

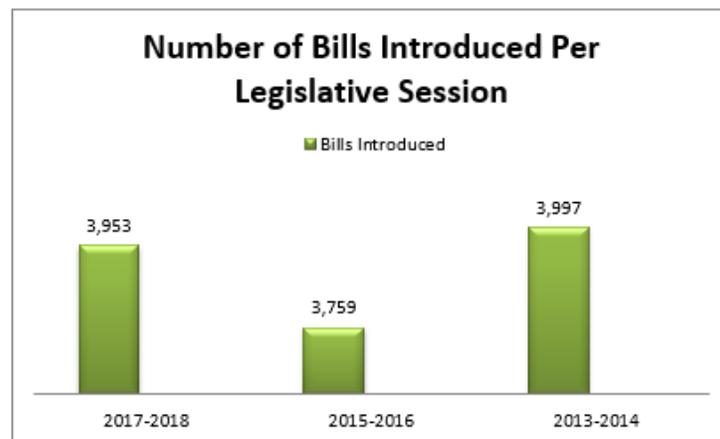
2017-2018 Year-End Legislative Session Report

December 6, 2018

Introduction

The Pennsylvania General Assembly concluded its regular session, passing more than 80 pieces of legislation in the final days of the two-year session. In total, 3,953 bills were introduced and considered by the legislature in 2017 and 2018. Only 246 bills — approximately 6 percent — were passed and signed into law.

At last count, the Pennsylvania Medical Society (PAMED) staff actively tracked 259 bills that were introduced during the 2017-2018 session that affect physicians, from proposals that would directly impact the practice of medicine to those that more generally relate to the provision of health care in our state. Below is a review of what PAMED accomplished this session, what we hope to build on in the coming year, and a summary of some of the significant initiatives advanced this session.



Legislation

Practice Advocacy Issues – Scope of Practice

PAMED dedicated a substantial amount of time and resources this session to the successful defeat of legislation that would allow Certified Registered Nurse Practitioners (CRNPs) to practice independently of physicians in Pennsylvania without the safety net of a collaborative agreement. Legislation was introduced in both chambers — House Bill (HB) 100 in the House of Representatives and Senate Bill (SB) 25 in the Senate — to eliminate the current requirement for CRNPs to collaborate with physicians in order to diagnose, treat, and prescribe drugs to patients. In the end, neither HB 100 nor SB 25 were brought up for consideration in the House of Representatives this session.

Two bills — SB 895 and SB 896 — were introduced in the Senate that would have changed the patient record review process, the composition of the State Board of Medicine and State Board of Osteopathic Medicine, and the supervisory/written agreement between physician assistants and physicians. PAMED went on record to oppose both bills by relaying our position both verbally and in written form to key senators. Neither of the bills were brought up for a committee vote and did not see any action beyond introduction of the bills.



PAMED also supported the Pennsylvania Association of Ophthalmology (PAO) in opposition of SB 668, which would have allowed optometrists to perform ocular surgery, treat systemic diseases, and order imaging tests. SB 668 saw passage in the Senate late in the legislative session but did not move in the House of Representatives.

Through our educational efforts and the advocacy of physicians who answered our call for grassroots action, all scope of practice bills were defeated. PAMED will continue to strongly oppose scope of practice expansion legislation and support the preservation of physician-led, team-based care for all patients in Pennsylvania. It is within the framework of education and clinical training that health care professionals are prepared to deliver safe, quality care. The rigorous education and supervised training physicians receive ensures that they are well-equipped to independently provide complex differential diagnosis, develop a treatment plan that addresses multiple organ systems, and order and interpret tests within the context of a patient's overall health condition.

Practice Advocacy Issues – Credentialing and ASC Tax

HB 125, introduced by Rep. Matt Baker and supported by PAMED, would have standardized the credentialing process for health care practitioners in the Commonwealth. All health insurers licensed to do business in the Commonwealth would be required to accept the CAQH credentialing application or other nationally recognized form designated by the Pennsylvania Insurance Department. The bill would have required health insurers to issue a credentialing determination within 45 days after receiving a complete credentialing application. While HB 125 passed the House of Representatives (190-0), it did not get out of committee in the Senate.

Originally included in the Governor's budget was a three percent tax on Ambulatory Surgery Center (ASC) Net Patient Revenue. PAMED supported several specialty societies and their efforts to oppose the assessment. The tax was not included in the final state budget.

