

Federal and State Legislative Update 2015

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2014 Federal Legislation - Enacted

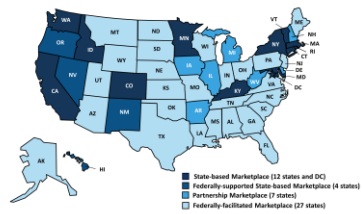
- H.R. 2: Medicare Access and CHIP Reauthorization Act of 2015 Sponsor: Rep. Michael Burgess (R-TX26)
- S. 799: Protecting Our Infants Act of 2015 Sponsor: Sen. Mitch McConnell (R-KY)
- S. 1461: A bill to provide for the extension of the enforcement instruction on supervision requirements for outpatient therapeutic services in critical access and small rural hospitals through 2015. Sponsor: Sen. John Thune (R-SD)
- S. 1170: Breast Cancer Research Stamp Reauthorization Act of 2015 Sponsor: Sen. Dianne Feinstein (D-CA)
- S. 139: Ensuring Access to Clinical Trials Act of 2015 Sponsor: Sen. Ron Wyden (D-OR)
- S. 971: Medicare Independence at Home Medical Practice Demonstration Improvement Act of 2015 Sponsor: Sen. Ron Wyden (D-OR)
- H.R. 1321: Microbead-Free Waters Act of 2015 Sponsor: Rep. Frank Pallone (D-NJ)
- H.R. 3831: Securing Fairness in Regulatory Timing Act of 2015 Sponsor: Rep. Kevin Brady (R-TX)
- S. 2425: Patient Access and Medicare Protection Act Sponsor: Sen. Robert "Rob" Portman (R-OH)
- S. 599: Improving Access to Emergency Psychiatric Care Act Sponsor: Sen. Benjamin Cardin (D-MD)
- S. 1362: A bill to amend title XI of the Social Security Act to clarify waiver authority regarding programs of all-inclusive care for the elderly (PACE programs). Sponsor: Sen. Thomas Carper (D-DE)
- S. 984: Steve Gleason Act of 2015 Sponsor: Sen. David Vitter (R-LA)
- H.R. 2820: Stem Cell Therapeutic and Research Reauthorization Act of 2015 Sponsor: Rep. Christopher "Chris" Smith (R-NJ4)
- H.R. 878: NOTICE Act Sponsor: Rep. Lloyd Doggett (D-TX35)
- H.R. 1624: Protecting Affordable Coverage for Employees Act

Health Insurance Exchanges – 2016

- State-based (13 states and DC);
- Federally-supported State-based (4 states);
- Partnership (7 states);
- Federally-facilitated (27 states).

Health Insurance Exchange

State Health Insurance Marketplace Types, 2016



Definitions

- **State-based Marketplace:** States running a State-based Marketplace are responsible for performing all Marketplace functions. Consumers in these states apply for and enroll in coverage through Marketplace websites established and maintained by the states.
- **Federally-supported State-based Marketplace:** States with this type of Marketplace are considered to have a State-based Marketplace, and are responsible for performing all Marketplace functions, except that the state will rely on the Federally-facilitated Marketplace IT platform. Consumers in these states apply for and enroll in coverage through healthcare.gov.
- **State-Partnership Marketplace:** States entering into a Partnership Marketplace may administer in-person consumer assistance functions and HHS will perform the remaining Marketplace functions. Consumers in states with a Partnership Marketplace apply for and enroll in coverage through healthcare.gov.
- **Federally-facilitated Marketplace:** In a Federally-facilitated Marketplace, HHS performs all Marketplace functions. Consumers in states with a Federally-facilitated Marketplace apply for and enroll in coverage through healthcare.gov.

State Legislation Update

- Using National Conference of State Legislature database.
- Using the topics : Access to Primary Care, Authorize/Plan/Fund, Challenging and Alternatives, Essential Health Benefits, Health Centers, Health Information Technology, Health Insurance Exchanges, Health Insurance Reform, Medicaid and CHIP, Other, Prevention and Wellness, Workforce and Providers.
- 385 bills enacted in 50 states and DC in 2015

General Categories of State Legislations

- Compliance with Affordable Care Act (ACA)
- Appropriations
- Expansion of Medicaid
- Increase coverage to autism spectrum disorders and pediatric dental care.

