

Chiropractic Fellowship of PA Summary of Legislation April 2019

Iovino Wins Special Election, Adding to Democrats Numbers

Democratic candidate Pam Iovino defeated Republican D. Raja in a special election to fill the unexpired term the 37th Senate District in the Pittsburgh suburbs on April 2. The race was the first of three special elections called by Lt. Gov. John Fetterman for this spring, with two more scheduled for May 21. The seat, previously represented by Guy Reschenthaler (R-Allegheny), became open after he resigned when he was sworn into U.S. Congress. The seat is solidly in the “swing” category, as Democrat Matt Smith represented the district for three years prior to Reschenthaler. Iovino, a Navy veteran, had not yet been assigned to committees at press time for this report.

The GOP now hold a four seat majority in the state Senate, **26-to-22**, after Iovino was sworn-in on April 29. It is expected that Republicans will take the two special elections to fill GOP vacancies scheduled for May 21 in Indiana and Franklin Counties.

Medical Assistance Advisory Committee Meeting Notes

The [Medical Assistance Advisory Committee](#) (MAAC) held its regular monthly meeting on April 25. Some highlights of interest follow.

OFFICE OF MEDICAL ASSISTANCE PROGRAMS (OMAP) UPDATE

Sally Kozak, deputy secretary, Office of Medical Assistance Programs (OMAP) noted that the advisory subcommittee discussed the **Referral Resource System** at their last meeting and will continue to provide input as the department moves forward with a request for proposal (RFP). **Kristin Hoover, OMAP clinical pharmacist**, discussed the **statewide preferred drug list (PDL)**. “The department is implementing a statewide PDL on January 1, 2020. It will be utilized by the fee-for-service program and all the Medical Assistance (MA) managed care organizations (MCOs), including HealthChoices MCOs and Community HealthChoices (CHC) MCOs, she stated. “The statewide initiative will provide consistency in coverage of the drugs for the Medicaid beneficiary, so moving from one MCO to another or from fee-for-service to an MCO will result in a disruption of drug care. Nearly 20 states have successfully implemented PDLs,” she said. Hoover explained that the department’s **Pharmacy and Therapeutics (P&T) committee** will develop the statewide PDL. She said all meetings are open to the public and the meetings to determine the statewide PDL will be held at the **Child Welfare Training Center** in Mechanicsburg on May 15 and June 21. “The drugs that will be designated as preferred will be determined to be the best in a particular class based on clinical effectiveness, safety, outcomes, and – if all things are clinically equivalent – cost,” she stated. “It’s important to note that non-preferred drugs remain available to MA beneficiaries when found to be medically necessary and all MA-covered drugs designated as non-preferred are covered but require prior authorization. The MCOs will be required to utilize the fee-for-service prior authorization guidelines to determine medical necessity of drugs and classes included on the PDL. Certain PDL classes already require grandfathering by both fee-for-service and the MCOs.”

Hoover added that MCOs will continue to maintain full responsibility for providing access to covered out-patient drug services. “The MCOs and fee-for-service will publish the statewide PDLs on their websites and include information about how to request a prior authorization,” she stated. “They will notify Medicaid beneficiaries and provide notice of any changes.

They will review and receive prior authorization requests and determine medical necessity and they will follow the current process for appeals and grievances.”

Lloyd Wertz of the Family Training and Advocacy Center asked if OMAP will share the information regarding the grandfathered classes of drugs with the Department of Corrections. Kozak affirmed that OMAP will share that information with the Department of Corrections.

Laval Miller-Wilson, Pennsylvania Health Law Project asked when the PDL will be complete. Hoover said the goal is to have the recommendations finalized by July. Miller-Wilson questioned how many classes of drugs will be

in the PDL. Hoover said around 60 to 70 classes of drugs will be considered at each P&T meeting. An audience member questioned if opioids will be included in the PDL. Hoover said opioids are already included in the PDL. “Those would be reviewed by the P&T committee, but I don’t see any changes coming in terms of that clinical review process for opioids,” she stated.