Public Health Advocacy Issues - Opioids

While dozens of bills were introduced this session to address the opioid epidemic and heroin abuse facing the state, a handful of bills were identified as priorities by both the Governor and legislative leaders and ultimately received action before the end of the year.

Thanks to the strong lobbying efforts of PAMED's government relations team, we were successful in adding several exceptions to HB 353, which sought an e-prescribing mandate for Schedule II-V controlled substances. Emergency situations, temporary technological malfunctions, lack of access to the Internet/EHR system, and direct administration by a physician were listed as exceptions.

Act 96 was signed by the Governor on Oct. 4, 2018. Any physician, pharmacy, or health care facility that does not meet one of the exceptions in Act 96 but is unable to timely comply with the electronic prescribing requirements may petition the Department of Health for an exemption from the requirements based upon economic hardship, technical limitations, or exceptional circumstances. The Department is required to adopt rules establishing the form and specific information that must

be included in a request for an exemption. The exemption may not exceed one year from the date of approval but may be renewed annually upon request and approval. The Department, in its discretion, may establish additional exemptions through the regulatory process.

Act 96 does not take effect until Oct. 24, 2019. As the law just was enacted on Oct. 24, 2018, the Department has not released its rules establishing the form and specific information that must be included in a request for an exemption. Once the Department does so, PAMED will provide this information to its members. Members can also access PAMED's informational *Quick Consult* at www.pamedsoc.org/QuickConsult. ***It is recommended that physicians not wait until next fall to begin preparing for this e-prescribing requirement. Physicians who may be seeking a hardship exemption are encouraged to continue to plan for the e-prescribing requirement, as that requirement must be implemented unless an exception applies, or the Department grants a hardship exemption.***

Another bill, SB 655, would have created an Advisory Council within the Department of Health that could have mandated that physicians follow guidelines, such as the current voluntary guidelines, when prescribing opioids. PAMED opposes legislation that would force physicians to practice “cookie-cutter” medicine. PAMED was at the Capitol in Harrisburg on Sept. 25, 2018, visiting the offices of House Health Committee members to talk about why cookie-cutter approaches don't work well in medicine. It was a chance to deliver our message in a unique way – with sugar cookies and caduceus cookie cutters. We urged House members to oppose SB 655 and instead focus on a more immediate need in this crisis: increasing funding and access for those who need treatment for an opioid use disorder. This legislation was passed unanimously in the Senate but was never voted on in the House of Representatives.



Of particular concern was HB 1987, which would have limited the use of fentanyl to surgery within a health care facility or to a hospice patient. PAMED and The Hospital and Healthsystem Association of Pennsylvania (HAP) wrote a joint opposition letter expressing concern over appropriate use of the drug in clinical settings and preventing patients from receiving appropriate care. Through our concerted lobbying efforts, HB 1987 was successfully amended to include “chronic pain not associated with cancer” and therefore, our position moved to neutral. It is also important to note that HB 1987 was voted on favorably within the House of Representatives, but it saw no action within the Senate Health and Human Services Committee or on the Senate floor.

Thanks to strong lobbying efforts, PAMED was able to advocate for bills that do not infringe on physicians' ability to address the individual needs of their patients. PAMED worked closely with legislative leaders and staff to ensure that what ultimately was signed into law was clinically sound and in the best interest of patient care.

Public Health Advocacy Issues – Lyme Disease and Sunscreen in Schools

HB 174, introduced by Rep. Matt Baker, would have required insurance coverage for Lyme disease and related tick-borne diseases as prescribed by a patient's health care practitioner, regardless of if the treatment plan includes short-term or long-term antibiotic treatment. Similar legislation was introduced in the Senate (SB 100) by Sen. Stewart Greenleaf. Both bills never made it out of the Senate Banking and Insurance Committee.

HB 2301, introduced by Rep. Rosemary Brown, would have established that a licensing board require a licensee complete at least two hours of continuing education in the assessment, diagnosis, and treatment options for Lyme disease and other related tick-borne diseases as a portion of the total continuing education required for license renewal. The bill was introduced in April 2018 and saw no movement in the House or Senate.

The issue of Lyme disease continues to evolve in the state legislature as lawmakers try to respond to constituent concerns about treatment protocols for treating the disease and for insurance coverage. PAMED expects to see additional legislation introduced related to Lyme and other tick-borne diseases in the next session.

PAMED supported the Pennsylvania Academy of Dermatology regarding legislation (HB 1228) that allows school students to have sunscreen at school in order to apply and reapply as needed for recess, field trips, sporting events, and other extracurricular activities. The governor signed Act 105 into law on Oct. 24, 2018, and the earliest effective date is Dec. 23, 2018.

