VASHRM
2017 Spring Conference

Legislative Update
March 31, 2017
Road Map I

♦ General Assembly composition, leadership, retirements and elections
♦ Key Issues & State Budget
♦ Advance Directives
♦ Liability/Reporting
♦ Behavioral Health
♦ Naloxone/Opioids/Buprenorphine – BOM Regulations
Road Map II

♦ COPN
♦ Health Issues
♦ Health Insurance
♦ Employer/Employee Issues
♦ Workers’ Compensation
♦ What lies ahead & questions???
100 House of Delegates

66 Republicans
34 Democrats
5 New Delegates in 2017
House Republican Leadership Changes

♦ Speaker Designate – Kirk Cox (R, Colonial Heights)

♦ Majority Leader – Todd Gilbert (R, Woodstock)

♦ Caucus Leader – Tim Hugo (R, Centerville)

♦ Majority Whip
  - Jackson Miller (R, Prince William)
  - Greg Habeeb (R, Salem)
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<th>Position</th>
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<td>Minority Leader</td>
<td>David Toscano</td>
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<td>Charlottesville</td>
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<td>Majority Caucus Chair</td>
<td>Charniele Herring</td>
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<td>Minority Whip</td>
<td>Alfonso Lopez</td>
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**Senate**

- **40 Senators of Virginia**
  - 21 Republicans
  - 19 Senators
  - 4 new Senators in 2017
Senate Leadership

♦ President Pro Tempore – Stephen Newman (R, Lynchburg)
♦ Majority Leader – Thomas Norment (R, James City County)
♦ Minority Leader – Dick Saslaw (D, Fairfax)
♦ Majority Caucus Chair – Ryan McDougle (R, Hanover)
Session Dates

♦ 45 day session in odd years
♦ 60 day session in even years
♦ January 11, 2017 – Start of Session
♦ February 25, 2017 – End of Session
♦ March 27, 2017 – Deadline for Governor actions
♦ April 5, 2017 – Veto Session
♦ “Great Migration to Pocahontas Building”
November 7, 2017 - General Elections

- 100 Delegates up for re-election – 2yr term
- State-wide offices up for election – 4yr term
  - Governor, Lieutenant Governor and Attorney General
June 13 Primaries

♦ Democrats – Republicans
♦ Statewide and House of Delegates
♦ www.vpap.org
Retirements – Seeking Other Offices

♦ Mark Dudenhefer (R, Stafford)
♦ Speaker Bill Howell (R, Stafford)
♦ Rick Morris (R, Isle of Wight)
♦ Daun Hester (D, Norfolk)
♦ Peter F. Farrell (R, Goochland)
♦ Jimmie Massie (R, Henrico)
♦ Jackson Miller (R, Manassas) if wins

April 18, 2017 Prince William County – Clerk of Court
Key 2017 Health Issues

♦ Medicaid Expansion – Dead
♦ Provider Assessment/Tax – Dead
♦ Hospital Inflation Adjustment – Dead
♦ COPN – Bubbling in study
♦ Opioid – Red hot
♦ Behavioral Health – Hot
♦ Hospital and Physician Operations – Never front page news, but time consuming
On December 16 Governor Proposed Amendments to Budget (2016-2018)

- Included executive authority for post-ACA Medicaid Expansion
- Significant investments ($31.7M) in behavioral health
- Additional funding for GME ($2.5M/25 slots)
- Elimination of Medicaid inflation updates for hospitals
- Restoration of Medicaid inflation updates for nursing homes, but re-basing reductions
House and Senate Passed Budget Bill (HB1500) on February 25

- Eliminated executive authority for post-ACA Medicaid Expansion
  - Joint Subcommittee created by money committee chairs will evaluate and respond to changes to the ACA and oversee Medicaid Reforms

- Medicaid Reimbursement
  - No inflation update for hospitals (except inflation restored for CHKD ($2.7 million total funds))
  - Restored inflation update for nursing homes for FY18 and made other targeted corrections to nursing home rates.
State Budget

House and Senate Passed Budget Bill (HB1500) on February 25 (cont.)

