

Health Care Highlights[©]

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

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Welcome to the 4th 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 27th day of the 60-day regular legislative session. This week, we continue tracking all health care-related bills under consideration by the House and Senate. Currently, 658 House bills have been introduced. The Senate is considering 434 bills. Of the 1,094 total bills introduced so far this session, many are similar to bills from previous legislative sessions or are rules bills. We are currently tracking 180 health care-related bills, which is about 16% 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. 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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MPLA Bill Passes Senate, Public Hearing Today

A bill that would modernize medical liability reforms and avert a potential health care crisis passed the Senate last Monday (Feb. 2) and will be the subject of a public hearing at 9 a.m. today (Feb. 9) in House Chambers. The bill is now before the House Judiciary Committee and on the agenda for a meeting today at 10:15 a.m.

Revisions to the Medical Professional Liability Act (MPLA) called for in **SB 6** (and its companion bill, **HB 2006**) 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. Enactment this session is expected.

CPR Bill on 1st Reading in House

Legislation that would require students to complete 30 minutes of training in cardiopulmonary resuscitation prior to graduation passed the Senate last week and, after an amendment in House Education, will be on first reading in the House today (Feb. 9).

The bill, **SB 7**, also includes training in first aid and care instructions for conscious choking. Teachers are not required to be certified trainers in CPR in order to provide instruction. However, instruction may be provided by community members, such as emergency medical technicians, paramedics, police officers, firefighters, licensed nurses and representatives of the American Heart Association or the American Red Cross. Schools may choose to provide longer instruction in CPR and also may opt to include information regarding use of automated external defibrillators (AEDs). Any instruction that results in certification must be taught by an authorized CPR/AED instructor.

Anti-Overdose Bill Advances

A bill that would allow first responders to possess opioid antagonists such as Naloxone, and administer them in suspected cases of drug overdoses, passed the Senate last Monday and, following an amendment by House Judiciary, will be on first reading in the House today (Feb. 9). 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 Senate 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.

Medicaid UPL Program Extended for Acute Care Hospitals

The health care provider tax affecting eligible acute care hospitals is extended until June 30, 2016 under **SB 398**, passed last week by the Senate Health Committee, with a second reference to Finance Committee. A fiscal note is pending. The bill increases the tax rate for the Upper Payment Limit (UPL) program from .62% to .72% and provides for disbursement of any funds remaining in the Eligible Acute Care Provider Enhancement Account. The bill is supported by the West Virginia Hospital Association.

Senate Health on Thursday also approved **SB 399**, which clarifies that hospitals owned or operated by nonprofit corporations, nonprofit associations or local governmental units have only one governing body whose meetings shall be open to the public; establishes certain matters that may be acted upon in executive session by the governing body of a hospital; and clarifies and expands the authorization for holding executive sessions. A hospital's medical staff, the executive committee of a medical staff, and other committees and subcommittees of the medical staff are not considered governing bodies of the hospital. A bill (**SB 400**) to exempt certain employers from discriminating against tobacco users was laid over for further consideration. A committee substitute to **SB 277** which would allow for issuance of a certificate of birth resulting in stillbirth was reported to Judiciary Committee.

Immunization Bill Streamlines Medical Exemptions

The Senate Committee on Health and Human Resources on Tuesday debated a bill (**SB 286**) that would streamline the medical exemption process for compulsory immunizations for students, but which was stripped of provisions for non-medical or religious exemptions. The committee laid over the bill for further consideration.

Medical exemptions would be requested on a form that parents could obtain from the state Department of Health and Human Resources. A parent or guardian would present a completed form, signed by a physician, to the commissioner of the Bureau for Public Health and to the appropriate school or child care center. According to the bill, if the commissioner “finds that the exemption is not supported by medical evidence and that the exemption is not based upon a finding that the immunization was medically impossible or improper, or based upon some other compelling medical reasons, he or she may override the exemption.”

The bill essentially bypasses review by the state’s 49 local or county health departments. It does not weaken immunization standards already in code, committee counsel Jeff Johnson confirmed. “The bill allows the commissioner to override an exemption if it is not supported by compelling medical evidence,” Johnson explained. “It just changes the procedure for medical exemption that currently exists.” It does, however, do away with the DHHR’s interpretive rule currently in place governing administration of immunizations and the medical exemption process and would require DHHR to submit a legislative rule in its place.

