

Health Care Highlights[©]

A Comprehensive Newsletter Covering Activities of the West Virginia Legislature and State Government

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Welcome to the 3rd issue of award-winning *Health Care Highlights* for 2015. This year marks the 27th year of our unique health care publication. Our newsletter reaches more than 5,000 health professionals and health policymakers.

Health Care Highlights is published weekly during the regular legislative session and monthly during the periods in between legislative sessions by the firm **Government Relations Specialists, LLC**. *Health Care Highlights* provides a special focus on health topics of interest, legislative health deliberations, and a special section featuring the history and status of all health care bills introduced in the West Virginia state Senate and the House of Delegates.

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Today is the 20th day of the 60-day regular legislative session and the last day for submission of legislative rule-making review bills. This week, we continue weekly tracking of all health care-related bills under consideration by the House and Senate. Currently, 525 House bills have been introduced. The Senate is considering 382 bills. Of the 907 total bills introduced so far this session, many are similar to bills from previous legislative sessions or are rules bills. We are currently tracking 157 health care-related bills, which is about 17% of all bills so far. In addition, this week we will report actions taken by legislative committees and other health care news.

2015 Key Legislative Dates

Feb. 2: Submission of Legislative Rule-Making Review bills due. ([WV Code §29A-3-12](#))

Feb. 23: Last day to introduce bills in the Senate. ([Senate Rule 14](#))

Does not apply to originating or supplementary appropriation bills, or resolutions.

Feb 24: Last day to introduce bills in the House. ([House Rule 91a](#))

Does not apply to originating or supplementary appropriation bills, or resolutions.

March 1: Bills due out of committees in house of origin to ensure three full days for readings.

March 4: Last day to consider bills on third reading (passage stage) in house of origin for "cross-over." ([Joint Rule 5b](#))

Does not include budget or supplementary appropriation bills.

March 14: Adjournment at midnight. ([WV Const. Art. VI, §22](#))

March 15: Extended session possible, but not expected, to work only on the Budget Bill and other appropriation bills.



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Oral Cancer Chemotherapy Bill Advances

A bill that would prevent insurance companies from charging higher copayments, deductibles or coinsurance for oral anti-cancer treatments advanced from the House Committee on Banking and Insurance on Thursday. The bill, **HB 2493**, would bring West Virginia in line with 34 other states and the District of Columbia. It now moves to the House Health and Human Resources Committee.

The West Virginia Cancer Treatment Fairness Coalition strongly supports **HB 2493**, which would eliminate the cost disparity between oral and intravenous anti-cancer medications, ensuring access to all anti-cancer medications for all cancer patients. “This is helpful for many patients,” said Raymond Wezik, an advocacy associate for the International Myeloma Foundation and a coalition spokesman. “It results in a nominal cost adjustment in premiums – if any at all. In some states, premiums never increased.”

Wezik explained that the disparity occurs because traditional intravenous therapies are covered under the medical provisions of health policies. Oral anti-cancer medications, taken at home, are covered under a policy’s pharmaceutical provisions, which on a percentage basis may have higher copays and deductibles, resulting in high, burdensome out-of-pocket expenses for patients.

Overall, oral medications actually may cost the health care system less because they don’t have to be administered in a clinical environment, and don’t require IV ports, health care personnel and time. There is also a cost savings benefit to employers and employees because patients don’t have to take time off from work. “These kinds of expenses are avoided with the oral medication,” committee counsel John Reed noted. “The current problem with the oral medications is the copays are so high.”

Oral therapies, available in pill form, directly attack cancer cells, often with fewer side-effects. But the cost disparity negatively impacts patient adherence and forces physicians to make decisions based on outdated health plan benefit designs, rather than what is best for the patient. Between 25% and 35% of the therapies in the oncology “pipeline” will only be available in pill form, according to an article published in *Discovery Medicine*.

Several members of the committee questioned why insurance companies and drug manufacturers don’t make these types of policy and cost adjustments on their own. Delegate Don Perdue, a pharmacist, “This bill is a good, compassionate bill,” But we need to reflect on why we even need to do it. We’re going to see more and more of this kind of thing.”

The West Virginia Cancer Treatment Fairness Coalition is part of a national, patient-centered coalition representing cancer patients, health care professionals and cancer care centers, and is focused on ensuring affordable access to all anti-cancer regimens. The bill is supported by the West Virginia Academy of Family Physicians, the West Virginia Academy of Eye Physicians & Surgeons, the WV-American Cancer Society – Cancer Action Network, the West Virginia Oncology Society, the West Virginia Physical Therapy Association and the West Virginia State Medical Association.

Oral oncology parity laws already are in place in surrounding states, including Ohio, Kentucky, Virginia and Maryland. Similar campaigns like that in support of **HB 2493** are under way in Pennsylvania, New Hampshire, North Carolina, North Dakota, Mississippi, South Dakota and Wyoming. According to coalition materials, the laws do not mandate coverage of oral chemotherapy, but simply state that if a health plan covers “chemotherapy” treatment, the patients’ out-of-pocket costs must be the same, regardless of how the therapy is administered.

It should be noted that state laws can only impact certain health plans and do not apply to Medicare or Medicaid. Health plans covered under the federal Employee Retirement Income Security Act (ERISA), usually large multi-state health plans, also are exempt. To fill that gap, a federal bill known as the Cancer Drug Coverage Parity Act has been introduced in Congress.

Modeled after provisions of the state's Mental Health Parity Act, requirements under **HB 2493** would apply to policies or contracts that are issued or renewed after Jan. 1, 2016. The bill also allows for health insurance company cost containment measures if the cost of compliance exceeds 2% of the total cost of coverage.

Health Exchange Bill Narrowly Approved

A bill that proponents say exerts the Legislature's authority, and which opponents believe is a smokescreen for state-by-state attacks on the federal Affordable Care Act, narrowly passed the House Committee on Health and Human Resources on Tuesday on a 14-9 vote following two hours of debate.