Medicaid Supplemental Payment Programs

- One program relies on hospitals assuming the responsibility to finance a current publicly-funded health service (involves several hospitals and could apply retroactively) CMS approved in 2011

- Separate program relates to hospitals affiliated with EVMS and the Virginia Tech Carilion School of Medicine and authorizes transfers from these medical schools to serve as the state share for a Medicaid supplemental payment (CMS approval pending)
House and Senate Passed Budget Bill (HB1500) on February 25 (cont.)

**Significant investment in Behavioral Health**

- $9.4 million to increase community services boards’ (CSBs) services;
- $9.5 million to expand same-day access to assessment services at 25 CSBs;
- $4.9 million to expand permanent supportive housing;
- $250,000 to enhance the work of the Deeds Commission (consultant fees and extending work through 2019)
- $250,000 to develop a comprehensive plan to realign Virginia’s behavioral health system to community services;
- $2.0 million general funds and $2.0 million matching federal Medicaid funds to expand Medicaid eligibility for GAP program (80% FPL to 100% FPL)
House and Senate Passed Budget Bill (HB1500) on February 25 (cont.)

GME

- Retains funds for the 15 already approved additional residency programs (thirteen in primary care), as well as language directing DMAS to include in its forecast annual funding for up to 25 slots as authorized last year

Health IT/Interoperability

- ED Care Coordination IT platform to provide timely feeds of hospital ADT information and other analytics to support improved care
House and Senate Passed Budget Bill (HB1500) on February 25 (cont.)

Medicaid Managed Care Oversight

- Implements JLARC recommendations to amend Medicaid managed care plan contracts effective Jan. 1, 2018 to:
  - Require plans to return one-half of underwriting gains between 3-10% and all gains above that level
  - Provide additional financial and utilization information, including those focusing on behavioral health metrics
  - Identify potential efficiencies (e.g., readmission reductions) and potentially phase-in capitation rate adjustments for expected efficiencies
  - Monitor and potentially limit related party arrangements considered high relative to benchmarks
Advance Directives

♦ HB2153 – Rasoul

- Allows health care provider to recognize “other DDNR” validly executed in other state

♦ HB1747 – O’Bannon
SB1242 – Dunnavant

- Defines “qualified advance directive facilitator”
- Provides exception to unlicensed practice of law for qualified advance directive facilitator; ministerial assistance
- Preserves current exception for health care provider

♦ HB1548 – Farrell

- Allows capacity determination to be made by the attending physician or a psychiatrist, licensed clinical psychologist, licensed psychiatric nurse practitioner, or designee of the local CSB following an in-person examination in cases in which a person has executed a mental health advance directive
House Bill 1609 – Leftwich

- Corrects an omission in the expert witness statute to clarify that Nurse Practitioners can testify as expert witnesses within their scope of practice
House Bill 2318 – Stolle

- Amends the definition of a neurological birth injury
- It is declarative of existing law
- Delayed effective date of January 1, 2018
House Bill 1689 – Habeeb

- Amends the medical record fee schedule
- Retains current fee schedule for paper copies
- $.50/page for the first 50 pages and $.25/page thereafter plus a search and handling fee, not to exceed $20, plus postage and shipping
- Creates a fee schedule for records maintained in electronic format
- $.37/page for the first 50 pages and $.18/page thereafter, with a search and handling fee not to exceed $20, plus all postage and shipping
House Bill 1689 – Habeeb (cont’d)

- Creates a cap on electronic records of $150 for July 1, 2017 through July 1, 2021, thereafter the cap is $160
- When some records are maintained in paper and some in electronic format, the respective rate applies
- Creates a fee schedule for x-ray series or studies, maintained in electronic format of $25/x-ray series or study, plus a search fee of $10, plus postage and shipping
- When x-rays cannot be produced electronically, a reasonable fee may be charged, in addition to search and handling fee, not to exceed $10, and the actual cost of supplies and labor for complying with the request, plus postage and shipping
House Bill 1689 – Habeeb (cont’d)