An audience member asked if an appeal for a prior authorization will still go to the MCO. Hoover responded, “correct.”

Vicki Hoak, Pennsylvania Homecare Association asked what other benefits, aside from standardization, will the statewide PDL achieve. Hoover said there will be one set of prior authorization guidelines and it provide continuity. Kozak added that there will be cost savings associated with a statewide PDL. Hoak asked if there is an estimate on the amount of savings. Kozak said it is still too early to provide an exact figure. When asked about outreach for consumers whose medication will no longer be on the PDL, Hoover affirmed that consumers will be given notice by MCOs. “Those member notices are submitted by the department and we review and approve them before they are sent and that will be the same process under the statewide PDL,” she stated.

McDaid questioned if there will be an “absolute grandfather clause.” Hoover indicated that there is a grandfather clause already in place for certain drug classes. “We have about 17 drug classes that are already grandfathered,” she stated.

SUBCOMMITTEE REPORTS

Consumer Subcommittee:

Miller-Wilson said the subcommittee discussed OMAP and OLTL’s updates, including CHC denials and complaints in southeastern and southwestern Pennsylvania, and the helper screen tool with ODP. He added that the subcommittee would continue to discuss the transition between the ODP waiver and CHC. Miller-Wilson said the subcommittee would examine the 12,525 enrolled in CHC and waivers, ‘particularly the housing and social determinant of health needs for individuals living with seniors.

Miller-Wilson indicated a majority of the subcommittee’s members would be in Johnstown, Pennsylvania to hear from participants in CHC during next month’s subcommittee meeting. A telephone line will be connected to Harrisburg for the meeting. Miller-Wilson stated this would be done to provide the public more information regarding CHC. He added that both anticipating and current CHC participants may attend the listening session. The subcommittee meeting will be held at 1 p.m. at the Holiday Inn in Johnstown, Pennsylvania, and the Health and Welfare Building, Harrisburg.

Fee-For-Service Delivery System Subcommittee: The next meeting will be held on **May 8, 2019**.

Long-Term Services and Supports Subcommittee: Cubit said the OLTL update covered the topics of the subcommittee. She stated the subcommittee heard a presentation regarding Veterans Affairs (VA) services and the federal VA Mission Act. She said the VA Mission Act program will begin on June 6, ending the Veterans Choice program. Cubit said the Mission Act provides major improvements for veterans home- and community-based care, including streamlining customer services. She stated the program also provides new urgent care benefits for veterans, but details were being finalized. She added that the VA was not tracking CHC participation among veterans, and vice-versa, limiting understanding of how veterans utilize CHC. The next meeting is scheduled for **June 11, 2019**, at 10 a.m. at the Rachel Carson State Office Building, Harrisburg.

Managed Care Delivery System Subcommittee: Glinka stated the subcommittee heard a presentation from the Spanish American Civic Association (SACA) discussing the creation of a referral connection tool. He stated SACA provided examples of connecting residents to meaningful resources, including programs for seniors, language translation services, health care for assisting sexually-transmitted diseases, and drug and alcohol programs. He stated SACA broadcasts employment opportunities for an audience of adults aged 18-62 years old. He added the broadcast has 260,000 annual listeners, with an average of six days a week and nine hours a day. Glinka added that the average listener hears SACA’s broadcast for 10 years. He added that the association provides affordable housing through rehabilitated homes and food desert remediation, and addresses crime. Glinka added the association functions without language barriers, leading to their success. SACA provides employment and skills training, including educational opportunities. He added that because of the opportunities SACA provides, wages doubled for participants. Glinka encouraged the department to work with organizations like SACA to improve connections with communities. Glinka indicated the subcommittee would begin monthly discussions on **whole person care**, and that legislation provided for the integration of physical health care with department services. He added the subcommittee would not discuss the legislation’s merits, rather the impact on whole person care with an integrated care plan. He

added that next month the subcommittee would study performances of physical and behavioral health and how to improve performance.