“I think we are all trying to achieve the same thing, which is to make sure our kids are safe and our communities are safe,” said Dr. Rahul Gupta, BPH commissioner and the state’s health officer. “It is my priority and intent to streamline the (medical exemption) process.” Gupta also told the committee that his agency already has all the tools necessary without the legislation. Sen. Ron Stollings called removal of the proposed religious exemption in the bill “absolutely critical.” That exemption would have required parents to sign an affidavit, without explanation. “You just needed a piece of paper,” Stollings noted. He also supported Gupta's position that proposed changes in the bill for medical exemptions could simply be accomplished by changes in BPH policy without legislation.

The bill also raised several concerns. It would require the BPH commissioner to rule on exemptions within 30 days – a provision that Gupta said would, “push the system in a way that it’s not meant to be pushed.” In addition, the bill as presented included specific dosages for each required immunization, which Gupta noted could change over time, and did not include updates for some immunizations that are required as children reach 7th grade and 12th grade.

HealthNet Hosts Dinner Reception Honoring Legislators

HealthNet Aeromedical Services is hosting a dinner reception honoring members of the 82nd West Virginia Legislature at 6 p.m. Thursday (Feb. 12) at its Training Center within the corporate offices at 110 Wyoming Street in Charleston.

A buffet style dinner prepared by Chef Joe Zando will be offered. Chef Zando is a graduate of the prestigious Culinary Institute of America. Live, traditional Appalachian music will be performed by Modock Rounders.

Demonstrations and tours of HealthNet’s new Clinical/Safety Simulator and the state-of-the-art Training Center will be available. The simulator will be staffed with experienced, uniformed flight team members and simulation specialists. The only one of its kind to be located at a critical care transport program, the helicopter simulator takes HealthNet Aeromedical Services clinical education to a new and exciting level, right here in West Virginia.

HealthNet, established in 1986, is a not-for-profit shared service of Charleston Area Medical Center, Cabell Huntington Hospital and WVU Healthcare. It is one of the few statewide hospital-based air medical services in the U.S. and serves as a model for cost-effective, cooperative aeromedical services in a rural environment. The nine helicopters serve West Virginia and significant portions of Kentucky, Ohio, Virginia, Maryland and Pennsylvania. Each helicopter base is responsible for providing service in a 150-nautical-mile radius.

HealthNet Aeromedical Services has flown more than 70,000 patients and maintains a perfect safety record.

Rules Bills on PA Practice Approved

Separate bills (**HB 2341** and **HB 2348**) proposing rules by the West Virginia Board of Medicine and the West Virginia Board of Osteopathic Medicine, respectively, were approved last week by the House Committee on Health and Human Resources. Delegates had initially balked when the rules bills, as initially presented Jan. 29, did not include strikethroughs of existing language and highlights of proposed new language regarding the boards' governance of physician assistants because of conflicting requirements for bill drafting. The technical clean-up language was easily accomplished. The committee also amended the PA osteopath bill rule to require at least 10 hours of Category I continuing education training in pharmacy-related topics if the PA has prescribing authority. Both bills now move to the Judiciary Committee.

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 medical boards license more than 1,000 PAs who work in practice agreements under supervision of a licensed physician.

House Health also reported **HB 2329**, a DHHR rules bill regarding the administration of medication and performance of health maintenance tasks by approved medication assistive personnel. The bill now moves to the Judiciary Committee.

PA Licensure Renewal Available Online

In related news, PAs licensed through the WV Board of Medicine can renew their licenses online through March 31 at www.wvbom.wv.gov. There is no grace period for practice after expiration; all PAs must have an active license to be eligible to practice. Practice agreements must be submitted for board approval; agreements should be submitted early in order to avoid disruption in the PAs authorization to practice. Practice agreements are processed in the order received.

To look at this another way, beginning April 1, a PA may only practice if they have an active license and if they have received written authorization from the board through a practice agreement since June 6, 2014. All authorizations to practice granted prior to June 6, 2014 will automatically expire on April 1. For more information, contact PA coordinator Amy Callihan at Amy.C.Callihan@wv.gov or licensing supervisor Sheree Thompson at Sheree.J.Thompson@wv.gov.