- Duty to advise a patient or his attorney of the most cost effective way to receive a response to the request
- No withholding of production for lack of payment
- Creates consistency in the medical record statute and the HIPAA statute regarding 30 days to respond to a request of a patient or his attorney
- If HCP cannot respond, duty to notify requestor why
House Bill 1689 – Habeeb (cont’d)

- Special appearance by Alex “Scott” Trebek of Jeopardy to host contestant Brent Rawlings on Copy Cost scenarios for One Million Dollar prize
House Bill 1514 – Fowler
Senate Bill 1024 – Dunnavant

- Revises requirements for reporting disabled drivers to DMV
- Repeals the current reporting statute 54.1-2966.1
- Creates 54.1-2400.9 to address the reporting requirements for disabled drivers
House Bill 1514 – Fowler

Senate Bill 1024 – Dunnivant

- Applies to any Doctor of Medicine, Osteopathy, Chiropractic or Podiatry or any Nurse Practitioner, Physician Assistant, Optometrist, Physical Therapist and Clinical Psychologist

- Duty to report probable existence of a mental or physical disability or infirmity to operate a motor vehicle

- Healthcare provider shall not be subject to liability under Virginia’s HIPAA statute for the report or deemed to have violated the practitioner-patient privilege, unless they have acted in bad faith or with malicious intent
Liability/Reporting

♦ House Bill 1467 – Greason  
Senate Bill 1323 – Carrico

➢ Directs VDH to adopt regulations to include neonatal abstinence syndrome on the list of reportable diseases
∆ House Bill 1786 – Stolle
Senate Bill 1086 – Wexton

➢ In utero exposure to controlled substances
➢ Requires DSS to assess whether the mother of a child was exposed in utero to a controlled substance and whether that mother sought substance abuse counselling or treatment prior to birth
➢ Amends reporting requirements of healthcare providers in 63.2-1509
➢ Current law requires report within 6 weeks of birth as a result of toxicology studies, indicating the presence of a controlled substance
House Bill 1786 – Stolle
Senate Bill 1086 – Wexton

New law will require reports in the following:

1. A finding by a provider within 6 weeks of birth that the child was born affected by substance abuse or experiencing withdrawal symptoms related from an in utero drug exposure;

2. Diagnosis within 4 years following birth that the child has an illness, disease or condition that, to a reasonable degree of medical certainty, is attributable to maternal abuse of a controlled substance during pregnancy; or

3. Diagnosis within 4 years following birth, that the child has fetal alcohol spectrum disorder attributable to in utero exposure to alcohol
HB 1777 - Stolle

- Requires inpatient psych hospitals to honor requests for direct communication between referring and on-call physicians where medically stable patient refused; protocols

HB 1508 – Hope
SB 894 – Favola

- Requires DBHDS to provide reports of critical incidents, serious injuries, or deaths of individuals receiving services in programs operated or licensed by the DBHDS to designated protection and advocacy system (Disability Law Center)
- Currently law already requires this for state facilities
Behavioral Health

♦ HB1426 – Garrett
SB1221 – Barker

➢ Direct DBHDS and DCJS to develop an alternative transportation model for ECO/TDO/involuntary commitment by Oct. 1, 2017

♦ HB1549 – Farrell
SB1005 – Hanger

➢ Specifies core services all CSBs are required to provide by July 1, 2018 to include same-day access; by July 1, 2021 to include crisis services for mental health/subs abuse
Behavioral Health

♦ HJR637 – Bell, R.
SJ279 – Deeds

➢ Joint Subcommittee to Study Mental Health Services in the Commonwealth in the Twenty-First Century continued to Dec. 1, 2019
Opioid Section

♦ House Bill 1453 – Larock
Senate Bill 848 – Wexton

➢ Authorizes DBHDS to train individuals on administration of Naloxone
➢ Authorizes dispensing of Naloxone by a trained person
➢ Without charge or compensation
➢ Creates immunity from simple negligence for the dispensing of Naloxone
➢ Authorized individually possess Naloxone to administer it to a person experienced in an overdose
➢ Signed into law effective February 23, 2017
Opioid Section

◊ House Bill 1642 – Hope
Senate Bill 1031 – Marston

➢ Authorizes employees of the Department of Forensic Science, OCME and Department of General Services of the Consolidated Lab Services to possess by standing order Naloxone

