

# Health Care Highlights<sup>©</sup>

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

**March 16, 2015**

**VOLUME 27, ISSUE 9**

Welcome to the 9<sup>th</sup> 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.

**In this issue, we provide an EXECUTIVE SUMMARY of key health-related enactments during the 60-day session.**

Hooray, it's over! The first regular session of the 82<sup>nd</sup> Legislature ended at midnight Saturday. Lawmakers return this week to work only on the state fiscal year 2016 budget during the four-day extended session authorized by Gov. Earl Ray Tomblin. Several important decisions will be made regarding funding of many health programs and we will report the outcome on the Budget Bill to you next week.

During this year's regular session, lawmakers introduced 1,022 bills in the House of Delegates and 585 bills in the state Senate. Of the 1,607 total bills introduced this session, about 282 were health care-related bills (17.5%). The Legislature enacted a total of 261 bills (16%) during the session. We profile in this issue the 56 (20%) health care bills that passed. Many already have been signed into law by Gov. Earl Ray Tomblin; others await his approval. Now that the regular legislative session has ended, the Governor has 15 days following the receipt of a bill to veto, sign or allow it to become law without his signature. On the other hand, there were 226 health-related bills that did not pass.

In addition, the Legislature considered 17 resolutions requesting health-related interim studies. These do not require passage by the Legislature or approval by the Governor. They simply "request" that the Legislature create interim study committees. The Legislature may decide to study any topic during the interim period between now and next January, even if there has not been a resolution proposed or adopted. Decisions on interim study topics will be made by the Joint Committee on Government and Finance in April or May. See inside this issue for a preview of the resolutions.

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## ***Governor Issues Proclamation to Extend Session for Budget Bill***

Gov. Earl Ray Tomblin on Thursday issued a proclamation, as required by the state Constitution, to extend the 2015 legislative session for four additional days until Wednesday (March 18) to allow for further consideration of the budget bill (**HB 2016**). The proclamation specifies the Legislature shall only consider the budget bill during the extended session. If the Legislature is unable to complete budget work by then, the Governor could extend the session for a few more days.

## ***Oral Chemotherapy Bill Awaits Governor's Approval***

Legislation to prevent insurance companies from charging higher copayments, deductibles or coinsurance for oral anti-cancer treatments passed the Senate on Thursday and now awaits Gov. Earl Ray Tomblin's approval. The bill, **HB 2493**, had passed the House on Feb. 24. The legislation brings West Virginia in line with 34 other states and the District of Columbia, including the surrounding states of Ohio, Kentucky, Virginia and Maryland.

The West Virginia Cancer Treatment Fairness Coalition strongly supported **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. 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.

The bill was endorsed 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.

State parity laws do not apply to Medicare or Medicaid. The bill also does not apply to PEIA as it has a parity copay system. Health plans covered under the federal Employee Retirement Income Security Act (ERISA) also are exempt. Requirements under the bills would apply to policies or contracts 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.

## ***Anaphylaxis Help Bill Passes Both Chambers***

Legislation to allow businesses and other entities to voluntarily obtain, stock and store epinephrine auto-injectors, commonly known as EpiPens, has unanimously cleared both chambers of the Legislature and now awaits Gov. Earl Ray Tomblin's approval. Under **HB 2648**, the auto-injectors would be used with limited liability protection, 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.

The Legislature also unanimously passed a bill in 2013 allowing schools to use epinephrine auto-injectors; more than 200 schools now participate. This year's bill received strong support from the Hospitality and Travel Association, the West Virginia Chamber of Commerce and leading medical organizations. It's considered a good health bill for business.

Anaphylaxis is a growing health concern in the U.S., and public access to epinephrine as a first-line treatment is critical. Anaphylaxis can be triggered by certain foods, insect stings, medications, latex or other allergens. It causes approximately 1,500 deaths annually. Children and adolescents are among those most at risk, but studies have shown that as many as one in 20 adults also are at risk. These life-threatening allergic reactions can occur quickly and without warning.

## ***Indoor Smoking Bill Choked to Death***

A so-called "Christmas Tree" bill that would have combined fireworks regulations, with exceptions to indoor smoking bans, and with a \$1 cigarette tax increase phased in over two years, died on the final night of the legislative session. The bill, **HB 2646**, drew the ire of health officials and opposition from medical groups. The smoking exceptions, killed in **SB 109** and **HB 2208** earlier in the session, exempted veterans' and active duty military organizations, casinos and limited video lottery operators from indoor smoking regulations. The tax increase would have generated up to \$130 million in new revenue, setting aside \$20 million in the first year for a veterans' assisted-living facility in Beckley and \$20 million in the second year for drug treatment facilities. **HB 2646** also may have gone up in smoke due to some interesting language relating to tobacco or other "plant products," which lawmakers speculated could mean marijuana, and other interesting language allowing for smoking using pipes and "other devices," which could mean marijuana bongs.

## ***Immunization Bill Passes, Without Amendments***

A bill that streamlines the medical exemption process for compulsory immunizations for students passed the House of Delegates -- without amendments -- at 12 minutes before midnight Saturday after two days of often emotional debate. The controversial amendments, which originated in the House Judiciary Committee, were stripped by the House from **SB 286** when the Senate refused to agree with the changes.

On Friday, the House had voted 51-46-3 to adopt the Judiciary Committee's amendments. Voting on the bill itself on Saturday, the measure passed on a 62-36-2 vote. The Senate, however, refused to concur with the House amendments. In the end, opponents of the amendments were unwilling to risk the health of school children or tamper with a process that produces one of West Virginia's few positive health statistics -- its 97.5% immunization rate.

The bill now before Gov. Earl Ray Tomblin bill does not weaken the state's current, strong immunization requirements. It does not include non-medical or religious / personal preference exemptions. A child entering school or a state-regulated child care center must be immunized against chickenpox, hepatitis-B, measles, meningitis, mumps, diphtheria, polio, rubella, tetanus and whooping cough, or obtain a medical exemption from the Bureau for Public Health.