Enacted Healthcare Legislation – State by State Breakdown

- | | | | | |
|-----------|-----------|-----------|-----------|-----------|
| ◦ AL - 5 | ◦ HI - 5 | ◦ MI - 1 | ◦ NC - 4 | ◦ UT - 29 |
| ◦ AK - 3 | ◦ ID - 4 | ◦ MN - 1 | ◦ ND - 12 | ◦ VT - 5 |
| ◦ AZ - 9 | ◦ IL - 9 | ◦ MS - 7 | ◦ OH - 3 | ◦ VA - 18 |
| ◦ AR - 20 | ◦ IN - 5 | ◦ MO - 3 | ◦ OK - 8 | ◦ WA - 11 |
| ◦ CA - 23 | ◦ IA - 3 | ◦ MT - 10 | ◦ OR - 10 | ◦ WV - 4 |
| ◦ CO - 6 | ◦ KS - 4 | ◦ NE - 3 | ◦ PA - 2 | ◦ WI - 1 |
| ◦ CT - 20 | ◦ KY - 5 | ◦ NV - 13 | ◦ RI - 5 | ◦ WY - 5 |
| ◦ DE - 3 | ◦ LA - 22 | ◦ NH - 4 | ◦ SC - 1 | |
| ◦ DC - 5 | ◦ ME - 5 | ◦ NJ - 5 | ◦ SD - 6 | |
| ◦ FL - 5 | ◦ MD - 11 | ◦ NM - 4 | ◦ TN - 6 | |
| ◦ GA - 4 | ◦ MA - 1 | ◦ NY - 4 | ◦ TX - 22 | |

Alabama



- Delay ICD-10 Implementation - Act No. 2015-279
Urges the United States Congress to take all necessary measures to delay the mandated implementation of ICD-10 and lessen the burden on state medical practices.

Arizona

- Health Care Cost Containment System - Act No. 31
Relates to Arizona Health Care Cost Containment System, requires contractors to intervene when a member inappropriately seeks care at a hospital emergency department a certain number of times or more in a specified period and to educate the member regarding the proper use of emergency services, requires certain reports.
- Direct Payments To Health Care Providers - Act No. 266
Relates to direct payments to health care providers, requires a receipt, provides that if an enrollee pays to a health care provider or health care facility that is an out-of-network provider the direct pay price for a service covered under the enrollee's health care plan, the amount paid by the enrollee shall be applied first to the enrollee's in-network deductible with any remaining monies being applied to the enrollee's out-of-network deductible, excludes certain government plans.

Arkansas



- Authorization of Procedure for Terminal Illness - Act No. 992
Regulates the prior authorization procedure for treatment of a terminal illness under certain conditions, provides that if a covered pain medication that is prescribed to a covered person requires a prior authorization, then the prior authorization shall not be denied if the covered person has a terminal illness.
- Health Insurance Exchange - Act No. 398
Prohibits the establishment through existing state law of a state-based health insurance exchange in the state under the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010. Requires a "future act of the General Assembly" for any action by the "Arkansas Health Insurance Marketplace."
- Drug Formulary Information in Benefit Plan - Act No. 1109
Requires a health benefit plan to disclose drug formulary information on the public part of its website in a readily accessible format along with information to the health plan to which the formulary applies, any exclusions from covering or restrictions including any tiering structure, including copay and coinsurance requirements, prior authorization requirements, step-therapy requirements, deductible and cost sharing, quantity limits, dependent access, and a denial of coverage appeal process.

California



- Health Care Coverage: Immigration Status - Act No. 709
Relates to individuals under a specified age enrolled in restricted-scope Medi-Cal to be enrolled in the full-scope benefits, if otherwise eligible, if a specified determination regarding immigration status is made. Requires monthly updates to specified legislative committees. Requires such individuals to enroll in a Medi-Cal managed care health plan.

California



- **Reproductive FACT Act - Act No. 700**
Enacts the Reproductive FACT Act. Requires a licensed covered facility to disseminate a notice to all clients stating the State has public programs that provide immediate free or low-cost access to family planning services, prenatal care, and abortion, for eligible women. Requires an unlicensed covered facility to disseminate a notice that the facility is not licensed as a medical facility by the State. Authorizes a civil penalties against facilities that do not comply.