Hospital Day at the Legislature

An estimated 150 health care professionals, including doctors, nurses, medical staff, volunteers, administrators, and others of West Virginia's hospitals around the state, attended Hospital Day at the Legislature last Thursday. The event, sponsored by the West Virginia Hospital Association, provides an opportunity for hospital representatives to meet with legislators on issues affecting their facilities.

The day's events included a briefing on key health care issues by WVHA staff, followed by comments from invitees, as well as the chairs of the Senate and House Health Committees (Sen. Ryan Ferns and Delegate Joe Ellington, respectively). The event also included a proclamation issued by Gov. Earl Ray Tomblin proclaiming Thursday, February 5, 2015, as *Hospital Day* in the Mountain State. The Governor's Proclamation, also signed by Secretary of State Natalie Tennant, noted that at West Virginia hospitals last year, health care professionals treated nearly five million outpatients and 275,000 inpatients, provided emergency care to more than 1.2 million patients, delivered more than 23,000 babies, and performed nearly a quarter of a million surgeries. Hospitals also contribute more than \$8.9 billion annually to the state's economy and employ more than 44,500 people, both full time and part time, supporting one in every nine jobs in WV.

Hospitals are also an important part of the educational system in West Virginia, with instructional programs that provide entry level as well as advanced training for a wide range of service, technical and professional positions. Health care is a stable source of employment during times of economic uncertainty, and support a variety of businesses in terms of goods and services purchased in the community. West Virginia ranks eighth nationally in the percentage of people supported by hospital employment at 10.3%.

Participants in Hospital Day also attended Senate and House floor sessions and committee meetings, and spoke with their local legislators about issues facing their community hospital. The WVHA is a not-for-profit statewide organization representing 67 hospitals and health systems. The WVHA supports its members in achieving a strong, healthy West Virginia by providing leadership in health care advocacy, education, information and technical assistance, and by being a catalyst for effective change through collaboration, consensus building and a focus on desired outcomes.

West Virginia Legislature

Health Care Bill Status as of 2/6/15

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., Judiciary reported, on 2nd reading 2/9.*

[SB 294](#) Cole+ **Eliminates unnecessary boards, etc.** (see [SB 255](#)) *Bill proposed by Governor. Gov. Org. reported, to 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, 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. Health amended, to 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.* Health amended, to 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., passed Senate 2/2; House Education amended, 2nd reference to Finance dispensed; on 1st reading 2/9.*

[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+ **Streamlines medical 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. Health laid over, then Judiciary*

[SB 296](#) Walters+ **Provides maximum licensed school psychologist-pupil ratio** To Education, then Finance

[SB 424](#) Ferns+ **Eliminates compulsory tuberculosis testing for low-risk school children and personnel** (see [HB 2669](#)) To Health, then Education

[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](#)) To Health, then Judiciary

[HB 2623](#) Caputo+ **Establishes guidelines and materials to warn about sudden cardiac arrest** To Education, then Health

[HB 2669](#) Ellington+ **Eliminates compulsory tuberculosis testing for low-risk school children and personnel** (see [SB 424](#)) *Bill to be introduced 2/9.* To Education, then Health

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

[SB 398](#) Ferns+ **Extends expiration date for UPL health care provider tax on eligible acute care hospitals** (see [HB 2614](#)) Health reported, to Finance

[SB 399](#) Ferns **Requires open board meetings for nonprofit or government hospitals** Health reported, to 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.* 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

[HB 2614](#) Ellington+ **Extends expiration date for UPL health care provider tax on eligible acute care hospitals** (see [SB 398](#)) To Health, then Finance