Kozak stated the department looked at Pennsylvania counties and other states regarding the statewide referral tool, finding that communities in Lancaster County provided examples of community-based communication for services. She added that the department continued conversations with Tower Health in Reading regarding grant applications through the Centers for Medicare and Medicaid Services (CMS). She added that the department was gaining information about implementing a statewide referral. Glinka said the MCOS provide service connections for communities so consumers can maintain health. **The next meeting is scheduled for 10:00 a.m. on May 9, 2019**, at the Commonwealth Tower, Harrisburg.

The MAAC will meet next on May 23.

<http://www.dhs.pa.gov/communitypartners/informationforadvocatesandstakeholders/medicalassistanceadvisorycommitteeaac/>

Legislative Activity

The following bills and co-sponsorship memos for bills to be introduced of interest to CFoP were acted on by the General Assembly this past month.

Scope of Practice/Licensure Bills

HB 811 RE: [Second Chance Employment Opportunities](#) (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, 4/9/2019

HB 1172 RE: [License Portability for Professional Licensees Entering Pennsylvania](#) (by Rep. Dave Hickernell, et al)

Amends an 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," providing for licensure by endorsement. The bill establishes that a licensing board or commission shall issue a license, certificate, registration or permit to an applicant to allow practice in this Commonwealth if, upon application to the licensing board, the applicant satisfies all of the following conditions: holds a current license, certificate, registration or permit from another state, territory or country and the licensing board or commission determines that state's, territory's or country's requirements are substantially equivalent to or exceed the requirements established in this Commonwealth; demonstrates competency in the profession through methods determined by the licensing board; has not committed any act that would have constituted grounds for refusal, suspension or revocation of a license; is in good standing; and pays any fees.

Introduced and referred to House Professional Licensure Committee, 4/10/2019

SB 592 RE: Supervision of Supportive Personnel (by Sen. David Argall, 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 defines "direct on-premises supervision" and provides for delegation.

Introduced and referred to Senate Consumer Protection & Professional Licensure Committee, 4/26/2019

Cosponsor memos filed

HCO1686 (Kortz) - [Permitting Licensed Professionals To Receive Advice From Licensing Boards](#) Allows licensing boards to answer inquiries from licensees in the form of advisory opinions.

Filed, 4/1/2019

SCO 780 (DiSanto) - [Occupational Licensure Reform](#) Addresses consideration of criminal records in occupational licensure.

Filed, 4/3/2019

Budget-Related Bills

[HB 790](#) RE: General Appropriation Act of 2019 (By Rep. Stan Saylor, et al)

Provides appropriations from the General Fund for the expenses of the Executive, Legislative and Judicial Departments of the Commonwealth, the public debt and the public schools for the fiscal year July 1, 2019, to June 30, 2020, and for the payment of bills incurred and remaining unpaid at the close of the fiscal year ending June 30, 2019; providing appropriations from special funds and accounts to the Executive and Judicial Departments for the fiscal year July 1, 2019, to June 30, 2020, and for the payment of bills remaining unpaid at the close of the fiscal year ending June 30, 2019; and providing for the appropriation of Federal funds to the Executive and Judicial Departments for the fiscal year July 1, 2019, to June 30, 2020, and for the payment of bills remaining unpaid at the close of the fiscal year ending June 30, 2019. Effective July 1, 2019, or immediately, whichever is later.