The West Virginia Health Benefit Exchange Act (**HB 2216**) was introduced in anticipation of a U.S. Supreme Court decision expected in late June. At issue in that case is whether a federal-state health benefit exchange partnership like that in place in West Virginia allows for federal premium subsidies; if not, West Virginia might have to move to a strictly state-based exchange. The bill would ensure that any change in this state could only occur by act of the Legislature and not by gubernatorial decree. The bill now moves to Judiciary Committee.

"A state-based health benefit exchange may not be established, created or operated within this state ... unless the authority to create or operate such an exchange is enacted into law through a bill by the West Virginia Legislature," the bill states. "The Governor may not establish, administer or operate a state-based health benefit exchange based upon an executive order."

Currently, there are 19,856 West Virginians enrolled in the state's health benefit exchange; 86% receive a federal subsidy averaging \$302 per month, according to Perry Bryant, executive director of West Virginians for Affordable Health Care. That \$61 million in federal subsidies coming into West Virginia could swell to as much as \$235 million if the number of people enrolled in health plans through the exchange reaches an anticipated 30,000 to 35,000 in 2016.

Bryant said creating a state-based plan between the Supreme Court's decision and a new enrollment period beginning Oct. 1 would be a "major undertaking," requiring the Legislature to meet in special session, pass an enabling bill, and convert websites and programming away from the current system, not to mention assuring an adequate network of providers, reserve funds, personnel and other considerations. "To think that we could have that ready by Oct. 1 would be unrealistic," he said.

Delegate Patrick Lane said, "The language before us places the responsibility for responding to the (U.S. Supreme Court) ruling with the legislative branch" instead of "unelected bureaucrats" within the state Department of Health and Human Resources and the Offices of the Insurance Commissioner. He noted, regarding the "hyperbole" surrounding the bill's potential implications for the Affordable Care Act, "None of that is contained within the language of the bill before us."

Several delegates and speakers advocated waiting until after the Supreme Court ruling to consider a bill, perhaps during the 2016 regular session. "I think this is putting the cart before the horse," said Delegate Nancy Guthrie. "I think the Supreme Court needs to be heard. We can wait on this until after the Supreme Court rules, and I wish we would."

Others said the Legislature is merely taking a pro-active approach to the high court's expected ruling. "I believe that 134 minds are better than one," said Delegate Larry Faircloth. The committee rejected a proposed amendment to conduct an economic impact analysis of the bill, as offered by Delegate Barbara Fleischauer, the minority committee chair.

Rules Bills on PA Practice on Agenda

Separate rules bills (**HB 2341** and **HB 2348**) by the West Virginia Board of Medicine and the West Virginia Board of Osteopathic Medicine, respectively, were laid over from last Thursday by the House Committee on Health and Human Resources. Both bills are on the committee's agenda Tuesday. Delegates initially balked when the rules bills, as presented, did not include strikethroughs of existing language and highlights of proposed new language regarding the boards' governance of physician assistants due to conflicting requirements for bill drafting.

The Legislature passed a bill during the 2014 regular session to modernize the licensing, regulation and supervision of PAs for the first time in three decades. PAs are the fastest growing profession in medicine; together, the two board license more than 1,000 PAs in West Virginia.

The Health Committee did approve several other rules bills on behalf of the state Department of Health and Human Resources and the state Board of Pharmacy. Those bills are now pending in the House Judiciary Committee.

Medical Liability Bill on Passage Stage in Senate

A bill that would modernize medical liability reforms and avert a potential health care crisis will be on third reading (passage stage) today in the West Virginia Senate. The Judiciary Committee approved a committee substitute for the bill last week. While several amendments were offered on the Senate floor on Friday, they were soundly defeated.

Revisions to the Medical Professional Liability Act (MPLA) called for in **SB 6** impact patients served by long-term care facilities, hospitals, doctors and other health care providers throughout West Virginia. Health officials said the bill will ensure a viable and stable health care delivery system so that providers can continue to offer the quality services that patients deserve. The bill is enthusiastically endorsed by all leading medical organizations.

The MPLA continues current caps on damages awarded in lawsuits against health care providers. The new bill, **SB 6**, would allow increases in damage caps in medical malpractice cases to account for inflation by linking increases to the Consumer Price Index. MPLA is part of medical liability reforms passed more than a dozen years ago, when West Virginia's health care delivery system faced a crisis, as medical liability insurance proved unaffordable and in some cases, unavailable. There is extremely strong support for the bill by legislative leadership and enactment this session is expected.

Manchin Urges State Action on Meth

U.S. Sen. Joe Manchin last week sent letters to members of the West Virginia Legislature encouraging them to pass legislation implementing the West Virginia Board of Pharmacy's recommendations to curb the tide of methamphetamine production in the state. The board's recommendations include rescheduling certain non-tamper-resistant pseudoephedrine products to require a prescription; or lowering the monthly pseudoephedrine sales limit to 3.6g and lowering the annual pseudoephedrine sales limit to 24g.

"Though we have seen progress in the effort to reduce the illicit sale of pseudoephedrine and meth production in West Virginia, more must be done," Manchin said. "The state Legislature needs to act or we will continue to see domestic meth production devastate our state. West Virginia is facing a meth production crisis, and I hope we can seize this opportunity to work together in a constructive and collaborative way."

The full text of the senator's letter can be viewed at: <http://www.manchin.senate.gov/public/index.cfm/press-releases?ID=c7b4312f-2ca6-435e-aa58-a5a691d4fb88>

Senate Considers Opioid Antagonist Bill

A bill that would allow first responders to possess opioid antagonists such as Naloxone, and administer them in suspected cases of drug overdoses, received the Senate Committee on Health and Human Resources' endorsement on Tuesday. As a single-committee referenced bill, it will be on third reading on the floor of the Senate today. The bill, **SB 335**, also would ensure that opioid antagonists are made available to individuals at risk of overdose, as well as to relatives, friends and caregivers. It would establish responsibilities for licensed health care providers who prescribe opioid antagonists, and provide for data collection, training and rule making.

