Federal Issues

President Signs Stopgap Funding Measure
On Thursday, President Trump signed into law a short term spending measure that will fund the federal government through Dec. 20. The bill also extends funding for several healthcare-related programs.

- The legislation passed the House by a vote of 231-192 and the Senate by a vote of 74-20.

The measure extends funding for the following healthcare programs, among others:

- Medicare Programs: Several expiring Medicare provisions, including state health insurance assistance programs, contracts with the National Center for Benefits and Outreach Enrollment and the National Quality Forum, among others.

- Disproportionate Share Hospitals (DSH): Delays a $4 billion reduction in Medicaid funding for DSH, which was put in place under the Affordable Care Act but has been delayed since 2014.
Community Health: Numerous community health initiatives, including community health centers, the Special Diabetes Program, National Health Service Corps., and the Teaching Health Center Graduate Medical Education Program, among others.

Centers for Disease Control and Prevention: $30 million for Ebola preparedness and response efforts using unobligated amounts in the Infectious Diseases Rapid Response Reserve Fund.

Territory Funding: 100 percent federal Medicaid match rate for Puerto Rico and other U.S. territories.

Budget outlook: The House has passed 10 of 12 spending bills for FY2020, while the Senate has passed only four. It is likely that some of the appropriations work will spill over into the first quarter of next year.
House Committee Advances Health Bills
On Wednesday, the House Energy and Commerce (E&C) passed several bills, including two health-related measures:

- **H.R. 2339**, which passed by a vote of 28-24, would raise the minimum age to purchase tobacco to 21 and would restrict flavoring of nicotine products. Additionally, the bill would ban all non-face-to-face sales of tobacco products to protect youth from predatory marketing.
- **H.R. 4996**, which passed by voice vote, would address gaps in maternity care and mortality, particularly in rural areas and allow states the option of extending Medicaid coverage to 12 months postpartum.

State Issues

Pennsylvania

Legislative

Votes on Health Care Bills Dominate Week’s Legislative Activity
As anticipated, health care issues dominated the week’s legislative agendas in the Senate and House of Representatives. The following measures were among the bills receiving consideration:

**Bills Sent to Gov. Tom Wolf for Signing**

- **Pennsylvania Rural Health Redesign Center Authority Act**
  The Pennsylvania House of Representatives voted 185-0 to advance Senate Bill 314, the Pennsylvania Rural Health Redesign Center Authority Act and the Pennsylvania Rural Health Redesign Center Fund. The measure will create a new voluntary payment pilot program for rural hospitals, providing $25 million in federal support from the Centers for Medicaid and Medicare Services (CMS) to establish a rural redesign center to offer technical and other assistance to hospitals. Six hospitals currently participate in the program and another 30 are in line to be recruited. Gov. Wolf is expected to sign the bill.

**Bills Pending Further Consideration**

- **Telemedicine/Virtual Health**
  By a vote of 111-77, the House endorsed Senate Bill 857, which governs health insurance coverage and provider requirements for the delivery of telemedicine services. The proposal has been sent back to the Senate for a concurrence vote on amendments added in the House Insurance Committee.

- **Provider Credentialing**
  House Bill 533, which creates the Health Care Practitioner Credentialing Act, was passed by the House 187-0. The bill as amended requires health insurers, including Medicaid managed care organizations (MCOs), to accept the Council for Affordable Quality Healthcare (CAQH) credentialing
application or form developed by the Insurance Department as well as meet established review and provider notification deadlines.

- **Workplace Safety**
  Clearing the Senate and House respectively, were measures that remove the requirement for last names to be displayed on health care employees’ identification badges. The Senate passed [Senate Bill 842](#) by a vote of 49-0 – the bill has been referred to the House Health Committee. The House approved [House Bill 1880](#) by a 188-0 margin – the bill has been referred to the Senate Health and Human Services Committee for further consideration.

- **Pharmaceutical Benefit Managers (PBMs)**
  The House passed the following three PBM bills by a vote of 197-0 – they were referred to the Senate Health and Human Services Committee for further consideration:

  - [House Bill 941](#) amends the Human Services Code by adding a section pertaining to financial disclosures for pharmacy services.
  - [House Bill 943](#) prohibits the use of “gag” clauses by allowing pharmacies and pharmacists to provide insured individuals with information pertaining to the cost of a prescription drug, including the cost sharing.
  - [House Bill 944](#) allows the Auditor General to conduct full-scale audits and reviews of PBMs that subcontract with Medical Assistance Managed Care Organizations (MA-MCOs).

  [House Bill 945](#) was amended to change definitions and approved by the House Health Committee. The bill prevents Medicaid Managed Care Organizations (MCOs) from contracting with a pharmacy benefit manager that owns – or is owned by – a retail pharmacy. Most PBMs have (own) a pharmacy and health plans use them to drive efficiency and cost controls for pharmacy benefits. In addition, plans require the use of specific specialty pharmacies to manage the cost of extremely expensive specialty drugs.