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 BPH commissioner and to the appropriate school or child care center. The commissioner would appoint an Immunization Officer, who must be a licensed physician, to review vaccine medical exemption requests. Appeals would be to the commissioner, who is also a physician and the State Health Officer and, if necessary, to a circuit court.

The bill maintains DHHR's interpretive rule currently in place governing administration of immunizations and the medical exemption process. The interpretive rule was a key point of contention for supporters of the amendments.

Delegate Patrick Lane, vice chair of the House Judiciary Committee, repeatedly referred to DHHR as a "rogue agency" during floor remarks. In arguing for the amendments, Lane told the House on Friday, "We have a rogue agency adopting interpretive rules outside its legal authority. It is our duty and obligation to create policy ... because there is such a thing as separation of powers." Delegate Kelli Sobonya backed him up. "We need to take back our authority from this unelected, bureaucratic agency," she said. "That's what this committee amendment is all about."

The amendments would have eliminated DHHR's long-standing interpretive rule regarding compulsory immunizations and require legislative rules in their place. In addition, new vaccination requirements could not be added without legislative approval. Lane said the amended bill would not compromise childhood immunizations. "It is absolutely false that we are in any way hindering DHHR's ability to deal with outbreaks or emergency situations," he said. Lane said the Bureau for Public Health still would be empowered to act "to immediately combat the bogeyman virus."

Opponents strongly disagreed. Delegate Larry Rowe admonished, "Don't infect my children with your ideas of the Constitution. We are saving our state and our children from horrible diseases." Rowe, a lawyer, noted the state Supreme Court in 2013 determined that the DHHR's interpretive rule was a "legitimate use of power" in a case in which Lane was the losing attorney. Lane said the court "punted" in the case. "They didn't want to touch a hot political football."

Delegate Matthew Rohrbach, a physician, argued that the West Virginia Immunization Network, all of the state's major health and medical associations, as well as DHHR Cabinet Secretary Karen Bowling and BPH Commissioner Rahul Gupta, favored the un-amended Senate version of **SB 286**. Rohrbach led the House floor debate in an unusually effective manner for a freshman legislator - using his extensive medical background. He said the committee's amendment requiring BPH to respond to a family physician's medical exemption provided "inadequate" time to receive the paperwork, review appropriate medical information and consult with that physician. He urged House members to use the Senate bill version.

Delegate Joe Ellington, also a physician and chair of the House Health Committee, which passed the Senate version of the bill without debate, said Saturday that he favored both the original and amended versions of the bill. "Neither one of these prevents people from getting vaccinations," Ellington said. "There should be some exceptions, and that's what both of these bills grant. I'm 50-50 on this. I can go with either version."

In the Senate, physician lawmakers Tom Takubo and Ron Stollings were dynamic in their advocacy work for the bill. They worked tirelessly to maintain the Senate version of the bill through seemingly overwhelming obstacles.

## ***Other Key Health Bills Passed in 2015***

In addition to the oral chemotherapy, anaphylaxis and immunizations bills, detailed separately in this issue, the Legislature passed several other key health bills during the 2015 session. Here's a brief recap:

Gov. Earl Ray Tomblin on Wednesday held a bill signing ceremony for **SB 7**, which requires that students complete at least 30 minutes of instruction on cardiopulmonary resuscitation (CPR) as a condition of graduation. He had earlier signed the bill on Feb. 24. "For years, we've increased the number of health education topics covered in our schools," Tomblin observed. "Accidents cannot always be prevented, and our kids should always be prepared to respond – including the ability to perform life-saving measures. Senate Bill 7 requires at least 30 minutes of instruction of proper administration of CPR, strengthening kids' practical knowledge of life skills." The bill is effective July 1.

The Access to Opioid Antagonists Act (**SB 335**), introduced as part of his State-of-the-State Address in January, was signed by the Governor last Monday (March 9). Tomblin noted that the bill, "expands life-saving access to opioid antagonist drugs for first responders, family and caregivers of those struggling with drug abuse." The Governor added, "The goal of **SB 335** is to decrease the number of overdose deaths in West Virginia, and provide opportunity to seek help and overcome addiction. It will allow those struggling with addiction to get on the right road to recovery, and return to their families, communities and workplaces."

The Governor had earlier vetoed the bill for technical flaws, which were then corrected in both chambers. The legislation provides for limited liability, establishes responsibilities for licensed health care providers who prescribe opioid antagonists, and provides for data collection, training and rule making. Both the House and Senate passed the bill without opposition. It becomes effective on May 27, which is 90 days from passage.

The Medical Professional Liability Act (**SB 6**) awaits the Governor's approval after an earlier veto over technical issues. The bill modernizes medical liability reforms and averts a potential health care crisis. It places caps on the amounts that juries can award to successful plaintiffs in malpractice lawsuits for trauma and non-economic damages. It broadens those covered under MPLA to include physician assistants, advanced practice registered nurses, pharmacies, pharmacists and nursing homes.

The Children's Health Insurance Program will be transferred from the state Department of Administration to the state Department of Health and Human Resources on May 19 under **SB 262**. About 10,000 children now covered by CHIP will transition to Medicaid coverage as part of the Affordable Care Act over the next few months.

The health care provider tax for eligible acute care hospitals is extended for another year under **SB 398**, which increases the tax rate for the Upper Payment Limit (UPL) program from .62% to .72%. The bill also provides for disbursement of any funds remaining in the Eligible Acute Care Provider Enhancement Account.

A similar bill increases the tax rate on providers of certain nursing facility services. **SB 583** increases the current rate to 5.72% of the gross receipts received or receivable by providers of nursing facility services after June 30, 2015, and then is decreased to 5.5% of the gross receipts received or receivable by providers of nursing services after June 30, 2016.

A Good Samaritan bill, **SB 523**, provides limited immunity to a person who seeks emergency medical assistance for someone experiencing a drug or alcohol overdose. Proposed by the Governor, the Alcohol and Drug Overdose Prevention and Clemency Act also provides immunity to the overdose victim upon completion of a drug rehab program. It also provides limited immunity to law enforcement.