The Health Committee amended the bill to extend civil and criminal immunity for those who administer the antagonist, even when they're not in possession of a prescription, so long as they act in good faith. A second amendment requires those who administer the antagonist to also seek medical attention for the overdosed individual. "There's no real downside to this," said Sen. Ron Stollings. "The more available the antagonist, the better off we'll be at the end of the day in terms of preventing overdoses."

In other business last week, Senate Health:

- Advanced **SB 295**, establishing an appeal process for the DHHR Board of Review and for Medicaid decisions;
- Reported **SB 274**, which gives flexibility to DHHR in complying with the Temporary Assistance to Needy Families (TANF) program;
- Approved **SB 262**, transferring CHIP to DHHR (about 10,000 children now covered under CHIP will transition to Medicaid coverage under the Affordable Care Act in the new few months); and
- Advanced **SB 267**, eliminating GOHELP; and,
- Reported **SB 66**, revising fees for manufacturers, distributors, dispensers and researchers of controlled substances.

Bowling Presents DHHR Budget to Finance Committees

Cabinet Secretary Karen Bowling presented the Department of Health and Human Resources' \$5.2 billion SFY 2016 budget to the House and Senate Finance Committees last week, touting her agency's business-like structure and its emphasis on accountability. "We have to be sure we are accountable for those dollars, in all of our programs," she said.

Bowling outlined the state's many challenges, including its aging population and dead-last ranking in labor force participation. Health statistics remain equally bleak:

- 50th in per capita disabled rate at 18.9%;
- 50th and 49th in smokeless tobacco use and smoking, respectively;
- 1st and 2nd in chronic respiratory and cancer deaths (*Editor's note: see above*);
- 46th and 47th in obesity and lack of physical activity;
- 1st in diabetes deaths and cardiovascular disease;
- 49th for citizens in poor health – 25.2%;
- 1st in rate of substance abuse deaths;
- 1st in rate of severe mental illness; and,
- 49th in lowest life expectancy in the United States.

"Over the course of the last 20 years, this hasn't changed significantly," she acknowledged to House Finance on Friday. "The reality is, in terms of our health statistics, we fare poorly." She cited the glaring disparity between the state's ranking in per capita health care spending (12th) and its overall health outcomes ranking (48th).

To combat the grim statistical picture, Bowling said the West Virginia Health Innovation Collaborative is focusing its efforts in three areas: 1) Obesity – physical activity, nutrition, and diabetes/heart disease; 2) Substance Abuse – tobacco use, illegal substance abuse/prescription drug abuse, and neonatal abstinence syndrome; and 3) Preventable Care & Avoidable Costs – preventable hospitalizations, emergency department utilization, and empowering the public to make healthy choices.

Total requested SFY 2016 DHHR percent expenditures by its bureaus and divisions are approximately: Medical Services (Medicaid) 76%; Children and Families 11%; Behavioral Health 6%; Public Health 4%; Administration 2%; and Child Support Enforcement 1%. Conversely, in terms of employees, the breakdown is: Medical Services 1%; Children and Families 41%; Behavioral Health 30%; Public Health 11%; Administration 9%; and Child Support Enforcement 8%.

In terms of Medicaid funding, Bowling said SFY 2015's budget was underfunded by \$80 million. It was partially funded by \$100 million in Rainy Day funding, and \$26.8 million in excess lottery proceeds. For SFY 2016, an estimated shortfall of an additional \$27 million will be offset by \$10.1 million in cost containment efforts, she said. Savings are also expected in Medicaid, such as by reducing \$5 million in managed care contracts and \$2.6 million by freezing nursing home rates.

In response to a question from Delegate Paul Espinosa, Bowling said the state chooses not to bid out its Medicaid managed care contracts, though the market is one of the most profitable in the nation. She said awarding a sole contract would create a monopoly and hinder the ability of both the state and providers to negotiate terms. "Competition is the way to go," she said. Deputy Secretary Jeremiah Samples said DHHR is restructuring the contracts with three Medicaid managed care companies to provide for greater accountability, setting the medical loss ratio (MLR) at 85% (it hovered around 80% in the most recent quarter), and establishing quality incentives.

Bowling said 76% of Medicaid's \$3.9 billion budget for SFY 2016 comes from the federal government. Most require matching dollars from the state. General revenue accounts for 15% of the Medicaid budget, appropriated special revenue 8% and non-appropriated special revenue 1%. "We have a lot of smart people working with us who help us maximize federal dollars," she said.

Among the 150,000 West Virginians enrolled under Medicaid expansion under the Affordable Care Act, Bowling noted, 63% have household income and could be classified as "the working poor." West Virginia's uninsured rate, meanwhile, has decreased from 17.3% to 6.5% -- the largest per capita drop in the nation.

West Virginia Legislature

Health Care Bill Status as of 1/30/15

To review current status, visit www.legis.state.wv.us

To find a particular bill, look below for the bill number under a general health category. A description of the bill is provided along with the bill's lead sponsor, additional information about the bill, committee references and other legislative action. For those receiving this newsletter electronically, please note that bill numbers are web-links to the bill text, so you may click on the blue bill number while holding down the control key and information on the bill will open in your web browser.

APPROPRIATIONS & BUDGET

[SB 233](#) Cole+ **Budget Bill SFY 2016** (see [HB 2016](#)) *Bill proposed by Governor. Of note; 26.3% of all state expenditures are allocated for Health and Human Resources.* To Finance.

[HB 2016](#) Armstead+ **Budget Bill SFY 2016** (see [SB 233](#)) *Bill proposed by Governor. Of note; 26.3% of all state expenditures are allocated for Health and Human Resources.* To Finance.

BOARD LICENSURE AND REGULATION

[SB 22](#) Beach **Expands Board of Examiners for Registered Professional Nurses five members to 10** To Gov. Org., then Finance

[SB 126](#) Beach **Rewrites the article concerning the practice of psychology** To Health, then Gov. Org.