Colorado



- **Health Insurance Parity for Autism Spectrum Disorders - Act No. 106**
Mandate / EHB: Specifies autism spectrum disorders are not to be treated as a mental illness for purposes of health care coverage, clarifies health benefit plans must include benefits for autism that are no less restrictive than benefits available for a physical illness, clarifies that nationally registered behavior technicians may provide services to a person under the supervision of another autism services provider.

Connecticut

- **Comprehensive Children's Behavioral Health - Act No. 15-27**
Concerns implementation of a comprehensive children's mental, emotional and behavioral health plan implementation advisory board to advise on the execution of the comprehensive implementation plan for cataloging the mental, emotional and behavioral health services offered for families with children in the state by agency, service type and funding allocation to reflect capacity and utilization of services.
- **Cytomegalovirus - Act No. 15-10**
Concerns cytomegalovirus, requires a screening test for cytomegalovirus for newborns who fail a newborn hearing screening, provides that the tests shall be administered as soon after birth as is medically appropriate, relates to HIV-related testing, requires newborns to be screened, sets fees to be charged to institutions to cover all expenses of the comprehensive screening program including testing, tracking, and treatment.

Delaware

- **Newborn Screening Program - Act No. 96**
Creates the Newborn Screening Program, provides screening for metabolic, hematologic, endocrinologic, immunologic and structural disorders, relates to blood specimens and consent, clarifies that genetic information may be retained for a specified time, establishes a Newborn Screening Advisory Committee, provides for confidentiality of test results, requires parental and physician notification, provides for billing, provides that no newborn shall be denied testing because of parental inability to pay.
- **Advanced Practice Registered Nurse - Act No. 172**
Creates a new Advanced Practice Registered Nurse Committee to assist the Board of Nursing in the regulation of nursing practice consistent with the national Consensus Model for Advanced Practice Registered Nurse regulation, includes provisions regarding the scope of practice for such nurses and the requirement of collaborative agreements between such nurses and licensed physicians, podiatrists, or licensed state health care delivery systems.

Georgia



- **Reimbursement for Skin Substitutes Used for Burns - Act No. 207**
Relates to insurance general provisions, provides that no health insurance policy issued, delivered, or renewed that directly or indirectly covers the treatment or management of burns shall limit or exclude reimbursement for the treatment of burns using skin substitutes utilizing cryopreserved cadaver derived skin tissue on the basis that such tissue is an experimental or investigational medical treatment.
- **Insurance and Health Benefit Plans - Act No. 31**
Relates to insurance generally, provides that no health benefit plan shall restrict coverage for prescribed treatment based upon the insured's diagnosis with a terminal condition, provides for certain insurance coverage of autism spectrum disorders, provides a premium cap and other conditions, creates newly defined penalties.

Illinois

- **Insurance Code - Act No. 407**
Amends the Illinois Insurance Code and the Health Maintenance Organization Act, states that low-dose mammography shall include breast tomosynthesis, provides that screenings for breast cancer under the Public Aid Code shall include breast tomosynthesis.
- **Patients Right To Know Act - Act No. 330**
Amends the Patients' Right to Know Act, provides that a physician who has retired from active practice may use the title Retired on his or her physician profile, provides that a retired physician using the title Retired on his or her physician profile is not required to provide office addresses or other practice specific information, makes conforming change in the Civil Administrative Code, Amends the Nurse Practice Act and the Physician Assistant Practice Act, defines hospital affiliate in both Acts.

Kentucky

- **Colorectal Cancer Screening - Act No. 10**
Relates to removing barriers to colorectal cancer screening, requires that health benefit plans provide complete coverage of colorectal cancer screening, provides that coverage shall not be subject to a deductible or coinsurance for or services received from participating providers under the health benefit plan.

Louisiana



- **Sickle Cell Patient Navigator Program - Act No. 387**
Establishes the Sickle Cell Patient Navigator Program, relates to health services for persons with sickle cell disease, establishes a sickle cell patient navigator program and provide for functions of the program, provides for administration of the program by the Department of Health and Hospitals under the direction of the Louisiana Sickle Cell Commission, provides for program implementation contingent upon appropriation of funds.

Louisiana



- **Victims of Sexually Oriented Criminal Offenses - Act No. 229**
Relates to the examination, treatment, and billing of victims of sexually-oriented criminal offenses, provides for video recording of victims age fourteen and under, requires the coroner to examine victims, requires the use of a barcode to maintain confidentiality, provides for transfer of evidence, forensic medical examination and ancillary healthcare services, relates to reparations to victims, health insurance, the Crime Victims Reparations Board, eligibility provisions and notifications.