Enacting the Interstate Medical Licensure Compact in **HB 2496**, allows highly qualified physicians to be licensed in multiple states and affirms that the practice of medicine occurs where the patient is located at the time of physician-patient encounter. It does require 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.

## ***NYT Article Lauds WV's End-of-Life Care***

A story in the *New York Times* praises West Virginia as a “pioneer” when it comes to encouraging people to provide physicians with direction on what treatment they want – or don’t want – when faced with decisions near the end of life. The story cites the work of Dr. Alvin H. Moss, who directs both the West Virginia University Center for Ethics and Law and the West Virginia Center for End-of-Life Care. West Virginia and Oregon have well-developed electronic registries to provide health care professionals with POST forms, which outline Physician Orders for Scope of Treatment.

“Research done in West Virginia shows that a person's medical treatment wishes are most likely to be respected if they are recorded on a POST form,” Moss noted in the *Times* article. “West Virginia is one of the most successful programs in the country when it comes to getting people to fill out advance directives and submit them to the e-Directive Registry so that they are available to treating health care professionals when needed. Our goals for the coming year include building on that momentum and getting more hospitals, nursing homes, hospices and physicians' offices to sign up for access to the registry so we can continue to expand the availability of this valuable information to improve patient care. We will continue to reach out to individual offices and health care facilities to increase participation.”

National Healthcare Decisions Day, during which the Center for End-of-Life Care will promote the use of advance directives and POST forms, is April 16. A full list of events is available at [www.wvendoflife.org](http://www.wvendoflife.org). Moss added, “Along with completing your advance directive and faxing it to the WV e-Directive (304.293.7442), be sure to talk to your family about your wishes for medical treatment at the end of life. It will help them to know what to do and ensure that your wishes will be respected.” The full *New York Times* story is available at <http://www.nytimes.com/2015/03/17/health/the-trouble-with-advance-directives.html?mwrsm=Email&r=0>.

## ***Legislature Recognizes Major Gen. Hoyer***

The West Virginia Legislature last Tuesday recognized Major Gen. James A. Hoyer with a Senate Resolution and a House Citation for winning the 2015 Spirit of the Mountains – Lewis N. McManus Youth Leadership Association Service Award. The award, named in honor of the former House Speaker, celebrates a lifelong commitment to helping others, hard work, education, responsible citizenship and building futures for all, especially youth.

Hoyer is adjutant general of the WV Joint Forces Headquarters, providing command guidance and vision to the West Virginia Army and Air National Guard of more than 6,000 Citizen Soldiers and Airmen, and supervising the day-to-day operation and management of the readiness, fiscal, personnel, equipment, and real property resources.

Hoyer also leads his agency's Mountaineer Challenge Academy, which focuses on training and mentoring at-risk youth in a tough environment, and has given 3,000 cadets the opportunity to become contributing members of society through a 22-week residential and one-year post-residential follow-up quasi-military program of lifestyle changes, respect, teamwork, peer-counseling, education and just plain hard work.

He began his military career in the West Virginia National Guard as a cavalry officer, attended the Special Forces Officer Qualification course, and spent more than 14 years with the 2nd Battalion, 19th Special Forces group. Hoyer led the development of the West Virginia National Guard Counterdrug Task Force and the Joint Interagency Training and Education Center and its Center for National Response.

A former senior staff member to the Speaker of the House of Delegates, Hoyer received his undergraduate degree from the University of Charleston and was commissioned through a joint Reserve Officer Training Corps program with West Virginia State University.

Youth Leadership Association's Youth in Government program, created in 1958 by the late Gov. Cecil Underwood, will celebrate its 58th Anniversary with the Youth in Government Student Legislature and Supreme Court at the Capitol on April 24 – 26. The student officers of the YLA's Youth in Government program represent hundreds of young West Virginians preparing for lifelong citizenship and taking volunteer actions today to build better futures.

Past winners of the award include Jessica Lynch (2004), Cecil Underwood (2005), Ed Maier (2006), David and Susan Hardesty (2007), John D. Rockefeller IV (2008), Bill Raney (2009), Gayle Manchin (2010), James “Buck” Harless (2011), David King (2012), Gaston Caperton (2013) and Sylvia Matthews Burwell (2014).

## ***Family Physicians Celebrate 26th year of “Doc for a Day” Program***

The West Virginia Academy of Family Physicians had a presence every day at the state Capitol during the legislative session through the highly acclaimed “***Doc for a Day***” program. Originated in 1989, the program features family physicians from around the state who volunteer their professional medical services each day during the session. The program includes residents and faculty in family medicine from the Charleston Division of the WVU Medical School and the Marshall University School of Medicine.

In all, almost 50,000 patients have received high-quality medical care without charge from the “***Doc for a Day***” program.

Medical care services are offered to legislators, staff, government officials and the public visiting the Capitol. No fees are charged nor are appointments necessary. The family physicians provide these volunteer services as a public service. Working out of the Capitol Dispensary, the program has received national attention and accolades from the Legislature and governors alike.

The program features Capitol Nurse Holly Smith, with ours as the only state in the nation that has a nurse available not just during the legislative session, but year-round for health care services in the Capitol Complex.

This year, Mitch Jacques, MD, of Charleston, returned as medical director for the “***Doc for a Day***” program and did another great job. Dave Avery, MD, of Vienna, deserves a gold star for his hard work during the grueling last day of the legislative session - a medical service he has provided each of the last 26 legislative sessions.

Special appreciation also goes to the staff of the West Virginia Academy of Family Physicians – Executive Vice President Gerry Stover and Executive Assistant Trina Litton - for their excellent organizational work with the “***Doc for a Day***” program, as well as Dr. Andy Tanner, in charge of medical residents at West Virginia University, and Dr. Mitch Shaver, his counterpart at Marshall University.