**Reported as committed from House Appropriations Committee, read first time, and laid on the table, 4/30/19
Removed from the table, 4/30/2019**

Read second time, and Rereferred to House Appropriations Committee, 5/1/2019

Child Abuse Reporting

[HB 1051](#) RE: [Clarifying Penalties for Failing to Report Child Abuse](#) (by Rep. Todd Stephens, et al)

Amends Title 23 (Domestic Relations), in child protective services, further providing for penalties for failure to report suspected child abuse by mandated reporters. Increases the offense of willfully failing to report suspected child abuse by a mandate reporter when it is a "continuing course of action" from a misdemeanor of the first degree to a felony of the third degree. Further provides if the child abuse constitutes a felony of the first degree or higher, the person commits a felony of the second degree.

Introduced and referred to House Children and Youth Committee, 4/5/2019

**Reported as committed from House Children and Youth Committee, read first time, laid on the table, and
Removed from the table, 4/15/2019**

Amended on House floor, read second time, and Rereferred to House Appropriations Committee, 4/16/2019

**Reported as committed from House Appropriations Committee, read third time, and passed House, 4/17/2019
(168-22)**

Received in the Senate and referred to Senate Aging and Youth Committee, 4/30/2019

Health Care Bills

[HB 1214](#) RE: Registration of Pain Management Clinics (by Rep. Jim Struzzi, et al)

Amends the Health Care Facilities Act adding a chapter providing for registration of pain management clinics; providing for duties of the department; and imposing penalties. Each pain management clinic, with the exception of private physician offices, shall register and maintain a valid registration with the department. Among the requirements the bill outlines prescriber and recordkeeping rules for pain management clinics.

Introduced and referred to House Health Committee, 4/15/2019

Health Care Work Force Bills

NONE

Health Insurance Bills

[HB 872](#) RE: Telemedicine (by Rep. Gary Day, et al)

Act relating to telemedicine; authorizing the regulation of telemedicine by professional licensing boards; and providing for insurance coverage of telemedicine.

Introduced and referred to House Insurance Committee, 4/5/2019

[HB 1213](#) RE: Patient Access and Consumer Choice Act (by Rep. Dan Frankel, et al)

Provides a hospital-owned physician practice that is part of an **integrated delivery network** shall assure accountability and accessibility of adequate health care services to members of a health insurance carrier which allows access to quality care and continuity of health care services. The practice shall enter into a provider contract

with any health insurance carrier that is willing to enter into a contract. If a mutually agreeable contract cannot be reached, a contract shall be imposed on the parties through mandatory binding arbitration. Prohibits a hospital-owned practice from placing **restrictive covenants** on its employment contracts that restrain any individual from engaging in the individual's lawful profession or limiting or restricting a consumer's access to continuity of care solely on the basis of the consumer's health insurance carrier. Requires the Insurance Department to ensure compliance with the act and to promulgate regulations. Further provides for definitions, effect of failure to maintain or enter into a mutually agreeable provider contract, terms of default provider agreement, payment under the default provider agreement, confidentiality, and civil penalties.

Introduced and referred to House Insurance Committee, 4/15/2019

Cosponsor memos filed

HCO1758 (DeLuca) - [Essential Health Benefits Resolution](#) – A Resolution urging Congress to retain the 10 essential health benefits in whatever replacement they choose.

Filed, 4/8/2019

HCO1917 (Mentzer) - [Prior Authorization](#) Addresses prior authorization and step therapy in health care and insurance coverage.

Filed, 4/25/2019

Liability

HCO1693 (Oberlander) - [Personal Jurisdiction in Medical Professional Liability Actions](#) A Constitutional amendment to address personal jurisdiction in medical professional liability actions.

Filed, 4/1/2019

Medical Assistance/DHS

[HB 833](#) RE: MA Requirement for Child Support (by Rep. Clint Owlett, et al)

Amends the Human Services Code, in public assistance, requiring all applicants and recipients to, as a condition of eligibility, cooperate with the department in securing medical support from the noncustodial parent of any child for whom medical assistance is sought or provided in all cases in which support is being sought for the child, unless the custodial parent is a victim of domestic violence perpetrated by the noncustodial parent or the application endangers the child. The department may not accept a private agreement that results in the child foregoing medical support which would otherwise be available to the child. Provides the pursuit of medical support from the noncustodial parent harms either the child or the custodial parent's well-being as documented pursuant to regulations promulgated by the department.