[SB 239](#) Kirkendoll+ **Eliminates unnecessary boards, etc.** (see [SB 255](#)) *Interim bill recommended.* To Gov. Org.

[SB 255](#) Cole+ **Eliminates unnecessary boards, councils, task forces, commissions and committees** (see [SB 239](#), [SB 294](#), [HB 2101](#), [HB 2177](#), [HB 2469](#)) *Bill proposed by Governor.* Gov. Org. reported comm. sub., to Judiciary

[SB 294](#) Cole+ **Eliminates unnecessary boards, etc.** (see [SB 255](#)) *Bill proposed by Governor.* To Gov. Org., then Judiciary

[SB 330](#) Ferns **Adopts Interstate Medical Licensure Compact** (see [HB 2496](#)) *This bill allows physicians to be licensed in multiple states, affirms that the practice of medicine occurs where the patient is located at the time of physician-patient encounter, and requires the physician to be licensed by the state medical board where the patient is located. It is supported by the state Board of Medicine and the state Board of Osteopathic Medicine. Similar legislation has been introduced in nine other states.* To Interstate Cooperation, then Health

[SB 334](#) Ferns **Updates telemedicine and medical services delivery standards** (see [HB 2497](#)) *Reformulates what constitutes the unauthorized practice of medicine and podiatry under the Board of Medicine, including qualified exemptions. Also updates and defines telemedicine and medical services delivery standards. It establishes criminal penalties for unauthorized medical practice. The bill authorizes rule-making.* Gov. Org. reported, to Health

[SB 355](#) Hall, M. **Implements quality control procedures for agency rules** To Gov. Org., then Finance

[HB 2101](#) Morgan+ **Eliminates unnecessary boards, etc.** (see [SB 255](#)) *Interim bill recommended.* To Gov. Org.

[HB 2103](#) Howell+ **Requires licensing boards to provide public access to disciplinary actions** *Also requires medical and health license applicants to submit to state/national crime records checks with fingerprints.* Gov. Org. amended, to Finance

[HB 2177](#) Armstead+ **Eliminates unnecessary boards, etc.** (see [SB 255](#)) *Bill proposed by Governor.* To Gov. Org.

[HB 2233](#) Walters+ **Requires review of legislative rules 5 years after initial approval** To Judiciary, then Finance

[HB 2239](#) Howell+ **Creates a Board of Health Professions** *Under review by affected boards.* To Health, then Gov. Org.

[HB 2259](#) Hamrick+ **Requires the Governor to fill vacancies on professional boards within 60 days** To Gov. Org.

[HB 2269](#) Walters+ **Requires DHHR rules to be no more stringent than corresponding federal laws** To Judiciary

[HB 2272](#) Ellington+ **Allows Pharmacy Board to maintain official Rx program** To Health - on agenda 2/3, then Gov. Org.

[HB 2469](#) Armstead+ **Eliminates unnecessary boards, etc.** (see [SB 255](#)) *Bill proposed by Governor.* To Gov. Org.

[HB 2496](#) Ellington+ **Adopts Interstate Medical Licensure Compact** (see [SB 330](#)) *This bill allows physicians to be licensed in multiple states, affirms that the practice of medicine occurs where the patient is located at the time of physician-patient encounter, and requires the physician to be licensed by the state medical board where the patient is located. It is supported by the state Board of Medicine and the state Board of Osteopathic Medicine. Similar legislation has been introduced in nine other states.* To Health - on agenda 2/3, then Judiciary

[HB 2497](#) Ellington+ **Updates telemedicine and medical services delivery standards** (see [SB 334](#)) *Reformulates what constitutes the unauthorized practice of medicine and podiatry under the Board of Medicine, including qualified exemptions. Also updates and defines telemedicine and medical services delivery standards. It establishes criminal penalties for unauthorized medical practice. The bill authorizes rule-making.* To Health - on agenda 2/3, then Judiciary

CHILDREN

- [SB 7](#) Stollings+ **Requires CPR and care for conscious choking instruction in schools** (see [HB 2007](#)) *This bill requires 30 minutes of CPR training prior to graduation.* Education reported comm. sub., on 3rd reading 2/3
- [SB 68](#) Unger+ **Creates Healthy Children and Healthy Communities Act** To Health, then Finance
- [SB 69](#) Unger+ **Requires public school screening for dyslexia** To Education, then Finance
- [SB 132](#) Miller+ **Reduces school nurse staffing ratio** To Health, then Finance
- [SB 286](#) Ferns+ **Allows religious exemptions to compulsory immunizations and vaccine boosters of students** (see [HB 2556](#))
Three of nine original sponsors have asked to be removed from the bill. To Health, then Judiciary
- [SB 296](#) Walters+ **Provides maximum licensed school psychologist-pupil ratio** To Education, then Finance
- [HB 2007](#) Stansbury+ **Requires CPR and care for conscious choking instruction in schools** (see [SB 7](#)) To Education, then Finance
- [HB 2250](#) Rodighiero **Allows holiday sweets in schools with parental or guardian consent** To Education
- [HB 2255](#) Rodighiero **Increases felony penalties for exposing children to meth manufacturing** To Judiciary
- [HB 2258](#) Cowles **Parents' Bill of Rights** To Health, then Finance
- [HB 2261](#) Cowles **Requires automated external defibrillators in public schools** To Education, then Finance
- [HB 2443](#) Pasdon+ **Requires CPR and first aid instruction in schools** To Education
- [HB 2510](#) Campbell+ **Allows sweets at school parties to teach balanced nutrition through moderation** To Health, then Education
- [HB 2556](#) Cowles+ **Allows religious exemptions to compulsory immunizations and vaccine boosters of students** (see [SB 286](#))
Bill to be introduced on 2/2. To Health, then Judiciary