*Publisher's Note: I am honored to have served as the on-site coordinator for the 26<sup>h</sup> year.*

Hats off to these family physicians who volunteered during this year's legislative session

**Joseph Reed, MD, Buckhannon**  
**Jonathan Hess, MD, Huntington**  
**Tracy Hendershot, MD, Elizabeth**  
**Andy Tanner, DO, Charleston**  
**Artina Lane, MD, Huntington**  
**John Parker, MD, Huntington**  
**Adam Alley, MD, Huntington**  
**Grace Falbo, DO, Charleston**  
**Kimberly Becher, MD, Huntington**  
**David Avery, MD, Vienna**  
**Thomas Linger Jr., MD, Charleston**  
**Matt Christiansen, MD, Huntington**  
**Ali Sheikh, MD, Morgantown**  
**Gina Guzzo, MD, Huntington**  
**Natasha Harrison, MD, Morgantown**  
**Doug Given, MD**  
**Karun Walia, MD, Morgantown**  
**Stephen Sebert, MD**  
**Carmen Rexrode, MD, Franklin**

**Joseph Reed, MD, Charleston**  
**Satyakamt Chitturi, MD, Charleston**  
**Victoria Shuman, DO, Lewisburg**  
**Amanda Lane, MD, Huntington**  
**Dana King, MD, Morgantown**  
**Mitch Jacques, MD, Charleston**  
**Anne Cather, MD, Morgantown**  
**Templeton Smith, MD, Morgantown**  
**Johnny Walker, MD, Huntington**  
**Jennifer Rose, DO, Charleston**  
**Karen Siford, MD, Huntington**  
**Matt Curry, MD, Huntington**  
**Carolyn Curtis, MD, Huntington**  
**Joseph Golden, MD, Sophia**  
**Joanna Bailey Adkins, MD**  
**Mary Maurer, DO, Morgantown**  
**Brian MacAulay, MD, Charleston**  
**Holli Hartman-Adams, MD, Morgantown**

## ***Telemedicine, Health Professions Board Among Bills Failing in Final Week***

Last week, we reported that there were **213** health care bills that would likely not receive any further legislative action this session because they failed to meet the time period to be passed in their chamber of origin. This week we list **11** additional bills that passed one chamber before the "crossover" date, but died last week in the other chamber before final adjournment of the regular legislative session.

Among the notable bills that failed in the final week is **SB 334**, which would have updated and defined telemedicine and medical services delivery standards. The bill would have reformulated what constitutes the unauthorized practice of medicine and podiatry under the Board of Medicine, including qualified exemptions. It also would have established criminal penalties for unauthorized medical practice. Amendments added the Board of Osteopathic Medicine to perform telemedicine and APRNs to perform telehealth. The bill died in the House Judiciary Committee as time ran out.

A bill to create a "Logistical Advisory Board" to promote efficiency and economies of scale by consolidating or sharing technology and technology services. The original bill (**HB 2239**) would have created a "Board of Health Professions," but was amended to include all Chapter 30 boards. The Senate Government Organizations committee rejected the bill on a voice vote that drew few audible "Ayes" in favor.

A bill seeking to define "direct entry midwives" in state code also did not make last week's final cut. The bill, **HB 2829**, also would have required an annual report to the Division of Vital Statistics. A direct entry midwife is someone who provides aid to a woman and her infant during the prenatal, delivery and postnatal periods, but is not a licensed registered nurse, advanced practice registered nurse or certified midwife. The bill died after a 40-minute discussion last Tuesday in the Senate Health Committee when physicians on the committee expressed alarm over increased infant mortality rates.

In addition, a bill to exempt mobile X-ray services from paying health care provider taxes (**SB 386**) had the rare distinction of dying twice. The House Committee on Health and Human Resources rejected the measure on March 5, only to bring it back again last Tuesday, where it died yet again. The bill would have resulted in the loss of \$120,000 annually to the State Medicaid Share Fund, or \$500,000 with the loss of federal matching money.

Here is the full list of health-related bills that died during the final week:

- [\*\*SB 109\*\*](#) Exempts veterans' and active duty military groups from indoor smoking rules
- [\*\*SB 334\*\*](#) Updates telemedicine and medical services delivery standards
- [\*\*SB 343\*\*](#) Exempts chiropractors from CE on veterans' mental health conditions
- [\*\*SB 377\*\*](#) Limiting civil liability of pharmaceutical manufacturers or sellers providing warning to learned intermediary
- [\*\*SB 386\*\*](#) Excludes mobile X-ray services from health care provider tax
- [\*\*SB 399\*\*](#) Requires open board meetings for nonprofit or government hospitals
- [\*\*HB 2103\*\*](#) Requires licensing boards to provide public access to disciplinary actions
- [\*\*HB 2239\*\*](#) Creates a Board of Health Professions
- [\*\*HB 2728\*\*](#) Adopts NAIC standards on risk-based capital reporting for health organizations
- [\*\*HB 2795\*\*](#) Permits release of medical records without court order
- [\*\*HB 2829\*\*](#) Defines "midwife," "certified midwife," "midwifery," and requires annual report to the Bureau for Public Health
- [\*\*HB 3017\*\*](#) Addressing sudden cardiac arrest in interscholastic athletes

## ***Health Grants Awarded***

Gov. Earl Ray Tomblin last week announced awards for seven projects totaling \$135,720 in grants for the Growing Healthy Communities Grant Program. "I applaud the ingenuity of these local leaders who are taking steps to make life healthier and more enjoyable for folks in their communities," the Governor said. The WV Development Office administers the program, with funding provided by the Claude Worthington Benedum Foundation and DHHR. The program provides competitive grants for West Virginia Main Street and ON TRAC communities for activities that increase community health and wellness while also providing opportunities for downtown revitalization and development. The awards went to: Elkins ON TRAC - \$25,000; Main Street Fairmont - \$24,890; Main Street Kingwood - \$12,490; Main Street Morgantown - \$25,000; Parsons Revitalization Organization - \$22,118; Town of Shinnston - \$14,500; and Town of Sutton - \$11,630.