Physicians help build healthy communities in every corner of Pennsylvania. Combining legislative advocacy efforts with PAMED’s “Building Healthy Communities” – a project that provides an outlet for physician members to educate the public on relevant public health topics – we believe that PAMED is a commonsense resource for lawmakers as they work to address public health issues. Learn more about “Building Healthy Communities” at www.pamedsoc.org/HealthyCommunities.

Patient Advocacy Issues – Telemedicine, POLST, and Patient Test Results

Two bills – SB 780 and HB 1648 – would have established a statutory definition for telemedicine, mandated that telemedicine services be reimbursed, and prohibited “audio only” services (video available if requested by the patient or provider). This legislation had the potential to bring health care to the most vulnerable populations such as those who reside in remote areas of the commonwealth, urban communities that lack reliable or affordable transportation, and for patients with significant mobility challenges that present a barrier to in-person consultations with physicians. PAMED strongly believed that passage of SB 780 would help improve access to care across the state. In June 2018, SB 780 was favorably voted on in the Senate and passed 49-0. Coming right off the heels of the Senate vote, retiring House Professional Licensure Committee Chairman, Rep. Mark Mustio, toured facilities over the summer to witness telemedicine technology firsthand. A public hearing was held on Sept. 12, 2018. Momentum for this critical legislation looked positive. However, 26 amendments were added to the bill in September and October and they ultimately slowed the legislation to a grinding halt. While this bill was not signed into law, it did pass a chamber for the first time since introduction.

The Pennsylvania Senate passed legislation 47-1 that would have created a legal framework for Pennsylvania Orders for Life Sustaining Treatment (POLST) directives and ensured that a patient’s wishes for end-of-life care followed the patient across health care settings. PAMED strongly supported SB 623 and is part of a multi-year, collaborative effort of nearly 30 health care and patient advocacy organizations, with the goal of easing the difficult clinical decisions patients and their family members encounter when end-of-life circumstances present themselves. While this bill did not make it through the House of Representatives, it did pass a chamber for the first time since its initial introduction more than five years ago.

HB 1884, introduced by Rep. Marguerite Quinn, requires an entity performing a diagnostic imaging service, in addition to sending the results to the ordering physician, to directly notify the patient or the patient's designee that the results of the test were sent to the ordering physician when there is a significant abnormality and that follow-up with the ordering physician is recommended. Act 112 was signed into law by the governor on Oct. 24, 2018. PAMED is reaching out to the Department of Health to seek clarification on several issues, including the requirements of Act 112, who is subject to Act 112, and how the Department will be implementing the law.

Act 112 takes effect on Dec. 23, 2018. PAMED will provide updates to its members as we obtain them from the Department. In the interim, it is recommended for physicians and facilities to start discussions on developing policies on implementing Act 112 and to speak to their in-house legal counsel, malpractice carrier, or other applicable legal counsel for further guidance. Members can also access PAMED's informational Quick Consult at www.pamedsoc.org/QuickConsult.

At PAMED, we believe that while business outcomes are important, patient outcomes are more paramount. As we look toward the 2019-2020 legislative session, we will continue to shine a light on patients and giving them the tools they need to ease health care related burdens while also safeguarding against administrative red tape for physicians.

PAMPAC Update

PAMPAC is the political arm and the muscle of PAMED. One of the largest bipartisan political action committees in the state, it is made up of members of PAMED and its Alliance who are interested in making a positive contribution to the medical profession through the political process. PAMPAC supports pro-medicine candidates, as well as provides interested members with advice on organizing local fundraising events for legislative candidates and advises members interested in seeking public office. If you're not a current PAMPAC member, learn more and join 500+ of your colleagues in adding your voice at www.pampac.org.

Political Meet and Greets

Given the sheer volume of bills introduced each legislative session, it should come as no surprise that lawmakers often find themselves unable to digest the details of each proposal. While PAMED, through its legislative staff, works to inform and educate policymakers, when a local physician reaches out to their representative or senator, the result is even more effective. Personal relationships between legislators and their physician constituents is the ideal of legislative advocacy. Political campaign meet and greets are often the first chance that physician constituents have to meet a candidate for office or an already elected lawmaker. Meet and greets offer the opportunity for physicians to establish a relationship with their local lawmakers that allows them to educate lawmakers on important health care issues. During the last few months of the election cycle, a total of four meet and greets were hosted and 100 physicians attended.