HOSPITALS

- [SB 244](#) Carmichael+ **Permits hospital patients to designate a lay caregiver to provide aftercare** (see [HB 2100](#)) *Interim bill recommended by Select Committee on PEIA/ Seniors/Long-Term Care* To Health, then Judiciary
- [SB 336](#) Ferns+ **Eliminates rate review of hospitals by Health Care Authority** To Gov. Org., then Judiciary
- [HB 2034](#) Williams **Provides civil immunity for hospital volunteers providing good faith emergency care** To Judiciary
- [HB 2100](#) Williams+ **Permits hospital patients to designate a lay caregiver to provide aftercare** (see [SB 244](#)) *Interim bill recommended by Select Committee on PEIA/Seniors/Long-Term Care. On agenda 2/3.* To Health, then Judiciary
- [HB 2248](#) Rodighiero **Patient Safety Act establishing direct-care RN to patient ratios** To Health, then Gov. Org.
- [HB 2376](#) McGeehan+ **Creates the Save the Hospitals Act** *This bill exempts nonprofit hospitals that provide uncompensated care from paying sales tax, and allows credits against the medical provider tax.* To Gov. Org., then Finance

INSURANCE & HEALTH COVERAGE

- [SB 28](#) Hall, D. **Requires health insurance coverage for nonnarcotic pain relief systems** To Health, then Finance
- [SB 84](#) Stollings+ **Redefines "third-party administrator" to include pharmacy benefits managers** To Insurance, then Judiciary
- [SB 97](#) Laird **Sets maximum air-ambulance fees paid by PEIA** *Only HealthNet currently has a contract.* To Insurance, then Finance
- [SB 120](#) Stollings+ **Recodifies laws for DHHR and Medicaid** To Health, then Gov. Org.
- [SB 262](#) Cole+ **Transfers CHIP and Children's Health Insurance Agency from Department of Administration to DHHR**
(see [HB 2210](#)) *Bill proposed by Governor.* Health reported, to Judiciary
- [SB 267](#) Cole+ **Eliminates GOHELP** (see [HB 2209](#)) *Bill proposed by Governor; would save \$250,000 from current budget.* Health reported, to Judiciary
- [SB 274](#) Cole+ **Allows flexibility to DHHR in complying with TANF** *Bill proposed by Governor.* Health reported, to Judiciary
- [SB 289](#) Takubo+ **Prohibits higher copayments, deductibles or coinsurance for oral anti-cancer medications** *Thirty-four states have passed similar legislation, including all surrounding states except PA.* (see [HB 2493](#)) To Insurance, then Judiciary
- [SB 295](#) Ferns+ **Establishes appeal process for DHHR Board of Review and for Medicaid decisions** Health reported, to Judiciary
- [SB 363](#) Cole **Allows Court of Claims to set max rate/service limitations for health reimbursement** To Health, then Judiciary
- [SB 368](#) Nohe **Adopts NAIC standards on risk-based capital reporting for health organizations** To Insurance, then Judiciary
- [HB 2047](#) Shott **Continues the Medicaid Fraud Control Unit** To Health, then Judiciary

[HB 2209](#) Armstead+ **Eliminates GOHELP** (see [SB 267](#)) *Bill proposed by Governor; would save \$250,000 from current budget.* To Gov. Org.

[HB 2210](#) Armstead+ **Transfers CHIP and Children’s Health Insurance Agency from Department of Administration to DHHR** (see [SB 262](#)) *Bill proposed by Governor.* To Health, then Gov. Org.

[HB 2173](#) Rodighiero **Provides reduced rates to married workers without children under PEIA** To Insurance, then Finance

[HB 2215](#) Householder+ **Protects individuals seeking coverage through WV Health Benefit Exchange** To Health, then Judiciary

[HB 2216](#) Ellington+ **WV Health Benefit Exchange Act** Health amended, to Judiciary

[HB 2242](#) Longstreth+ **Requires health insurers to reimburse ambulance service providers directly** To Insurance, then Finance

[HB 2244](#) Rodighiero **Provides state health care services to active duty and inactive military personnel** To Insurance, then Finance

[HB 2260](#) Ellington+ **Prohibits DHHR from expanding managed care without Legislature’s approval** To Health, then Finance

[HB 2403](#) Rodighiero **Qualifies children of state employees who make \$25,000 or less for CHIP** To Health, then Finance

[HB 2493](#) McCuskey+ **Prohibits higher copayments, deductibles or coinsurance for oral anti-cancer medications** *Thirty-four states have passed similar legislation, including all surrounding states except PA.* (see [SB 289](#)) Insurance reported, to Health

[HB 2509](#) Faircloth+ **Determines federal health care legislation invalid in WV** To Health, then Judiciary

MEDICAL LIABILITY

[SB 2](#) Gaunch+ **Predicates actions for damages upon comparative fault principles** (see [HB 2002](#)) To Judiciary

[SB 6](#) Ferns+ **Needed revisions to Medical Professional Liability Act (MPLA)** *Supported by all leading health care, hospital, long-term care and medical groups. Opposed by trial lawyers.* (see [HB 2006](#)) Judiciary reported comm. sub., on 3rd reading 2/2.

[SB 377](#) Boso+ **Limiting civil liability of pharmaceutical manufacturers or sellers providing warning to learned intermediary** To Judiciary

[HB 2002](#) Wagner+ **Predicates actions for damages upon comparative fault principles** (see [SB 2](#)) Judiciary reported comm. sub., floor amendment adopted; passed House 1/27; to Senate Judiciary

[HB 2006](#) Weld+ **Needed revisions to Medical Professional Liability Act (MPLA)** *Supported by all major health care, hospital, long-term care and medical groups. Opposed by trial lawyers.* (see [SB 6](#)) To Judiciary – House awaiting Senate bill.