## West Virginia Legislature

### ACTIVE\* Health Care Bill Status as of 3/14/15

*\*Only ENACTED bills are listed, except the Budget Bill. All others are considered INACTIVE or DEAD because they were not passed by the Legislature by midnight on the 60<sup>th</sup> day – March 14.*

To review current status, visit [www.legis.state.wv.us](http://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 463](#)** Cole+ **Supplemental appropriation to Medicaid** Governor's bill to provide \$14.7 million for fiscal 2015. Completed legislation, approved by Governor, effective from passage.

**[SB 471](#)** Cole+ **Supplemental appropriation to Human Rights Commission and Medicaid** Governor's bill to provide \$42,845 to HRC and \$100 million in federal funds to Medical Services. Completed legislation, approved by Governor, effective from passage.

**[HB 2016](#)** Armstead+ **Budget Bill SFY 2016** Bill proposed by Governor. Of note; 26.3% of all state expenditures are allocated for Health and Human Resources. Finance reported Com. Sub., passed House 3/12, Senate amended to include provisions of **[SB 233](#)** budget bill, passed by Senate 3/13; Senate asks House to concur; House refuses to concur, asks Senate to recede, Senate refuses to recede. Conference committee appointed. Members include Sens. Mike Hall, Chris Walters, Dave Sypolt, Greg Boso, Roman Prezioso, Ron Stollings and Robert Plymale; and Delegates Eric Nelson, Bill Anderson, Bob Ashley, Brent Boggs, Ray Canterbury, Harry Keith White and Larry Williams. *Deliberations on this bill will continue during the extended legislative session.*

**[HB 2760](#)** Armstead+ **Supplemental appropriation to the Bureau for Senior Services for Medicaid** Governor's bill to transfer \$31.36 million from fiscal 2015 lottery profits to Lottery Senior Citizens Fund. Completed legislation, approved by Governor, effective from passage.

**[HB 2766](#)** Armstead+ **Expires funds to State Fund, General Revenue** Governor's bill to expire funds from Joint Expenses and DHHR, DHS, TRIP Fund. Completed legislation, pending approval by Governor.

**[HB 2769](#)** Armstead+ **Expires appropriations and cash balances in State Fund, General Revenue** Governor's bill to expire funds from various accounts for fiscal 2015. Completed legislation, pending approval by Governor.

**[HB 2770](#)** Armstead+ **Supplemental appropriation Medicaid** Governor's bill to provide \$9.7 million for fiscal 2015 from State Excess Lottery Revenue Fund. Completed legislation, approved by Governor, effective from passage.

**[HB 3021](#)** Nelson, E.+ **Supplemental appropriation to Division of Health and Division of Human Services** This bill provides \$180,248 to the State Trauma and Emergency Care System, and \$41.2 million to Medicaid. Completed legislation, pending approval by Governor.

**[HB 3022](#)** Ashley+ **Supplemental appropriation to State Treasurer's Office, WVSOM, etc.** This bill provides \$410,629 to the State Treasurer's office, \$500,000 to the WV School of Osteopathic Medicine, among others. Completed legislation, pending approval by Governor.



## **BOARD LICENSURE AND REGULATION**

- SB 255** Cole+ **Eliminates unnecessary boards, councils, task forces, commissions and committees** *Bill proposed by Governor. Eliminates WV Sheriffs' Bureau; Clinical Laboratories Quality Assurance Advisory Board; Care Home Advisory Board; Comprehensive Behavioral Health Commission; Public and Higher Education Unified Educational Technology Strategic Plan, including the Governor's Advisory Council for Educational Technology; WV Consortium for Undergraduate Research and Engineering; Governor's Commission on Graduate Study in Science, Technology, Engineering and Mathematics; WV Rural Health Advisory Panel; Ohio River Management Fund Advisory Board; Occupational Safety and Health Review Commission; Occupational Safety and Health Advisory Board; Environmental Assistance Resource Board; Commercial Hazardous Waste Management Facility Siting Board; Workers' Compensation Board of Managers; State Medical Malpractice Advisory Panel; WV Steel Futures Program, including Steel Advisory Commission; WV Health Insurance Plan Board; Alternative Dispute Resolution Commission; and Sexually Violent Predator Management Task Force. Completed legislation approved by Governor, effective May 21.*
- SB 294** Cole+ **Eliminates unnecessary boards, etc.** *Bill proposed by Governor. Eliminates Council for Community and Economic Development, transferring powers and duties to the executive director of the West Virginia Development Office; Statewide Intrastate Mutual Aid Committee, while also making technical corrections to the code to reference a state of preparedness; Principals Standards Advisory Council; and West Virginia Health Insurance Plan Board. Completed legislation approved by Governor, effective June 1.*
- HB 2098** Hamrick+ **Authorizes health professionals to provide services at state-run veterans' facilities without obtaining authorization to practice from Board of Medicine or Board of Osteopathic Medicine** *Under this bill, the state Board of Medicine and the state Board of Osteopathic Medicine are authorized and encouraged to the best of their ability to issue a license to practice medicine and surgery in WV without examination - to a physician who currently holds a license to practice at a federal Veterans' Administration Hospital, in order to practice in a nursing home operated by the WV Department of Veterans' Assistance in the same county. The physician must maintain a valid, unrestricted license to practice medicine in another state. Completed legislation, pending approval by Governor.*
- HB 2233** Walters+ **Requires review of legislative rules 5 years after initial approval** *This bill requires that legislative rules be reviewed five years after initial approval by the Legislative Rule-Making Review Committee and the Legislative Auditor's Office, and directs the committee to report findings and recommendations to the Legislature via the Joint Committee on Government and Finance. Completed legislation, pending approval by Governor.*
- HB 2272** Ellington+ **Allows Pharmacy Board to maintain official Rx paper program** *This bill allows pharmacy interns to perform certain immunizations, with training and supervision. Joint legislative rules are required from the WV Board of Medicine, the WV Board of Osteopathic Medicine and the WV Board of Pharmacy. Completed legislation, pending approval by Governor.*
- HB 2432** Ellington+ **Allows Board of Pharmacy to license felons** *This bill allows the Board of Pharmacy to decide whether a felon is qualified for licensure on a case-by-case basis. The individual would have to wait at least five years from conviction to apply. Completed legislation, pending approval by Governor.*
- 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 passed in 3 states and introduced in 16 other states. Completed legislation, pending approval by Governor.*
- HB 2662** Stansbury+ **The Eye Care Consumer Protection Law** *This bill gives authority to the Board of Optometry to prohibit optometrists from operating eye exam kiosks. Completed legislation, pending approval by Governor.*