Maine

- **Medicaid Coverage for Reproductive Health Care - Act No. 356**
Provides for Medicaid coverage for reproductive health care and family planning services, includes pregnancy prevention, testing and treatment for sexually transmitted infection or cancer and access to contraception, provides funds for Automated Client Eligibility System technology updates to handle changes to eligibility and services due to expanded eligibility for family planning services, relates to written approval of the state plan.
- **Breast Cancer - Act No. 227**
Provides that individual and group health insurance policies must ensure that that inpatient coverage with respect to treatment of breast cancer is provided for a period of time determined by the attending physician, after providing notice to the patient regarding the coverage required by existing law and in consultation with the patient, to be medically appropriate following a mastectomy, a lumpectomy, or a lymph node dissection for the treatment of breast cancer.

Maryland



- **Insurance Coverage for Ostomies - Act No. 23**
Mandate / EHB: Requires insurers, nonprofit health service plans, and health maintenance organizations that provide certain health insurance benefits under insurance policies or contracts to provide coverage for specific equipment and supplies used for the treatment of ostomies, provides that the required coverage may be subject to certain deductibles and coinsurance. (Ostomy refers to a surgically created opening in the body for the discharge of body wastes.)

Maryland



- **In Vitro Fertilization Coverage - Act No. 482**
Prohibits insurers, nonprofit health service plans, and health maintenance organizations from requiring certain conditions of coverage for certain infertility for a patient who is married to an individual of the same sex, provides certain provision of existing law do not pertain to those insurers under certain policies or contracts, applies a condition of providing benefits for expenses arising from in vitro fertilization producers only to a patient whose spouse is of the opposite sex.

Mississippi



◦ **Anti Cancer Medications - Act No. 490**
Prohibits health plans that cover injected, intravenously administered and oral anti-cancer medications from requiring a higher co-payment, deductible or coinsurance amount for patient administered medications than they require for medications injected or intravenously administered, directs the state and school employees health insurance management board to accept bids for surgical services that include a rate bundle and payment for orthopedic, spine, bariatric, cardiovascular and general surgeries.

Missouri

◦ **Eating Disorder Insurance Coverage**
Requires health benefit plans to provide coverage for the diagnosis and treatment of eating disorders, limits the coverage to medically necessary treatment that is provided by a licensed treating physician, psychiatrist, psychologist, professional counselor, clinical social worker, or licensed marital and family therapist.

Nevada

◦ **Interstate Compact on Mental Health - Act No. 223**
Ratifies and enacts the Interstate Compact on Mental Health, provides for transfers of patients to another state if care and treatment would be improved, requires a state that transfers a patient to another state to pay costs of transporting the patient unless the states arrange for a different allocation of such costs, requires a guardian, authorizes agreements for the return of certain indigent residents discharged as having recovered from mental illness to their county of residence within this State.

New Hampshire

◦ **Definition of Telemedicine - Act No. 2015-246**
Clarifies when it is appropriate to use telemedicine in practitioner-patient medical circumstances, provides that a practitioner shall not prescribe certain controlled drugs by means of telemedicine except when treating patients in community mental health programs, relates to a physician providing telemedicine services directly to a patient, relates to medical records, relates to Medicaid coverage for telehealth services, relates to advanced practice registered nurse-patient relationships.

New Mexico

◦ **Informed Consent for Genetic Testing - Act No. 156**
Relates to health care, excepts a clinical laboratory performing services pursuant to a written order from a health care practitioner from the requirement to obtain informed consent for genetic analysis or testing.

North Dakota

◦ **Telehealth Insurance Coverage - Act No. 425**
Relates to the Public Employees Retirement System uniform group insurance coverage of telehealth, provides the board shall provide for certain health benefits coverage under a policy that provides coverage for health services delivered by means of telehealth which is the same as the coverage for health services delivered by in-person means, provides expenses paid for covered health services delivered by telehealth may be negotiated in the same manner as covered health service which are delivered in person.

North Dakota

o Cancer Treatment Insurance Coverage - Act No. 218

Relates to insurance coverage of cancer treatment medications, requires that copayment, deductible, and coinsurance amounts for patient-administered cancer treatment medications do not exceed the amounts for cancer treatment medications that are injected or are intravenously administered by a health care provider, regardless of the formulation or benefit category, prohibits an insurer from increasing copayments or deductibles or reclassifying benefits in order to avoid compliance.