[HB 2091](#) Manchin **False Claims Act** *This bill failed last year and is not expected to pass this session.* To Judiciary, then Finance

[HB 2454](#) Ferro+ **Adds “pharmacist” and “pharmacy” to definition of health provider under MPLA** To Health, then Judiciary

MISCELLANEOUS

[SB 30](#) Hall, D.+ **Permits the sale of raw milk** To Agriculture, then Health

[SB 48](#) Yost+ **Modifies guidelines for treating injured workers** To Health, then Judiciary

[SB 346](#) Ferns **Creates Mental Health, Veterans and Service Members Court Act** To Judiciary, then Finance

[SB 366](#) Ferns+ **Creates Patient Protection and Transparency Act** To Insurance, then Finance

[HB 2390](#) Rodighiero **Requires public restrooms to provide hand sanitizers** To Health, then Finance

[HB 2439](#) Smith, P.+ **Creates enhanced criminal penalties for assaults against pregnant women** To Judiciary

[HB 2448](#) Sobonya+ **Permits the sale of raw milk** To Agriculture, then Health

[HB 2449](#) Sobonya+ **Permits co-owners of cows to receive their raw milk** To Agriculture, then Health

[HB 2511](#) Walters+ **Exempts health care sharing ministries from state requirements of health insurance** *A “health care sharing ministry” is a faith-based nonprofit organization that is tax-exempt under IRS code.* To Health, then Judiciary

NURSING HOMES, LONG TERM CARE & SENIORS

[SB 64](#) Stollings+ **Provides exemption from moratorium for specialty skilled nursing beds** To Health

PRESCRIPTION MEDICATIONS & DRUG USE/ABUSE/DIVERSION

[SB 9](#) Stollings+ **Relates to opioid antagonists** (see [SB 335](#) [HB 2009](#)) To Health

[SB 16](#) Stollings+ **Requires the state Board of Pharmacy to identify specialty drugs** To Health, then Judiciary

[SB 18](#) Stollings+ **Overdose Prevention Act** (see [SB 230](#), [HB 2045](#)) To Health, then Judiciary

[SB 20](#) Stollings **Allows public health agencies to bill patients for STD and HIV testing** To Health, then Judiciary

[SB 66](#) Stollings **Revises fees for manufacturer/distributor/dispenser/researcher of controlled substances** To Health, then Finance

[SB 81](#) Plymale+ **Increases penalty for illegally transporting certain controlled substances into WV** To Judiciary

[SB 99](#) Carmichael+ **Mandates drug testing of legislators & certain recipients of state/federal funds** To Health, then Judiciary

- [**SB 230**](#) Stollings+ **Overdose Prevention Act** (see **SB 18, HB 2045**) To Health, then Judiciary
- [**SB 231**](#) Stollings+ **Relates to opioid antagonists** (see **SB 335, HB 2009**) To Health
- [**SB 232**](#) Stollings+ **Provides expedited partner therapy for sexually transmitted disease** (see **HB 2046**) To Health, then Judiciary
- [**SB 270**](#) Stollings+ **Changes 50% to 60% as criteria for pain management clinic designation** To Health, then Judiciary
- [**SB 335**](#) Cole+ **Creates Access to Opioid Antagonists Act** *Bill proposed by Governor.* (see **HB 2009, HB 2543**) *Allows initial responders to possess and administer opioid antagonists in suspected opioid-related overdoses; ensures opioid antagonists are made available to individuals at risk of overdose, as well as to relatives, friends and caregivers; and establishes responsibilities for licensed health care providers who prescribe opioid antagonists. Provides for data collection, training and rule making.* Health reported comm. sub., on 3rd reading 2/2.
- [**SB 348**](#) Blair+ **Requires DHHR to create drug screen pilot program for cash assistance applicants** To Health, then Finance
- [**HB 2009**](#) Fast+ **Creates Access to Opioid Antagonists Act** (see **SB 335**) *Allows initial responders to possess and administer opioid antagonists in suspected opioid-related overdoses; ensures opioid antagonists are made available to individuals at risk of overdose, as well as to relatives, friends and caregivers; and establishes responsibilities for licensed health care providers who prescribe opioid antagonists. Provides for training and rule making.* Health amended, to Judiciary
- [**HB 2021**](#) Lane **Mandates drug testing for recipients of federal-state and state assistance** To Health, then Finance
- [**HB 2026**](#) Howell+ **Allows terminally ill patient access to investigational, non-FDA approved drugs** To Health, then Judiciary
- [**HB 2044**](#) Perdue+ **Relates to opioid antagonists** (see **SB 335, HB 2009**) To Health, then Judiciary
- [**HB 2045**](#) Perdue+ **Overdose Prevention Act** (see **SB 18, SB 230**) Health amended, to Judiciary
- [**HB 2046**](#) Perdue+ **Provides expedited partner therapy for sexually transmitted disease** (see **SB 232**) Health reported, to Judiciary
- [**HB 2104**](#) Arvon+ **Prohibits business licenses for selling drug paraphernalia** (see **HB 2180**) To Health, then Judiciary
- [**HB 2136**](#) Phillips, R.+ **Increases criminal penalties for transporting controlled substances** To Judiciary, then Finance
- [**HB 2174**](#) Marcum+ **Increases criminal penalties for transporting controlled substances** To Judiciary
- [**HB 2180**](#) Hamilton+ **Prohibits business licenses for selling drug paraphernalia** (see **HB 2104**) To Health, then Judiciary
- [**HB 2373**](#) Rodighiero **Prohibits new methadone treatment programs and clinics** To Health, then Judiciary
- [**HB 2397**](#) Rodighiero+ **Prohibits new methadone treatment programs and clinics** To Health, then Judiciary
- [**HB 2455**](#) Sobonya+ **Requires release of minor's medical records for drug testing to parent or guardian** To Health, then Judiciary
- [**HB 2543**](#) Armstead+ **Creates Access to Opioid Antagonists Act** *Bill proposed by Governor. Bill to be introduced on 2/2.* (see **SB 335, HB 2009**) To Health, then Judiciary
- [**HB 2544**](#) Householder+ **Allows optometrists to prescribe certain Schedule II hydrocodone opioids** *Bill to be introduced on 2/2* To Health, then Judiciary