Fundraisers

PAMPAC supports pro-medicine candidates running for the Pennsylvania state legislature or statewide office. During the 2017-2018 legislative session, PAMPAC hosted three fundraisers,

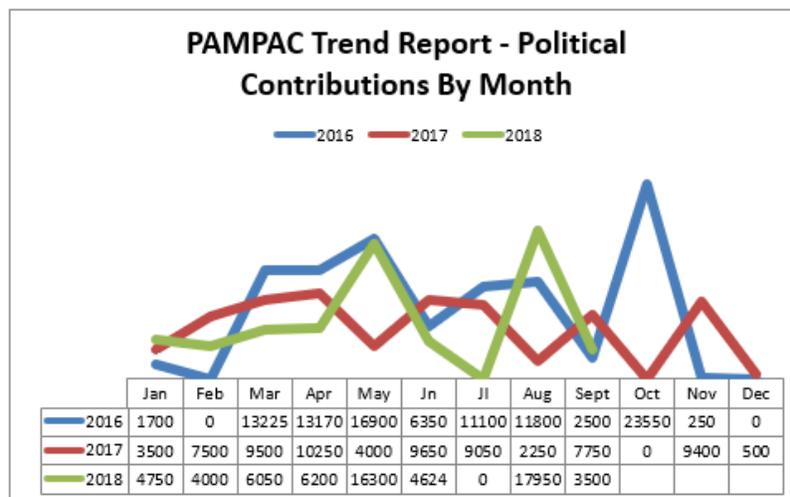
engaging 100 physicians and raising \$17,500 in order to make the physician voice stronger in the legislature.

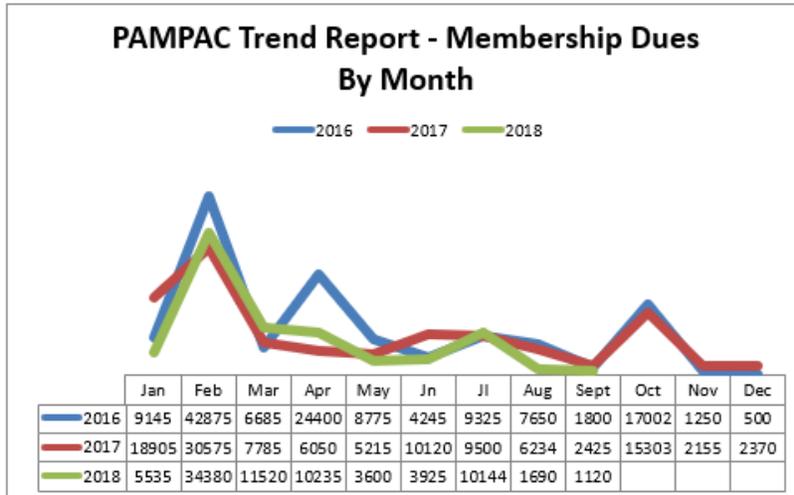
District Visits

As we all know, relationships are not built by people who talk at one another. Relationships of any substance are built on a foundation of trust. The PAMED Government Relations team works diligently to build trust with lawmakers when representing Pennsylvania physicians. In the last few months of the legislative session, PAMED’s Government Relations team met with 11 lawmakers and their staff in their districts to advance PAMED’s legislative priorities and advocacy topics. This, of course, was in addition to the countless informal discussions in the halls and offices of the Capitol on session days.

PAMPAC Funds

PAMPAC uses member contributions to support the election and retention of pro-medicine candidates. PAMPAC also campaigns against vulnerable incumbent legislators who consistently vote against the interests of patients and physicians. Through PAMPAC, members have a highly visible impact on the election process and help shape the future of reforms such as medical liability, patients' rights legislation, and insurance contract reform. Below is a snapshot of political contributions given and dues received over the past three years:





A Look Ahead

The 201st regular session of the General Assembly convenes on the first Tuesday in January 2019, when House and Senate members are sworn in for two- and four-year terms, respectively. Selection of committee chairs, several of which are of significant importance to PAMED, will be announced after legislators are officially sworn in in early January.

As we look ahead to the 2019-2020 session, we have a lot of work to do to protect and advance the practice of medicine in Pennsylvania. Crucial to PAMED’s success, however, is sustained physician involvement. When individual physicians speak up and make their voice heard, organized medicine is strongest.

To become a PAMPAC member, visit www.pampac.org.

To learn more about PAMED’s 2018 advocacy priorities, visit www.pamedsoc.org/advocacy.