## CHILDREN

**SB 7** Stollings+ **Requires CPR and care for conscious choking instruction in schools** *This bill requires 30 minutes of CPR training prior to graduation. It also includes training in first aid and care instructions for conscious choking. Teachers are not required to be certified trainers in CPR; instruction may be provided by community members. Schools 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. Completed legislation, approved by Governor, effective July 1.*

**SB 286** Ferns+ **Streamlines medical exemptions to compulsory immunizations and vaccine boosters of students** *This bill does not include non-medical or religious / personal preference exemptions. A child entering school or a state-regulated child care center must be immunized against chickenpox, hepatitis-B, measles, meningitis, mumps, diphtheria, polio, rubella, tetanus and whooping cough – or obtain a medical exemption from the commissioner of the Bureau for Public Health. The bill maintains DHHR’s interpretive rule currently in place governing administration of immunizations. The medical exemption process is streamlined and improved, including the appointment of an Immunization Officer under BPH. Completed legislation, pending approval by Governor.*

**HB 2669** Ellington+ **Eliminates compulsory tuberculosis testing for low-risk school children and personnel** *This type of testing is no longer recommended by the CDC and the cost of the tests is unjustified by the results. There has never been an active case of tuberculosis discovered through this testing. Completed legislation, approved by Governor, effective May 26.*

**HB 2999** Miller **Authorizes neonatal abstinence centers for infants under the age of 1 year.** *Creates these centers as a unique service for purposes of certificate of need review and provides exemption from moratoriums on certain nursing facilities. Lilly’s place in Huntington is an example. Completed legislation, pending approval by Governor.*

## HOSPITALS

**SB 336** Ferns+ **Provides criteria for application of penalties held in abeyance to future hospital rate applications** *The bill prohibits these penalties for future rate applications effective 5/31/15 and waives all such penalties prior to that date. Completed legislation, pending approval by Governor.*

**SB 398** Ferns+ **Extends expiration date for UPL health care provider tax on eligible acute care hospitals for one year and adjusts the tax rate** *This bill increases the tax rate for the Upper Payment Limit (UPL) program from .62% to .72%. It also provides for disbursement of any funds remaining in the Eligible Acute Care Provider Enhancement Account. The West Virginia Hospital Association supported the bill. Completed legislation, approved by Governor, effective July 1.*

**HB 2100** Williams+ **Permits hospital patients to designate a lay caregiver to provide aftercare** *Interim bill recommended by Select Committee on PEIA/Seniors/Long-Term Care. This AARP inspired bill permits hospital patients to designate a lay caregiver to receive discharge instructions and provide after-care. It provides immunity from liability for hospitals for services rendered or not rendered by the lay caregiver. Completed legislation, pending approval by Governor.*

**HB 2652** Ellington+ **Reduces the assessment paid by hospitals to the Health Care Authority** *This bill would cap the assessment at no more than one-tenth of 1% of the hospital’s gross receipts and defines the items to be used in that calculation. It would have a \$1.3 million annual impact on the HCA. The bill is supported by the WV Hospital Association. Completed legislation, pending approval by Governor.*

## INSURANCE & HEALTH COVERAGE

**SB 262** Cole+ **Transfers CHIP and Children’s Health Insurance Agency from Department of Administration to DHHR** *This bill was proposed by the Governor. Both CHIP and the Children’s Health Insurance Agency will come under DHHR’s wing. The move makes logistical sense – about 10,000 children now covered under CHIP will transition to Medicaid coverage under the Affordable Care Act in the new few months – and provides for efficiencies in technical support and administration. Completed legislation, approved by Governor, effective May 19.*

**SB 267** Cole+ **Eliminates GOHELP** Bill proposed by Governor; would save \$250,000 from current budget. Two remaining employees and a third “on loan” from the state Health Care Authority transition to DHHR’s Health Innovation Collaborative. Completed legislation, pending approval by Governor.

**SB 274** Cole+ **Allows flexibility to DHHR in complying with TANF** Bill proposed by Governor. Specifically, the bill will improve DHHR’s monitoring capabilities to ensure appropriate assistance is provided to those individuals who qualify and need help with education, training, and identifying avenues to employment. Completed legislation, pending approval by Governor.

**SB 295** Ferns+ **Establishes appeal process for DHHR Board of Review and for Medicaid decisions** Appeals shall be filed with the circuit court of Kanawha County, or the circuit court in the county in which the petitioner resides or does business and shall be determined under the clearly wrong, abuse of discretion standards. Completed legislation, pending approval by Governor.

**SB 363** Cole **Allows Court of Claims to set max rate/service limitations for health reimbursement** The Court of Claims would reimburse providers for claims filed to it on a percentage basis, as approved by the Joint Committee on Government and Finance. Providers may not charge claimants for any difference between the cost of services and the Court’s payment. Completed legislation, pending approval by Governor.

**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. Completed legislation, pending approval by Governor.

**HB 2493** McCuskey+ **Prohibits higher copayments, deductibles or coinsurance for oral anti-cancer medications** The legislation brings West Virginia in line with 34 other states and the District of Columbia, including the surrounding states of Ohio, Kentucky, Virginia and Maryland. The West Virginia Cancer Treatment Fairness Coalition strongly supported the bill, which eliminates the cost disparity between oral and intravenous anti-cancer medications, ensuring access to all anti-cancer medications for all cancer patients. 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. State parity laws do not apply to Medicare or Medicaid. Health plans covered under the federal Employee Retirement Income Security Act (ERISA), also are exempt. The bill also does not apply to PEIA. Requirements under the bills would apply to policies or contracts 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. Completed legislation, pending approval by Governor.