PROFESSIONALS: HEALTH & MEDICAL

- [**SB 21**](#) Beach+ **Removes MD collaboration for Rx authority for APRNs and certified nurse midwives** (see **HB 2450**) *This bill was not recommended for passage by the Joint Gov. Org./Gov. Ops interim committee.* To Health, then Gov. Org.
- [**SB 343**](#) Blair+ **Exempting chiropractors from CE on veterans' mental health conditions** To Gov. Org., then Judiciary
- [**HB 2084**](#) Manchin **Prohibits discrimination by health care workers** To Health, then Judiciary
- [**HB 2098**](#) Hamrick+ **Authorizes health professionals to provide services at state-run veterans' facilities without obtaining authorization to practice** To Veterans' Affairs, then Health
- [**HB 2408**](#) Ellington+ **Requires public health officers and physician faculty members to enter into collaborative agreements with APRNs** *On agenda for 2/3.* To Health, then Judiciary
- [**HB 2432**](#) Ellington+ **Allows Board of Pharmacy to license felons** To Health, then Gov. Org.
- [**HB 2450**](#) Campbell+ **Removes MD collaboration for Rx authority for APRNs and certified nurse midwives** (see **SB 21**) *This bill was not recommended for passage by the Joint Gov. Org./Gov. Ops interim committee.* To Health, then Gov. Org.
- [**HB 2470**](#) Campbell+ **Retains nursing education faculty by giving them a \$2,500 tax deduction** To Education, then Finance
- [**HB 2500**](#) Rodighiero **Allows local board of health to appoint PAs as local health officers** To Health, then Judiciary

REPRODUCTIVE RIGHTS & ABORTION

- [**SB 236**](#) Karnes+ **Limits health insurance coverage for elective abortions to supplemental policies** To Insurance, then Judiciary
- [**SB 271**](#) Karnes+ **Requires providers to administer anesthesia to an unborn fetus older than 7 weeks** To Health, then Judiciary
- [**SB 277**](#) Miller+ **Requires issuance of certificate of birth resulting in stillbirth** To Health, then Judiciary
- [**HB 2031**](#) Romine **Prohibits abortion based solely on gender of the fetus** To Health, then Judiciary

- [HB 2153](#) Perry+ **The Pain-Capable Unborn Child Protection Act** To Health, then Judiciary
[HB 2172](#) Rodighiero **Requires abortion providers to obtain parental notification or consent in writing** To Health, then Judiciary
[HB 2256](#) Rodighiero **Prohibits state funding of abortions** To Health, then Judiciary
[HB 2371](#) Smith, P.+ **Appoints a guardian ad litem to represent interest of unborn child** To Judiciary
[HB 2440](#) Frich+ **Prevents taxpayer subsidies of health plans covering abortion** To Health, then Judiciary
[HB 2458](#) Sobonya+ **Prohibits school employees from assisting students with abortion** To Education, then Judiciary
[HB 2468](#) Ireland+ **No State-Funded Transportation for Abortion Act** To Health, then Judiciary

RULE MAKING & LEGISLATIVE REVIEW

State agencies, boards and commissions are often given statutory authority to promulgate rules. These are known as “legislative review” during the interim period by the Legislative Rule-Making Review Committee, and if approved, then are introduced for legislative consideration in individual rules-bills. The rules-bills are then assigned to various committees, eventually ending up in the Judiciary Committees of the Senate and House of Delegates. There they are bundled into categories of rules-bills.

SENATE RULES BILLS

[SB 175](#) **Rules Bundle. Authorizes Department of Health and Human Resources (DHHR), to promulgate legislative rules.** *This rules-bill bundle now includes these individual rules previously contained in the following bills: [Judiciary reported com. sub](#)*

- DHHR [SB 171](#) Chronic pain management licensure. (see [HB 2293](#)).
- DHHR [SB 173](#) Medication administration. (see [HB 2329](#))
- DHHR [SB 176](#) Nursing home licensure. (see [HB 2328](#))
- DHHR [SB 177](#) Statewide trauma / emergency care system. (see [HB 2331](#))

MEDICAL BOARD [SB 197](#) PA licensure. (see [HB 2341](#)) Gov. Org. reported, to Judiciary

PHYSICAL THERAPY BOARD [SB 200](#) Fees for PTs and PT assistants. (see [HB 2300](#)) Gov. Org. reported, to Judiciary

OSTEOPATHIC MEDICAL BOARD [SB 201](#) Board fees. (see [HB 2299](#)) Gov. Org. reported, to Judiciary

OSTEOPATHIC MEDICAL BOARD [SB 202](#) PA licensure. (see [HB 2348](#)) Gov. Org. reported, to Judiciary

PHARMACY BOARD [SB 203](#) Immunizations administered by pharmacists. (see [HB 2350](#)) Health amended, to Judiciary

PHARMACY BOARD [SB 204](#) Pharmacy technician registration. (see [HB 2351](#)) Gov. Org. reported, to Judiciary

PHARMACY BOARD [SB 205](#) Controlled substances monitoring. (see [HB 2352](#)) Health reported, to Judiciary

PHARMACY BOARD [SB 223](#) Licensure and practice of pharmacy. (see [HB 2349](#)) Gov. Org. reported, to Judiciary

HOUSE RULES BILLS

DHHR [HB 2293](#) Chronic pain management licensure. (see [SB 175 - old SB 171](#)) Health reported, to Judiciary

DHHR [HB 2328](#) Nursing home licensure. (see [SB 175 - old SB 176](#)) Health amended, to Judiciary

DHHR [HB 2329](#) Medication administration. (see [SB 175 - old SB 173](#)) To Health - on agenda 2/3, then Judiciary

DHHR [HB 2331](#) Statewide trauma / emergency care system. (see [SB 175 - old SB 177](#)) Health reported, to Judiciary

MEDICAL BOARD [HB 2341](#) PA licensure (see [SB 197](#)) Health laid over - on agenda 2/3; then Judiciary