[HB 2652](#) Ellington+ **Reduces the assessment paid by hospitals to the Health Care Authority** To Health, 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, Judiciary reported, on 2nd reading 2/9.*
- SB 267** Cole+ **Eliminates GOHELP** (see **HB 2209**) *Bill proposed by Governor; would save \$250,000 from current budget. Health reported, Judiciary reported, on 2nd reading 2/9.*
- 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. Supported by all leading cancer and medical groups. (see **HB 2493**)* To Insurance, then Judiciary
- SB 295** Ferns+ **Establishes appeal process for DHHR Board of Review and for Medicaid decisions** (see **HB 2589**) *Health reported, Judiciary reported, on 2nd reading 2/9.*
- SB 363** Cole **Allows Court of Claims to set max rate/service limitations for health reimbursement** To Health, then Judiciary
- SB 366** Ferns+ **Creates Patient Protection and Transparency Act** *Requires information to consumers when purchasing health coverage through an insurance exchange about covered services, network providers and Rx drugs on a non-discriminatory basis.* To Insurance - on agenda 2/9, then Finance
- SB 368** Nohe **Adopts NAIC standards on risk-based capital reporting for health organizations** To Insurance - on agenda 2/9, 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.* 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. Supported by all leading cancer and medical groups. (see **SB 289**)* Insurance reported, to Health
- HB 2509** Faircloth+ **Determines federal health care legislation invalid in WV** To Health, then Judiciary
- HB 2589** Ellington+ **Appeal process for DHHR Board of Review and Medicaid decisions** (see **SB 295**) 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. A public hearing is scheduled 2/9 in House Chambers (see **HB 2006**)* *Judiciary reported comm. sub., passed Senate 2/2; to House Judiciary - on agenda 2/9.*
- SB 377** Boso+ **Limiting civil liability of pharmaceutical manufacturers or sellers providing warning to learned intermediary** *WV is the only state in the U.S. without this legislation.* 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; Senate Judiciary amended; on 3rd reading with the right to amend 2/9.*
- 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 will use 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” & “pharmacy” to definition of MPLA health provider** (see **SB 6**) To Health, then Judiciary

MISCELLANEOUS

- SB 30** Hall, D.+ **Permits the sale of raw milk** To Agriculture - on agenda 2/9, 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 425](#)** Plymale+ **Provides WVU, MU and WVSOM more authority to invest assets** To Education
- [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
- [HB 2595](#)** McGeehan+ **Redefines “affected persons” in certificate of need requirements** To Health, then Judiciary
- [HB 2613](#)** Ellington+ **Requires state and federal criminal background checks** 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., passed Senate 2/2, House Judiciary amended, on 1st reading 2/9.*
- [SB 348](#)** Blair+ **Requires DHHR to create drug screen pilot program for cash assistance applicants** To Health, then Finance
- [SB 428](#)** Stollings+ **Permits certain optometrists, APRNs and PAs to prescribe Schedule II hydrocodone combination drugs for up to three days.** (see **HB 2544**) To Health, then Judiciary
- [HB 2009](#)** Fast+ **Creates Access to Opioid Antagonists Act** (see **SB 335**) Health amended, to Judiciary. House will use Senate Bill.
- [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. (see **SB 335**)* To Health, then Judiciary
- [HB 2544](#)** Householder+ **Allows optometrists to prescribe certain Schedule II hydrocodone combination opioids** (see **SB 428**) To Health, then Judiciary
- [HB 2611](#)** Perdue+ **Requires prescription for ephedrine, pseudoephedrine and other meth precursors** To Health, then Judiciary

[HB 2631](#) Armstead+ **Alcohol and Drug Overdose Prevention and Clemency Act** *Bill proposed by Governor. The bill provides limited immunity to a person who seeks emergency medical assistance for someone experiencing a drug or alcohol overdose. It also provides immunity to the overdose victim upon completion of a drug rehab program. It also provides limited immunity to law enforcement.* To Health, then Judiciary

[HB 2648](#) Pasdon+ **Allows businesses to stock epinephrine auto-injectors for emergencies** *This bill allows what are commonly known as EpiPens to be obtained, stocked and stored by certain businesses in the state to be used following training in emergency situations involving anaphylaxis (severe allergic reaction) for a customer, visitor or employee. It follows similar legislation passed in Florida and other states.* 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+ **Exempt chiropractors from CE on veterans' mental health conditions** Gov. Org. reported comm. sub., to 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** Veterans' Affairs amended, to Health

[HB 2408](#) Ellington+ **Requires public health officers and physician faculty members to enter into collaborative agreements with APRNs** 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

[HB 2662](#) Stansbury+ **The Eye Care Consumer Protection Law** *Bill to be introduced 2/9. Needs amendments.* To Health

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** Health reported comm. sub., to 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

[HB 2568](#) Sobonya+ **The Pain-Capable Unborn Child Protection Act** Health amended, Judiciary reported comm. sub.