Reported as amended from House Health Committee, read first time, and laid on the table, 4/9/2019

Removed from the table, 4/15/2019

Amended on House floor, read second time, and Rereferred to House Appropriations Committee, 4/17/2019

Opioid Reduction

[SB 566](#) RE: Pennsylvania Safe and Effective Opioid Prescribing Advisory Council (by Sen. Gene Yaw, et al)
Amends the Controlled Substance, Drug, Device and Cosmetic Act further providing for definitions; providing for Pennsylvania Safe and Effective Opioid Prescribing Advisory Council; and further providing for promulgation of regulations. The bill establishes the Pennsylvania Safe and Effective Opioid Prescribing Advisory Council within the Department of Health. The advisory council shall examine and make recommendations regarding opioid prescribing and dispensing practices and related policies implemented by the department and shall annually issue a report of its activities and recommendations. The department shall promulgate regulations relating to the prescription of opioids consistent with the prescribing guidelines issued by the Advisory Council.

Introduced and referred to Senate Health and Human Services Committee, 4/18/2019

[SB 572](#) RE: Opioid Treatment Agreements (by Sen. Ryan Aument, et al)
Amends Title 35 (Health and Safety), in public safety, adding a chapter providing for opioid treatment agreements. Before issuing an individual the first prescription in a single course of treatment for chronic pain with a controlled substance containing an opioid, regardless of whether the dosage is modified during that course of treatment, a prescriber shall: (1) assess whether the individual has taken or is currently taking a prescription drug for treatment of a substance use disorder, (2) discuss certain topics with the individual, (3) review and sign a treatment agreement form, (4) obtain written consent for the prescription from the individual, and (5) record the consent on the treatment agreement form.

Introduced and referred to Senate Health and Human Services Committee, 4/18/2019

Cosponsor memo filed

HCO1948 (Hershey) - [Opioid Patient Treatment Agreements](#) Requires new patients who need a prescribed opioid regime to enter into treatment agreements with a prescriber to ensure patients understand the risks of addiction and dangers of overdose associated with the medication and their role.

Filed, 5/1/2019

Sales Tax Expansion

NONE

Worker's Comp

NONE

Copies of bills described above can be obtained on-line at:

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

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/>

WEDNESDAY - 5/8/19

House Professional Licensure Committee

10:00 a.m., Room B31, Main Capitol

To consider:

[HB 770](#) (DeLuca) - Amends the Pharmacy Act, further providing for definitions; and providing for pharmacy technician and pharmacy technician trainee registration, qualifications and supervision; and

[HB 1172](#) (Hickernell) - Amends an act empowering the General Counsel to issue subpoenas for certain licensing board activities; providing for hearing examiners in the Bureau of Professional & Occupational Affairs; providing for licensure by endorsement.

2019 SENATE SESSION SCHEDULE

May 1, 6, 7, 8

June 3, 4, 5, 10, 11, 12, 17, 18, 19, 24, 25, 26, 27, 28

2019 HOUSE SESSION SCHEDULE

May 1, 6, 7, 8, 13, 14, 15, 22

June 3, 4, 5, 10, 11, 12, 17, 18, 19, 20, 24, 25, 26, 27, 28

State Board of Chiropractic Board Meeting Schedule

Remaining 2019 dates: May 16, July 18, September 19, November 21

2020 dates: March 19, May 14, July 18, September 17, November 19, 2020

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

2019 meeting dates: May 23, June 27, July 25, No August meeting, September 26, October 24, No November meeting, December 12

For more information check the DHS MAAC website:

<http://www.dhs.pa.gov/communitypartners/informationforadvocatesandstakeholders/medicalassistanceadvisorycommitteemaac/>