Federal and State Legislative Update 2016-2017

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Feb. 24, 2017
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Welcome to Vegas!

Transitional year

21st Century Cures Act

- Consolidates separate tsunami warning systems for the Pacific and Arctic Oceans and for the Atlantic Ocean into a single warning system. Requires the system to support international tsunami forecasting and warning efforts.
- Requires the National Oceanic and Atmospheric Administration (NOAA) to support or maintain tsunami warning centers to support the national warning system and develop uniform operational procedures for the centers.

Expanding Capacity for Health Outcomes (ECHO) Act

- requires the Department of Health and Human Services (HHS), in collaboration with the Health Resources and Services Administration, to study technology-enabled collaborative learning and capacity building models and the ability of those models to improve patient care and provider education.

2016 Federal Legislation - Enacted

- Public Law No: 114-255 — 21st Century Cures Act
- Public Law No: 114-270 — ECHO Act
- Public Law No: 114-146 — Adding Zika Virus to the FDA Priority Review Voucher Program Act
- Public Law No: 114-268 — First Responder Anthrax Preparedness Act
- Public Law No: 114-229 — Advancing Hope Act of 2016
- Public Law No: 114-144 — Older Americans Act Reauthorization Act of 2016
Adding Zika Virus to the FDA Priority Review Voucher Program Act

- amends the Federal Food, Drug, and Cosmetic Act to add Zika virus disease to the list of tropical diseases under the priority review voucher program, which awards a voucher to the sponsor of a new drug or biological product that is approved to prevent or treat a tropical disease.

First Responder Anthrax Preparedness Act

- requires the Department of Homeland Security (DHS), in coordination with the Department of Health and Human Services (HHS), to carry out a pilot program to provide eligible anthrax vaccines nearing the end of their labeled dates of use from the strategic national stockpile to be made available to states for administration to emergency response providers who would be at high risk of exposure to anthrax if an attack should occur and who voluntarily consent.

Advancing Hope Act of 2016

- amends the Federal Food, Drug, and Cosmetic Act to expand the priority review voucher program for rare pediatric diseases to include treatments for sickle cell disease and pediatric cancers.

Older Americans Act Reauthorization Act of 2016

- amends the Older Americans Act of 1965 (OAA), with respect to the Administration on Aging, to require the Office of Long-Term Care Ombudsman Programs to collect and analyze best practices related to responding to elder abuse, neglect, and exploitation in long-term care facilities, and publish a report on them. And also reauthorizes many existing senior programs to 2019.

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.
- 433 healthcare related legislations introduced in 49 states in 2014
- 419 bills enacted in 48 states in 2016

Enacted Healthcare Legislation – State by State Breakdown

- AL - 4  
- GA - 12  
- MD - 17  
- MI - 3  
- TN - 8  
- AZ - 7  
- HI - 15  
- MA - 6  
- NV - 14  
- UT - 16  
- AR - 18  
- ID - 2  
- ME - 6  
- NC - 8  
- VT - 13  
- AR - 4  
- IL - 10  
- MO - 3  
- OH - 4  
- VA - 17  
- CA - 25  
- IN - 10  
- MO - 4  
- OR - 5  
- WA - 18  
- CO - 11  
- IA - 9  
- MS - 6  
- OK - 5  
- WV - 12  
- CT - 8  
- KS - 5  
- NE - 12  
- PA - 3  
- WI - 6  
- DE - 9  
- KY - 7  
- NH - 12  
- RI - 7  
- WY - 26  
- DC - 9  
- LA - 12  
- NJ - 1  
- SC - 3  
- FL - 17  
- ME - 8  
- ND - 1
State Laws on Prescriptions

- 222 enacted state laws on prescription medications in 45 states ranging from establishing a controlled substance database to insurance coverage of specific medications.

States that started/updated its Controlled Substance Database Laws in 2016

- Alabama
- Arizona
- California
- Florida
- Georgia
- Idaho
- Maryland
- Nebraska
- New Hampshire
- New Mexico
- Pennsylvania
- Rhode Island
- Tennessee
- Utah
- Vermont
- Virginia
- Washington
- Wisconsin

Right to Try Laws

- 33 state have laws to let terminally ill patients try experimental therapies (drugs, biologics, devices) that have completed Phase I testing but have not been approved by the Food and Drug Administration (FDA).
- In 2016, CT, GA, ID, ME, MS, SC, WV enacted Right to Try Laws
- Allows physicians to use non-US medications for terminally ill patients (OH)
- Prohibits denial of insurance drug coverage for off-label use in treatment of life-threatening chronic disease. (RI)
- Limits liability to physicians and manufacturers (LA)
- Limited to neurodegenerative diseases (VA)

Glaucoma eye drop coverage

- Prohibits denial of coverage (AZ, CO, OH)
- Requires coverage of early refills (MO, NH, WV)

EpiPen

- Administration by Authorized entities (DC, FL, IL, KY, MD, NH, RI, SC, TN, WA)
- Exemption from liability (AL, AZ, CA, IL, NY, OH)

Potpourri

- California’s End of Life Act
- California to monitor psychotropic medication use in foster care kids
- Must be 18 to buy Dextromethorphan in Delaware.
- Indiana prohibits Medicaid to reimburse for Subutex/suboxone for chronic pain.
Alabama

- S. 268, Enacted and signed as Act No. 2016-418, eligibility for Medicaid to be suspended when the person is in custody, provides for applications for Medicaid under certain conditions prior to release from custody.