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 comm. sub.; passed Senate 2/3; to House Health, then Gov. Org.*

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](#)) Health reported, to 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 reported, to 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 amended, to 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
[SB 386](#) Ferns **Excludes mobile X-ray services from health care provider tax** To Health, then Finance
[HB 2127](#) Howell+ **Provides a corporate net income tax credit for manufacturers of medical devices** To Finance
[HB 2559](#) Trecost **Increases the excise tax on cigarettes** To Health, then Finance
[HB 2633](#) Perdue+ **Funding substance abuse services by increasing taxes on beer, wine and liquor** To Health, then Finance
[HB 2634](#) Perdue+ **Increases the excise tax on cigarettes and all other tobacco products** To Health, then Finance

TOBACCO

[SB 109](#) Blair+ **Exempts veterans' and active duty military groups from indoor smoking rules** To Military, then Judiciary
[SB 400](#) Ferns **Exempts certain employers from discriminating against tobacco users** Health laid over, then Judiciary
[HB 2208](#) McGeehan+ **Gives county commissioners sole authority to regulate smoking** To Political Subdivisions, then Gov. Org.

Telemedicine, Interstate Compact Bills Get Nod

A bill to update and define telemedicine, telemedicine technologies and medical services delivery standards was approved by the House Committee on Health and Human Services on Thursday. The bill, [HB 2497](#), also reformulates what constitutes the unauthorized practice of medicine and podiatry under the Board of Medicine, including qualified exemptions. It establishes criminal penalties for unauthorized medical practice. The committee amended the bill to include osteopaths and advanced nurse practitioners. The bill authorizes rule-making. It now moves to the Judiciary Committee.

Also Thursday, House Health amended and approved [HB 2496](#) to allow physicians to be licensed in multiple states. The bill 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. This bill also moves forward to the Judiciary Committee. Similar legislation has been introduced in nine other states to establish the Interstate Medical Licensure Compact.

In Other Health Care Highlights

... Legislative auditor Aaron Allred advises that bills and amendments can be obtained in WordPerfect format from the Legislature's website (http://www.legis.state.wv.us/Bill_Status/bill_status.cfm). The process has been modified for security reasons. Once you choose a bill in Bill Status, click on the wpd version of the bill. The system will then ask you for an email address. The document will be emailed to you as a WordPerfect document to the email address you entered. Newer versions of Word can automatically convert the documents from WordPerfect. ...

... WVU Hospitals has been designated by the federal Centers for Disease Control and Prevention as an Ebola Treatment Center. The CDC has also validated the state Department of Health and Human Resources' Office of Laboratory Services for Ebola testing. WVUH is the only medical center in West Virginia to earn the designation. The nearest designated centers until now were in Washington, D.C. and Cleveland. Altogether, 49 hospitals nationally have been identified by U.S. officials as Ebola Treatment Centers based on their ability to provide the necessary staff, training, equipment, and other resources to treat patients with the unique care requirements of Ebola. No Ebola cases have been reported in West Virginia. ...

... Sally Noakes Barton has been named executive director of the Thomas Memorial and Saint Francis Hospitals Foundation, replacing Sandy Zando, who will retire in April. Sally is the current executive director and chief executive officer for Tamarack Artisan Foundation, but she's no stranger to health care, having previously worked for the Charleston Area Medical Center Foundation for a number of years. She is a graduate of the University of North Carolina at Greensboro where she earned a bachelor's degree in media studies. ...

... Next Sunday (Feb. 15) is the enrollment deadline for health insurance through West Virginia's state-federal benefit exchange marketplace. More than 27,000 state residents had re-enrolled or signed up for the first time as of mid-January. The majority, about 86%, will qualify for premium subsidies averaging \$300 from the federal government. Highmark Blue Cross Blue Shield remains the only company offering insurance plans through the exchange in West Virginia. Access the enrollment portal by going to www.healthcare.gov or by calling 1-800-318-2596. ...

... Gov. Earl Ray Tomblin, in his regular column last week, praised the increased practice standards for pain clinics to ensure West Virginia residents use prescription drugs responsibly. "Over the past two years, we've worked together to draft legislation and approve new rules to regulate pain management clinics across the state," the Governor wrote. "Since July, the Department of Health and Human Resources has inspected seven pain clinics. Three of those have been ordered to close and denied licensure for violation of these new standards. Our residents must have access to pain management treatment options but not at the expense of irresponsible prescription practices." ...