PHYSICAL THERAPY BOARD [HB 2300](#) Fees for PTs and PT assistants. (see [SB 200](#)) To Finance, then Judiciary

OSTEOPATHIC MEDICAL BOARD [HB 2299](#) Board fees. (see [SB 201](#)) To Finance, then Judiciary

OSTEOPATHIC MEDICAL BOARD [HB 2348](#) PA licensure. (see [SB 202](#)). Health laid over - on agenda 2/3; then Judiciary

PHARMACY BOARD [HB 2349](#) Licensure and practice of pharmacy. (see [SB 223](#)) Health reported, to Judiciary

PHARMACY BOARD [HB 2350](#) Immunizations administered by pharmacists. (see [SB 203](#)) Health reported, to Judiciary

PHARMACY BOARD [HB 2351](#) Pharmacy technician registration. (see [SB 204](#)) Health amended, to Judiciary

PHARMACY BOARD [HB 2352](#) Controlled substances monitoring. (see [SB 205](#)) Health reported, to Judiciary

TAXES, FEES & LOANS

[SB 98](#) Carmichael **Increases taxes on tobacco, beer, wine and liquor** To Finance

[HB 2127](#) Howell+ **Provides a corporate net income tax credit for manufacturers of medical devices** To Finance

TOBACCO

[SB 109](#) Blair+ **Exempts veterans' and active duty military groups from indoor smoking rules** To Military, then Judiciary

[HB 2208](#) McGeehan+ **Gives county commissioners sole authority to regulate smoking** To Political Subdivisions, then Gov. Org.

In Other Health Care Highlights

... A large crowd is expected this Thursday at the Capitol for "Hospital Day at the Legislature." More than 150 health and medical practitioners, administrators and personnel from around the state are expected to meet and learn about current legislation of interest and meet with lawmakers and health officials. A proclamation is also expected by the Governor . . .

... There is still time to register for a series of webinars on "***Communication to Improve End-Of-Life Decision-Making.***" This webinar series is made possible through grant funding from the WV Geriatric Education Center in conjunction with the WV Center for End-of-Life Care and the WVU School of Social Work. The series begins Feb. 12 with "Honoring the Patient's Advance Directives" and continues April 2 with "Facing the Threat of Legal Action" and April 30 with "Telling the Family 'No'." All webinars are from noon to 1 p.m. After completion of the series, participants should be able to review the ethics of end-of-life decision making; describe WV health care law as it applies to frequently challenging end-of-life issues; and, present a systematic process for analyzing and resolving challenging cases. For additional information, call Cindy Jamison at (877) 209-8086 or email cfjamison@hsc.wvu.edu. ...

... Mitch Collins has been named president of UniCare Health Plan of West Virginia, effective Jan. 12. He will lead the company's Medicaid business across the state, while focusing on long-term growth opportunities. He most recently served as CEO, Intellectual and Developmental Disabilities for Magellan Complete Care, a business unit of Magellan Health. Prior to that, he served as the director of field operations for UniCare, and as director of government programs for Carelink Health Plans in West Virginia. Tadd Haynes will continue as UniCare's local head of operations. ...

... ***America's Health Rankings***, a report published in December by the United Health Foundation, placed West Virginia's overall health ranking at 44th in the country, an indication that we may finally be moving the bar in a positive direction (view the report at <http://www.americashealthrankings.org/WV>). The report cites several positive trends: a low prevalence of binge drinking; a low incidence of infectious disease; high per capita public health funding; a 14% increase, in the past year alone, of immunization coverage among adolescents (ages 13-17), from 56.1% to 64.1%; and, a 30% decrease in infant mortality since 1990, from 10 deaths to 7 deaths per 1,000 live births. Still, the challenges continue. The foundation's report cited a continued high prevalence of smoking, obesity and drug deaths. According to the report, drug deaths increased by 42% in the past year alone, from 22.0 to 31.3 deaths per 100,000 population. ...

... Telemedicine is a hot topic in the news these days, and will be the focus of a three-day summit March 29-31 at The Greenbrier, sponsored by the Mid-Atlantic Telehealth Resource Center, on "Shaping the Future of Healthcare through Innovation and Technology." Summit participants will, "take a closer look at the role of telehealth in a world that is moving from a traditional encounter-based model of care that rewards volume to a new value-based, data-driven, patient-centered care model that rewards improved patient and population-based health outcomes." For information, visit <http://matric.org/summit>. ...

February Capitol Health Care Events

February 2	American Heart Association Day Emergency Medical Services (EMS) Day
February 4	WV School of Osteopathic Medicine Day
February 5	West Virginia Hospital Association Day
February 10	Drug Court Day West Virginia Primary Care Association Day
February 11	WV Behavioral Health Care Providers Association Day West Virginians for Life Day
February 17	WV Association of Alcoholism and Drug Abuse Day
February 20	Tobacco Free Day
February 23	West Virginia Pharmacists Association Day
February 25	West Virginia Immunization Network Day West Virginia Nurses Association Day Eat Right West Virginia Day WV Commission for Deaf and Hard of Hearing Day
February 27	WV Action Day / National MS Society

Health Care Highlights©

Thom Stevens, Editor

A Comprehensive Newsletter Covering Activities of the West Virginia Legislature and State Government

Your Best Source for West Virginia Legislative & Governmental Health Information

Quotes of the Week:

... *“...that it be referred to and beaten up by the Committee on Judiciary ...”*

- Delegate J.B. McCuskey, with tongue-in-cheek, on a motion to approve a bill in the House Banking & Insurance Committee.

... *“All we’re trying to do is take a lollipop from one kid and give it to another, with passage of this bill.”*

- Delegate Larry Faircloth, during House Health Committee debate of the WV Health Benefit Exchange Act.

... *“I don’t see the bogeyman behind this tree.”*

- Delegate Kelli Sobonya, during that same debate.

... *“Some light reading. Just give me a minute and we’ll get right through it.”*

- Sen. John Unger, presented with a committee substitute bill four inches thick.

Health Care Highlights©

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