Alaska

- S 74, Enacted and signed as Act 2016-25, amends existing law related to requiring for a physical exam before diagnosis, treatment or prescribing through telehealth. Requires the establishment of guidelines for physicians rendering a diagnosis, providing treatment, or prescribing, dispensing, or administering a prescription drug to a person without conducting a physical examination, and eliminates requirement that a physician must be located in the state.
- S 142, Enacted and signed as Act 2016-34, clarifies that a health care insurer may not offset the cost of compliance by increasing the copayment, deductible or coinsurance amount required for anti-cancer medications injected or intravenously self-administered by a patient instead of by a health care provider that are covered under the health insurance plan.
- H 243, Enacted and signed as Act 2016-17, Requires that a health care insurer that provides coverages for mental health benefits also provide coverage for mental health benefits provided through telehealth.

Arizona

- H 2350, Enacted and signed as Act 240, stipulates that Post-Traumatic Stress Disorder of a peace officer is presumed to be a personal injury that is compensable pursuant to statute relating to workers’ compensation. Requires a state or political subdivision of the state to establish a program to provide a peace officer, firefighter or public safety employee up to a certain number of visits of licensed counseling, which includes counseling delivered via telemedicine, paid for by the employer.

California

- S 10, Enacted - Act No. 22, Allows previously unauthorized immigrants to buy health insurance on the state-based health exchange created under the federal ACA. It authorizes the state to request a Section 1332 waiver from the federal government that is needed to allow a new category of "individuals who are not eligible to obtain health coverage through the Exchange because of their immigration status" to purchase unsubsidized insurance through Covered California.
- A 339, Enacted - Act No. 619, copayment, coinsurance, or any other form of cost sharing for a prescription drug for an individual prescription is capped and "shall not exceed $250 for a supply of up to 30 days."

- S 482, Enacted - Act No. 708, requires a health care practitioner authorized to prescribe a controlled substance to consult the CURES database to review a patient's controlled substance history before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance for the first time and if the substance remains part of the patient's treatment.

Georgia

- GA S 51 Enacted - Act No. 189, provides for the substitution of a biological product with an interchangeable biological product by a pharmacist, provides the pharmacist shall dispense the lowest retail priced interchangeable biological product which in in stock, requires the name of the interchangeable biological product shall appear on the prescription label, provides labeling exceptions, relates to maintaining a record of such transaction into interoperable electronic records.
Illinois

• H 3270 Enacted - Act No. 415, Provides that the Department of Healthcare and Family Services shall not deny a person's application for medical assistance solely because that person has become or is an inmate, provides that the person may be and remain enrolled for medical assistance as long as all other eligibility criteria are met.

Maryland

• S 848 Enacted - Act No. 1436, Prohibits certain entities from applying prior authorization requirements for certain contraceptive drugs or devices, requires coverage for male sterilization and single dispensations of prescription contraceptives for certain period of time, provides for concurrent increases in copayments and dispensing fees, point of sale coverage, coverage frequency limits, off-formulary prescriptions, requires coverage without a prescription and prohibits application of copayments under certain conditions.

Rhode Island

• RI S 6831 Enacted - Act No. 2015-192, allows public health dental hygienists to perform certain dental hygiene procedures in a public setting without the immediate supervision of a dentist, allows licensed dental health hygienists in certain circumstances to provide dental screenings to school children, provides for a written collaborative agreement with a local or state government agency or institution or with a licensed dentist, provides for Medicaid or state insurance program reimbursement but not from any other insurer or third party payor.

South Dakota

• H 1110, Enacted - Act No. 148, provide for the medical care of unborn children whose mothers are ineligible under Title XIX of the federal Social Security Act based on their citizenship status, requires the Department of Social Services to submit an amendment or waiver for approval by the federal Centers for Medicare and Medicaid Services.

Utah

• H 186, Enacted - Act No. 108 Addresses continuing education credit for a health care professional, allows a health care professional to fulfill a portion of the professional's continuing education requirement by providing uncompensated health care.
• Repeal all market, including individual and employer-sponsored, private, non-group health insurance plans. Change the way premiums and out-of-pocket costs are charged for services.
• Require all health plans to offer portability protections even if not sold through employers and maintain continuous coverage.
• Implement state high-risk pools for people who maintain continuous coverage. Those with coverage who experience a lapse of 63 consecutive days can be subject to medical underwriting (denied, rates surcharged, pre-existing condition excluded) for up to 18 months.
• Provide refundable tax credits to allow individuals to purchase insurance in the individual market.
• Encourage use of Health Savings Accounts. Individual and employer-sponsored group health plans with tax credit subsidies. States can change their election at any time.
• Permits to sell insurance across state lines.
• Cap the tax on earnings, and quality, payment and delivery system reforms.
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• Encourage use of Health Savings Accounts. Individuals can use Roth HSA funds to pay insurance premiums, cost sharing, and other qualified medical expenses.
• Federal government will make available to Grant Electing states an amount of money that is generally equal to 95% of ACA premium and cost sharing subsidy dollars that would have been paid on behalf of residents under ACA. This total amount will be distributed on a per capita basis to deposit qualifying residents (those privately insured, not uninsured or eligible for public coverage) and the state who can be charged for services.
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Until Next Year...

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