interests, for insurers, for protections for patients and caregivers, for schools, for day-care centers and for medical marijuana from other states and providing for employers, minors and control of property and for cannabis clean slate; further providing for notice and for applicability; making repeals; and making editorial changes. The intent of the bill is to legalize and provide for retail distribution of marijuana and to immediately expunge all criminal records for any conviction that would now be considered lawful.

**Introduced and referred to House Health Committee, 9/26/2018**

## **Sales Tax Expansion**

NONE

## **Worker's Comp**

[HB 1840](#) RE: Physical Examination or Expert Interview (by Rep. Rob Kauffman, et al)

Amends the Workers' Compensation Act, in liability and compensation, further providing for schedule of compensation, for computation of benefits and for physical examination or expert interview. Allows employers to request an Impairment Rating Evaluation after an employee has received total disability compensation for a period of 104 weeks. Requires the employee to submit to a medical evaluation which shall be requested by the insurer within 60 days upon the expiration of the 104 weeks to determine the degree of impairment due to compensable injury. If such determination results in an impairment rating that meets a threshold impairment rating that is equal to or greater than 35 per centum impairment, the employe shall be presumed to be totally disabled and shall continue to receive total disability compensation benefits. If the determination is less than 35 percent, the employe shall then receive partial disability benefits provided that no reduction shall be made until sixty days' notice of modification is given. Further provides for physical examination or expert interview.

**Amended in committee and held in Senate Labor and Industry Committee, 10/1/2018**

**Reported as amended from Senate Labor and Industry Committee, and read first time, 10/2/2018**

**Read second time, and rereferred to Senate Appropriations Committee, 10/3/2018**

[SB 676](#) RE: Uninsured Employers Guarantee Fund (by Sen. John Gordner, et al)

Amends Workers' Compensation Act relating to the **Uninsured Employers Guarantee Fund**. Provides if an employee alleges an injury that is incurred with an employer which is domiciled in another state and which has not secured the payment of compensation as required by the act, the employee is required to provide the fund and to any worker's compensation judge hearing a petition against the fund, a written notice, denial, citation of law or court or administrative ruling from such other state or an insurer licensed to write insurance in that state as to that employer, indicating that the employee is not entitled to workers' compensation benefits in that state. No compensation shall be payable from the fund until the employee submits the required information. Requires a claim petition to be filed within 180 days after notice of the claim is made to the fund. Requires an employee to provide proof of wages before filing a claim of lost wages under the act. Adds language allowing the fund to establish lists of at least six designated health care providers that are accessible in each county in specialties relevant to the treatment of work injuries in the Commonwealth. Transfers \$4 million from the Workers' Compensation Administrative Fund to the Uninsured Employers Guarantee Fund. Also provides for uninsured employer obligations and for administrative penalties and stop-work orders. Requires the Department of Labor and Industry to annually submit a report to the House and Senate Labor and Industry committees outlining the department's efforts to identify and prosecute uninsured employers, any penalties resulting from that activity, the status of claims and operations, including the number of claims filed, pending and paid in the past year and an analysis of the administrative expenses of the fund. Increases the Uninsured Employers Guaranty Fund assessment from 0.1 percent to 0.25 percent. Requires the department to reduce the current year UEGF assessment if prior year assessment exceeds 130 percent of prior year expenditures. Reduces the cap on the excess amount that may be maintained in the Workmen's Compensation Administration Fund from 133 percent to 120 percent. Requires the department to report reasonable suspicion of underreporting or delinquency and the department may suspend a license or certification for an employer subject to a stop-work order.

**Reported as amended from House Labor and Industry Committee, read first time, and laid on the table, 10/1/2018**

### **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 FALL SENATE SESSION SCHEDULE (Subject to change)**

October 1, 2, 3, 15, 16, 17

November 14

#### **2018 FALL HOUSE SESSION SCHEDULE**

October 1, 2 (NV), 9, 10, 11, 15, 16, & 17

November 13

### **State Board of Chiropractic Board Meeting Schedule**

**Remaining 2018 Meeting Dates (Subject to Change): November 8**

**2019 dates: January 17, March 21, May 16, July 18, September 19, November 21**

**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: 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>