February Capitol Health Care Events

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: Ever Challenging, Ever Changing

By Thom Stevens

<Editor's Note: The following is reprinted from an article published Jan. 29 in **The State Journal**.>

West Virginia's grim health statistics have been well documented over the years, with high incidence of heart and pulmonary disease, diabetes, obesity and smoking. But the one constant of health care is change, and there is evidence that our state has begun to move the bar in a positive direction. For example, our state leads the nation in end-of-life health care advance directives and the use of the new electronic registry.

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 (view the report at <http://www.americashealthrankings.org/WV>). Granted, while that ranking may not be cause of celebration, the report gives hope, citing several positive trends:

- Low prevalence of binge drinking;
- Low incidence of infectious disease;
- High per capita public health funding;
- 14 percent increase, in the past year alone, of immunization coverage among adolescents (ages 13-17); and,
- 30 percent decrease in infant mortality since 1990.

Still, the challenges continue. The foundation's report cited a continued high prevalence of smoking, obesity and drug overdose deaths. It reported that drug deaths increased by 42 percent in the past year alone, from 22.0 to 31.3 deaths per 100,000 population.

Dr. Rahul Gupta, West Virginia's new state health officer and commissioner for the Bureau for Public Health, has an informative and calming influence at the Statehouse. He elaborated on those staggering numbers during testimony last week before the House Committee on Health and Human Resources. Gupta said West Virginia leads the nation in drug overdose deaths, a full 25 percent more than the next highest state. More than 460 West Virginians died of drug overdoses in 2013, he said, up from 361 in 2009.

Gupta's remarks came in support of two bills approved by the Health Committee to help combat overdose deaths - **HB 2009**, which would allow police, fire and emergency service providers to possess Naloxone or other opioid antagonists to administer when they suspect someone has overdosed on narcotics; and **HB 2045**, the Overdose Prevention Act, which would provide immunity from certain offenses for a person who seeks health care for another, or for himself or herself, when experiencing an overdose.

Several delegates recounted recent tragedies involving youths experimenting with underage drinking or illicit drugs, whose companions failed to call for help, perhaps out of concern for their own culpability.

Both bills were recommended for passage after extensive study during interim meetings since the 2014 regular session by the Joint Committee on Health. They are now before the House Judiciary Committee and are supported by all leading medical groups.

Meanwhile, both the House and Senate Health Committees are under very capable new leadership, with Delegate Joe Ellington (physician) and Senator Ryan Ferns (physical therapist), respectively, taking over for longtime chairs Delegate Don Perdue (pharmacist) and Senator Ron Stollings (physician).

Both Health committees will tackle a variety of social issues and older health topics during the course of the 60-day session, but here are a few new and innovative bills to keep an eye on:

- Telemedicine
- Oral chemotherapy medications
- Epinephrine auto-injectors for businesses

Telemedicine – using tools such as electronic communication, information technology or other means of interaction between a licensed health care professional in one location and a patient in another location, has been actively used here for two decades in, radiology, pathology and, more recently, psychiatry. But its use has accelerated over the past four years, and our laws governing telemedicine are woefully out of date, particularly for available primary and specialty care in rural areas.

Robert Knittle, executive director of the Board of Medicine, told members of the Joint Committee on Health during interim meetings in October that the statute governing telemedicine was written in the 1990s and consists of just two sentences. “We hope with the support of the Legislature to introduce language this year that will better allow the utilization of telemedicine in our state but do so in a manner that best protects and serves the public,” he said. The legislation is advocated by both the Board of Medicine and the Board of Osteopathic Medicine along with a corresponding Interstate Licensing Compact.

Oral chemotherapy medications - feature the leading medical technology in pharmaceuticals and biologics for the treatment of specific types of cancer. Legislation is being introduced in West Virginia to bring it into conformity with 34 other states, including all of our surrounding states except PA, to provide patient access and affordability to these medications in the same manner as infusion and injection cancer medications.