Oklahoma

o Insurance - Act No. 74

Relates to insurance, provides that a health benefit plan that provides coverage for cancer therapy shall be prohibited from holding proton radiation therapy to a higher standard of clinical evidence for medical policy benefit coverage decisions than the health plan requires for coverage of any other radiation therapy treatment, provides that nothing in these provisions shall be construed to mandate the coverage of proton radiation therapy by a health benefit plan.

Rhode Island



o Insurance Coverage for Mental Illness - Act No. 2015-209

Requires payors providing insurance coverage for the treatment of mental health and substance abuse disorders to rely upon criteria of the American Society of Addiction Medicine when developing coverage for levels of care for substance use disorder treatment. (Relates to essential health benefits)

South Dakota

o Cancer Treatment Medication Insurance Coverage - Act No. 252

Relates to cancer treatment medication insurance coverage, provides that a health benefit plan that covers injected or intravenously administered cancer treatment medication shall provide no less favorable benefits for prescribed, orally administered anticancer medication, regardless of formulation or benefit category, prohibits an insurer to reclassify benefits for cancer treatment medications or to increase a copayment, deductible, or coinsurance amount unless the increase is applied to all benefits

Tennessee

o Health and Accident Insurance Copayments - Act No. 157

Prohibits health insurance entities from charging a covered person a greater copayment or coinsurance amount for primary care services rendered during an office visit to a physician assistant than those charged for primary care services rendered during an office visit to a physician.

o Physician Referrals for Health Care Services - Act No. 518

Provides that a managed health insurance insurer shall not contact or employ an agent to contact a patient of a contracted physician to change a referral for service to another provider, unless certain actions are followed, requires the patient to be provided orally and electronically of the right to discuss a change of referral with the ordering practitioner before any appointment is changed, authorizes notification of the patient that the provider selected is not in the network and there may be costs.

Texas

o Managed Care Plans - Act No. 275

Relates to the operation of certain managed care plans with respect to certain physicians and health care providers, provides that a health maintenance organization may not terminate or restrict participation of a physician or provider solely for informing an enrollee of the full range of available physicians and providers, including out-of-network providers, excludes child health plans, the health benefits plan for children, Medicaid programs and the Medicaid managed care program.

Utah



◦ Antidiscrimination Modifications - Act No. 023

Modifies the State Antidiscrimination Act to address breastfeeding or medical conditions related to breastfeeding, includes breastfeeding or medical conditions related to breastfeeding under pregnancy, childbirth, or pregnancy-related conditions.

◦ Electronic Cigarettes - Act No. 132

Relates to electronic cigarette products, requires a license in order to sell or distribute an electronic cigarette product, provides criminal penalties for violations, provides product quality and labeling standards for an electronic cigarette product, gives the Department of Health the authority to determine product quality, nicotine content, packaging, and labeling standards, prohibits advertising and electronic cigarette product as a tobacco cessation device, prohibits minors in tobacco specialty shops.

Vermont



◦ All Payer Model for Health Care - Act No. 54

Relates to an all-payer model for health care, to be achieved through a waiver from the Centers for Medicare and Medicaid Services, includes hospitals, provides a maximum allowable cost for pharmacy benefit managers relating to reimbursement rates, provides an administrative appeals process to allow a dispensing pharmacy provider to contest a listed maximum allowable cost, requires notice of hospital observation status, including patients with commercial insurance, amends the tobacco products excise tax.

Washington



◦ Palliative Care Insurance Coverage - Act No. 22

Provides for group or blanket insurance coverage of home health benefits for persons seeking palliative care in conjunction with treatment or management of serious or life-threatening illness, provides that such persons need not be homebound to be eligible for coverage, relates to coverage for employees.

West Virginia

◦ Medical Professional Liability - Act No. 168

Relates to medical professional liability, controlled increases in cost of liability insurance and maintained access to affordable health care services, increases the limitation on civil damages in medical malpractice cases, limits admissibility of certain evidence, requires adjustment of verdicts for past medical expenses, including a write off, includes pharmacists and emergency medical services caps, relates to admission of certain government, health care provider or health care facility information.

Thank you for your attention and enjoy the rest of the meeting !