#### **MEDICAL LIABILITY**

**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. The bill modernizes medical liability reforms and averts a potential health care crisis. It places caps on the amounts juries can award to successful plaintiffs in malpractice lawsuits for trauma and non-economic damages. It broadens those covered under MPLA to include physician assistants, advanced practice registered nurses, pharmacies and pharmacists and nursing homes. Completed legislation, pending approval by Governor.

**SB 532** Trump+ **Provides civil immunity for clinical practice plans, and medical and dental schools** Completed legislation, pending approval by Governor.

**SB 580** Trump+ **Provides statute of limitations on health care injury claims for minors** Completed legislation, pending approval by Governor.

**HB 2002** Wagner+ **Predicates actions for damages upon comparative fault principles** This legislation sets limits on fault when multiple defendants are involved. The bill requires defendants to only pay for their share of damages, and not to be held liable for damages that were caused by others. Completed legislation, approved by Governor, effective May 25.

**HB 2811** Westfall+ **Deletes obsolete provisions in code regarding Physicians Mutual Insurance Co.** *This bill provides that the company need not operate as a nonprofit, so long as it remains a domestic company. Completed legislation, pending approval by Governor.*

#### **MISCELLANEOUS**

**SB 30** Hall, D.+ **Permits shared ownership agreements to consume raw milk** *This bill permits shared ownership agreements in order to consume raw milk. It requires a written document acknowledging the inherent dangers of consuming raw milk, provides immunity to the herd seller, who agrees not to distribute raw milk. It prohibits the sale or resale of raw milk, requires herd-sharing agreements be reported, and requires physicians to report any disease or diagnosis related to consumption of raw milk to a local health department. Opponents say raw milk consumption is dangerous for children, pregnant women and the elderly, and can lead to the spread of communicable diseases such as E-coli. Completed legislation, pending approval by Governor.*

**SB 425** Plymale+ **Provides WVU, MU and WVSOM more authority to invest assets** Completed legislation, pending approval by Governor.

**SB 488** Williams+ **Re-establishes Broadband Development Council to focus on underserved areas** *This bill has implications for the future of telemedicine in West Virginia. Completed legislation, pending approval by Governor.*

**HB 2595** McGeehan+ **Redefines “affected persons” in certificate of need requirements** *This bill prevents the state Health Care Authority from considering the testimony of out-of-state hospitals and providers when reviewing certificate of need applications. Completed legislation, pending approval by Governor.*

**HB 2797** Campbell+ **Changes terminology in code to “intellectually disabled” and “disabled”** *Replaces outdated code using the terms “mentally retarded” and “handicapped. Completed legislation, pending approval by Governor.*

#### **NURSING HOMES, LONG TERM CARE & SENIORS**

**SB 583** Hall, M.+ **Increases the tax rate on providers of certain nursing facility services** *This bill increases the current rate to 5.72% of the gross receipts received or receivable by providers of nursing facility services after June 30, 2015, and shall again be decreased to 5.5% of the gross receipts received or receivable by providers of nursing services after June 30, 2016. Completed legislation, pending approval by Governor.*

#### **PRESCRIPTION MEDICATIONS & DRUG USE/ABUSE/DIVERSION**

**SB 335** Cole+ **Creates Access to Opioid Antagonists Act** *Bill proposed by Governor. 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. Completed legislation, approved by Governor, effective May 27.*

**SB 523** Cole+ **Good Samaritan: 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. Completed legislation, pending approval by Governor.*

**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 Fla. and other states. Supported by major medical and health organizations, WV Chamber of Commerce and WV Hospitality & Travel Association. Completed legislation, pending approval by Governor.*

**[HB 2733](#)** Ellington+ **Following FDA guidelines - moving certain hydrocodone combination drugs from Schedule III to Schedule II** *Brings WV into compliance with federal changes; also extends the NPlex tracking system through June 30, 2017. Completed legislation, pending approval by Governor.*

**[HB 2776](#)** Stansbury+ **Permits certain optometrists, APRNs and PAs to prescribe Schedule II hydrocodone combination drugs for up to three days per 30-day period** *Bill originated in House Health. The bill became necessary when the federal government moved these drugs from Schedule III to Schedule II last year. Completed legislation, pending approval by Governor.*

**[HB 2880](#)** Stansbury+ **Creates addiction treatment pilot program** *The bill, originated in the House Health Committee allows a study up to 200 enrollees in the state Supreme Court's Adult Drug Court Program and the Division of Corrections' work release program struggling with opioid addiction. A selected research partner will assist in the program. The partner could be a state university or a nationally recognized criminal justice research institute. Although the medication is not specified in the bill, the intent is to study the use of Vivitrol® or naltrexone, as a long-release, non-narcotic alternative to methadone or suboxone. Completed legislation, pending approval by Governor.*

**[HB 2931](#)** Ashley **Expands WV's Schedule I hallucinogenic drug list** *This bill adds a series of synthetic hallucinogens, tryptamines and psychoactive chemicals / stimulants to the Schedule I classification of drugs. Completed legislation, pending approval by Governor.*

#### **PROFESSIONALS: HEALTH & MEDICAL**

**[SB 88](#)** Stollings+ + **Requires state and federal criminal background checks for providers in WVCARES program** Completed legislation, pending approval by Governor.

**[HB 2976](#)** Pasdon+ **Expands master's/doctoral programs for nursing scholarship** Completed legislation, pending approval by Governor.

#### **REPRODUCTIVE RIGHTS & ABORTION**

**[SB 277](#)** Miller+ **Requires issuance of certificate of birth resulting in stillbirth** Completed legislation, pending approval by Governor.