The legislation simply provides "parity" or that a patient's out-of-pocket expense for cancer medications prescribed by their physician must be the same regardless of how the therapy is administered, whether it is by pill, injection or infusion. Oral chemotherapy medications are available in pill form to encourage cancer patient compliance and to ease devastating side effects. The pill directly attacks cancer cells instead of infusions and injections to the whole body. Correcting this disparity removes a negative impact on the physician to make a decision on the cost of the medication to the patient rather than what is the best medication to treat the cancer.

Epinephrine auto-injectors for businesses - provides what are commonly known as EpiPens to be obtained, stocked and stored by certain businesses in the state to be used following training in emergency situations involving anaphylaxis (severe allergic reaction) for a customer, visitor or employee. It follows similar legislation passed in Florida and other states. Our Legislature unanimously passed a bill in 2013 allowing schools to use epinephrine auto-injectors with more than 200 schools now participating. Lawmakers are expected to pass the bill for businesses during this session as supported by the Hospitality and Travel Association, Chamber of Commerce and leading medical organizations.

So, we have lots of unique opportunities during this legislative session to continue to advance progressive and innovative health legislation for the people of West Virginia.

Pain-Capable Unborn Child Act Sparks Lengthy Debates

Following a one-hour public hearing and nearly eight hours of often-emotional debate, the Pain-Capable Unborn Child Protection Act (**HB 2568**) was approved by both the House Committee on Health and Human Resources (Thursday) and the House Judiciary Committee (Friday). The bill now moves to the House floor where it is expected to be passed this week and sent to the Senate. A similar bill was vetoed last year by Gov. Tomblin due to "unconstitutional" concerns.

The bill would prohibit abortions when the gestational age of the fetus reaches 22 weeks, or 20 weeks from conception, except when the fetus is not medically viable or the patient has a condition that, on the basis of a reasonably prudent physician's medical judgment, so complicates the mother's medical condition as to necessitate the abortion of her pregnancy to avert death or serious risk of substantial and irreversible physical impairment of a major bodily function.

Often tag-team testimony before House Health pitted Buckhannon ob/gyn Dr. Michael Rollins and National Right-to-Life attorney Jennifer Popik versus Drs. David Jude and Stephen Bush, representing the WV Section of the American Congress of Obstetricians and Gynecologists, as well as Dr. Mitzi Payne, a pediatric neurologist from Marshall University. They reviewed often conflicting medical literature regarding a controversial series of 10 “findings” contained in the bill. A bill's “findings” often become the focus of future legal challenges. House Health approved the bill on a 20-5 vote; House Judiciary likewise approved the bill after the committee voted down nearly a dozen proposed amendments.

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:

... ***“I assume the gentleman yields for these questions. I think we’re all wearing down a little bit.”***

- Delegate John Shott, chairman of the House Judiciary Committee, during a particularly lengthy debate Friday.

... ***“Statistics are like bikinis – what they reveal is important, but what they hide is critical.”***

- Dr. David Jude, paraphrasing a quote from the late Aaron Levenstein, during testimony before the House Health Committee.

... ***“West Virginia ranks at the bottom of national child immunization rates until school age, then jumps to the top. The positive trigger is mandatory school age vaccines, which allow only medical exemptions.***

- DHHR Bureau of Public Health Commissioner Rahul Gupta, MD, addressing a bill allowing vaccine religious exemptions.

... ***“The Legislature has done more heavy lifting in the first 3 weeks than in any session in recent memory. We feel like we’re running out of time each day. There is a lot to accomplish. We want to get it done in 60 days.”***

- Senate President Bill Cole, in a speech to the West Virginia Press Association.

Inside Health Care Highlights This Issue

Welcome to the 4th Issue in 2015

2015 Key Legislative Dates

MPLA Bill Passes Senate, Public Hearing Today

CPR Bill on 1st Reading in House

Anti-Overdose Bill Advances

Medicaid UPL Program Extended for Acute Care Hospitals

Immunization Bill Streamlines Medical Exemptions

HealthNet Hosts Dinner Reception Honoring Legislators

Rules Bills on PA Practice Approved

PA Licensure Renewal Available Online

Hospital Day at the Legislature

Complete Analysis of All Health Care Bills

Telemedicine, Interstate Compact Bills Get Nod

In Other Health Care Highlights . . .

February Capitol Health Care Events

Health Care: Ever Challenging, Ever Changing

Pain-Capable Unborn Child Act Sparks Lengthy Debates

Quotes of the Week