- **Breast Cancer Initiatives**
  [Senate Bill 595](#), which would expand access to breast cancer screening for women found to have dense breast, including breast ultrasounds and MRIs, was amended by the Senate Banking and Insurance Committee to include language that more closely aligns with the medical science driving cancer care. We remain concerned that the amended bill may diverge from current clinical best practices; medical science and clinical best practices should govern coverage decisions, not legislative mandates. The bill is on the Senate voting calendar.

  The Senate Banking and Insurance Committee also approved [House Bill 427](#), which prohibits health insurance providers from restricting access to Stage IV metastatic cancer treatments if the drugs are FDA approved and consistent with Stage IV metastatic cancer best medical practices.

- **Lead Testing in Children**
  [House Bill 79](#), the Childhood Blood Lead Test Act, was amended and approved by the House Children and Youth Committee. The proposal requires health care providers to make reasonable efforts to ensure the testing of all children at one and two years of age for the presence of lead. The
bill was amended to remove language that required insurers to pay for the testing and alignment with Centers for Disease Control guidelines, and Department of Health regulations.

- **Pediatric Cancer Research Grant**
  The Senate voted unanimously to approve Senate Bill 74, which creates an annual $10 million tax credit program to support pediatric cancer research in Pennsylvania. Businesses that make a private contribution to an “eligible pediatric cancer research institution” (Children’s Hospital of Philadelphia, Penn State Hershey Medical Center, Penn Medicine, and the Children’s Hospital of Pittsburgh) may apply to receive a tax credit that may be utilized against the business entity’s Pennsylvania tax obligation. Senate Bill 74 has been referred to the House of Representatives for further consideration.

**Bills Not Receiving Consideration**

The following bills did not receive consideration by the House:

- [House Bill 1862](#), Surprise Balance Bill Protection Act
- [House Bill 1347](#), Direct Reimbursement to Out-of-Network Emergency Medical Service Providers
- [House Bill 564](#), Direct Reimbursement to Par and Non-Par Providers Submitting Clean Claims

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**House Human Services Committee Holds Hearing on Buprenorphine Subscribers**

Last week, the state House Human Services Committee held a hearing about Senate Bill 675. The bill would require additional state oversight of buprenorphine subscribers. It also requires patients to show active participation in an addiction treatment program before a physician can place the patient on medication assisted treatment (MAT).

Chairman DiGirolamo opened the hearing by reading brief comments from Sen. Michele Brooks (R-Mercer), prime sponsor of the bill, who was unable to attend the hearing. In her comments, Sen. Brooks explained that the legislation is intended to provide much needed oversight to try to prevent the misuse of medication assisted treatment such as suboxone.

Those testifying were broken down into four panels:

**Panel 1**
- Dr. Rachel Levine, Secretary Department of Health

**Panel 2**
- Michael Lynch, M.D., Medical Director, Pittsburgh Poison Center, Assistant Professor Division of Medical Toxicology, Department of Emergency Medicine, Divisions of Adolescent and Pediatric Emergency Medicine, Department of Pediatrics, University of Pittsburgh School of Medicine
- Dr. Perry Meadows, M.D., J.D., MBA, FAAFP, CHCIO, MHA, Medical Director, Government Programs, Geisinger Health Plan
- Dr. William Santoro, Public Policy Chair, Pennsylvania Society of Addiction Medicine (PSAM)

**Panel 3**
- Thomas A. Farley, MD, MPH, Philadelphia Health Commissioner
- Susan Friedberg Kalson, CEO, Squirrel Hill Health Center
- Jason Snyder, Regional Director of Strategic Partnerships, Pinnacle Treatment Centers

Panel 4
- Ken Dickinson, Co-founder, Pennsylvania Pharmacist Peer Assistance Program
- Deb Beck, President, Drug and Alcohol Service Providers Organization of Pennsylvania

All but the last panel of testifiers expressed significant opposition to Senate Bill 675 in its current form.

**Common themes expressed by those opposed included:**
- Although well-intentioned, Senate Bill 675 is likely to decrease access to evidence-based treatment for addiction and substance use disorders
- Office-based opioid treatment with buprenorphine is a safe and highly effective medication for the treatment of opioid addiction
- The bill would create extremely burdensome requirements for practitioners in Pennsylvania
- Reducing access to medication-assisted treatment would reverse much of the progress that has been made in combatting the opioid crisis; when treating addiction -- one size does not fit all.
- All those opposed agreed that Senate Bill 675, as it is written, will make it extremely difficult for physicians to provide care to patients.

**Supporters:** Those in support of Senate Bill 675 – Ken Dickinson and Deb Beck – argued that buprenorphine is not being used in accordance with the principles of MAT. Additionally, the key concern is diversion of the drug. Finally, suboxone/buprenorphine products can play an important role in addressing opiate addiction but only in the context of licensed drug and alcohol addiction treatment programs.

The Pennsylvania General Assembly is in recess November 25-29.
The Delaware Legislature has adjourned for the year.
The West Virginia Legislature has adjourned for the year.

**Congress**
The U.S. Congress is in recess November 25-29.

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Pennsylvania Legislation: [www.legis.state.pa.us](http://www.legis.state.pa.us)
West Virginia Legislation: [http://www.legis.state.wv.us/](http://www.legis.state.wv.us/)
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