**[HB 2568](#)** Sobonya+ **The Pain-Capable Unborn Child Protection Act** *The bill prohibits 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 mother faces severe medical risk. The bill does not include any exceptions in cases involving rape or incest. Completed legislation, vetoed by Governor; Legislature voted to override the veto.*

#### **RESOLUTIONS FOR LEGISLATIVE INTERIM STUDY**

*The following resolutions may be considered by the Joint Committee on Government and Finance during its April or May meeting for assignment to various legislative interim study committees:*

**[SCR 11](#)** – Workplace safety for employees at state-operated behavioral health facilities

**[SCR 37](#)** – Pharmaceutical benefits management industry

**[SCR 58](#)** – Small business group retirement savings program (VERA)

**[SCR 64](#)** – State occupational safety and health plan

**[HCR 81](#)** – Workplace safety for employees at state-operated behavioral health facilities

**[HCR 108](#)** – Recovery Kentucky program to reduce drug problem and homelessness

**[HCR 120](#)** – The James "Tiger" Morton catastrophic illness fund

**[HCR 121](#)** – DHHR managed care contracting strategy

**[HCR 128](#)** – Health policy coverage to encourage opioid abuse-deterrent technologies

**[HCR 134](#)** – Health Care Authority and certificate of need process

**[HCR 135](#)** – State hospitals and the Hartley case



[HCR 136](#) – Insurance coverage of topical ophthalmic treatment early refills consistent with CMS guidelines  
[HCR 137](#) – Access and costs associated with cancer clinical trials  
[HCR 138](#) – Medicaid managed care  
[HCR 143](#) – Public-private partnership model for operation and maintenance of state hospitals and nursing facilities  
[HCR 145](#) – Direct primary care  
[HCR 151](#) – Licensure of athletic trainers  
[HCR 154](#) – Financial implications and benefits of marijuana

### **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: Completed legislation, approved by Governor, effective from passage.*

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**)

**[SB 199](#) Rules Bundle.** Authorizes various health-related boards to promulgate legislative rules. *This rules bundle now includes individual rules previously contained in the following bills: Completed legislation, pending approval by Governor.*

MEDICAL BOARD [SB 197](#) PA licensure. (see **HB 2341**)  
PHYSICAL THERAPY BOARD [SB 200](#) Fees for PTs and PT assistants. (see **HB 2300**)  
OSTEOPATHIC MEDICAL BOARD [SB 201](#) Board fees. (see **HB 2299**)  
OSTEOPATHIC MEDICAL BOARD [SB 202](#) PA licensure. (see **HB 2348**)  
PHARMACY BOARD [SB 203](#) Immunizations administered by pharmacists. (see **HB 2350**)  
PHARMACY BOARD [SB 204](#) Pharmacy technician registration. (see **HB 2351**)  
PHARMACY BOARD [SB 205](#) Controlled substances monitoring. (see **HB 2352**)  
PHARMACY BOARD [SB 223](#) Licensure and practice of pharmacy. (see **HB 2349**)

### ***In Other Health Care Highlights ...***

... A neurosciences group at West Virginia University is using crowd funding to finance MRI research into autism, according to a report on **WBOY-TV**. The money will be used for materials, participant expenses and use of MRI machines. The researchers are comparing brain activity of individuals with autism with the brain activity of individuals without autism. There are two study groups, people ages 11-14 and 18-23. The U.S. Centers for Disease Control and Prevention estimates that one in 68 children born today will be diagnosed with autism. ...

... Williamson Memorial Hospital CEO Cindy Segar-Miller’s office confirmed to the **Williamson Daily News** recently that the hospital will no longer provide labor and delivery services, effective April 1. The hospital also will not seek approval to reinstitute its cardiac catheterization lab, and is ending a contract with one of two orthopedic specialists. The hospital says it is reallocating its resources to support patient care services needed in the community. ...

... West Virginians for Affordable Health Care, a non-profit health advocacy group, has hired Hinton native Terry Giles to replace founder Perry Bryant as executive director. Bryant is retiring. Giles is a graduate of Concord University and the University of Southern California, and most recently worked for a non-profit in Los Angeles. She also worked as a staffer for Gov. Gaston Caperton and Sen. Jay Rockefeller. ...



# ***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:***

... ***“Bang for the buck – is that a pun with fireworks?”***

- Senate Judiciary Committee member discussing **HB 2646**, the so-called “Fireworks Bill,” last Wednesday

... ***“We’ve put so many amendments into this bill, it’s going to take someone with a master’s degree to figure out what we’ve done.”***

- Another Judiciary Committee member, during that same discussion.

... ***“It looks like the federal government’s getting ready to turn our lights out.”***

- Sen. Herb Snyder, as the electricity flickered in the Statehouse during a Thursday floor session.

... ***“This issue, more than any other issue this session, has really gotten my goat – so to speak.”***

- Delegate Lynne Arvon, regarding her support of **SB 30**, the “raw milk bill.” The House passed the bill on an 81-19 vote.

... ***“No one wants to dampen commerce. No one wants to dampen a growing industry. I think we’re just going forward because we don’t like regulations this year.”***

- Delegate Nancy Guthrie during that same floor debate.

... ***“This bill answers one of life’s great questions: Who is that dam owner?”***

- Delegate John Shott, describing **SB 261**, which clarifies the definition of the owner of a dam.

... ***“If it’s beer, I’m in favor of it.”***

- Delegate Mark Zatezalo, speaking in support of **SB 273** regarding brewer, resident brewer and brewpub licensing.

## **Inside Health Care Highlights This Issue**

**Welcome to the 9th Issue in 2015**

**Governor Issues Proclamation to Extend Session for Budget Bill**

**Oral Chemotherapy Bill Awaits Governor’s Approval**

**Anaphylaxis Help Bill Passes Both Chambers**

**Indoor Smoking Bill Choked to Death**

**Immunization Bill Passes, Without Amendments**

**Other Key Health Bills Passed in 2015**

**NYT Article Lauds WV’s End-of-Life Care**

**Legislature Recognizes Major Gen. Hoyer**

**Family Physicians Celebrate 26th year of “Doc for a Day” Program**

**Telemedicine, Health Professions Board Among Bills Failing in Final Week**

**Health Grants Awarded**

**Analysis of All Enacted Health Care Bills**

**In Other Health Care Highlights . . .**

**Quotes of the Week**