➢ Signed into law effective February 13, 2017 for Senate Bill 1031

➢ Signed into law effective February 21, 2017 for House Bill 1642
Opioid Section

♦ House Bill 1750 – O’Bannon

- Codifies the recognition of a standing order issued by Commission of Health in fall of 2016 authorizing dispensing of Naloxone or other opioid antagonist
- Does not require an oral or written order for specific patient issued by a prescriber
- Signed by the Governor February 23, 2017
- Effective July 1, 2017
Opioid Section

♦ House Bill 2317 – O’Bannon
  ➢ Authorizes Commissioner of Health to establish comprehensive harm reduction programs
  ➢ Objective is to reduce the spread of HIV, viral hepatitis and other blood borne diseases
  ➢ To be community based
  ➢ Authorizes the dispensing and distribution of hypodermic needles and syringes as part of the program
  ➢ Report required from Dept of Health to the Governor and General Assembly
  ➢ Signed by Governor February 23, 2017
  ➢ Effective July 1, 2017
  ➢ Sunset provision July 1, 2020
Opioid Section

✧ House Bill 1930– Carr

- Safe reporting of overdoses
- Expands the affirmative defense for not only the reporter, but the individual experiencing the overdose
- Status: Defeated in House Courts of Justice
House Bill 1885 – Hugo
House Bill 1898 – J. Bell
Senate Bill 1232 – Dunnavant

- As introduced HB1898 and SB1232 would limit opioid prescriptions on discharge from Emergency Rooms to no greater than a three day supply
- As introduced HB1885 required more frequent checks of the Prescription Monitoring Program (“PMP”)
- As introduced HB1885 also limited prescriptions of opioids to a seven day supply or less with limited patient exceptions (cancer, palliative care)
HB1898 did not pass

HB1885 and SB1232 were amended to be identical

Both bills will require a check of the PMP for prescriptions of more than seven days

Both bills reduce the exemption of checking the PMP for surgical and invasive procedures to now require a check when prescribing opioids for more than 14 consecutive days

Both bills become effective July 1, 2017

Both bills have a sunset of July 1, 2022
Opioid Section

◆ House Bill 2161 – Pillion
Senate Bill 1179 - Chafin

➢ Directs the Secretary of HHR to convene a workgroup to
develop standards and criteria for training healthcare
providers on the safe and appropriate use of opioids to
treat pain and minimize addiction
➢ Workgroup must report to the Governor and the General
Assembly December 1, 2017
➢ Signed by the Governor February 23, 2017
➢ Effective February 23, 2017
Opioid Section

♦ House Bill 2167 – Pillion
Senate Bill 1180 - Chafin

➢ Directs Board of Dentistry to adopt regulations regarding prescription of opioids for acute pain and chronic pain
➢ Directs Board of Medicine to adopt regulations for the prescription of opioids for acute pain and chronic pain
➢ Directs Board of Medicine to develop regulations regarding the prescription and use of buprenorphine
➢ Requires the PMP to report annually to the JCHC on the prescribing of opioids and benzodiazepines
➢ Contains and emergency clause
➢ HB2167 signed by the Governor March 3, 2017, effective date March 3, 2017
➢ Governor has until March 27, 2017 to act on SB1180
Opioid Section

◆ House Bill 2163 – Pillion
Senate Bill 1178 - Chafin

- Prescribing of buprenorphine without Naloxone
- Only to pregnant women
- Only to patients transitioning off of methadone
- Only as permitted by regulation of the Board of Medicine
- Governor has until March 27, 2017 to act
- Both bills have an emergency clause
- Both bills have a sunset of July 1, 2022
Opioid Section

House Bill 2165 – Pillion
Senate Bill 1230 - Dunnavant

- Requires electronic prescriptions for controlled substances containing opioids
- HB2165 signed by the Governor February 21, 2017
- SB1230 to be acted on the Governor before March 27, 2017
- Both Bills have delayed effective date of July 1, 2020
- Secretary of HHR to convene a workgroup to develop a plan of implementation and evaluate hardship exemptions
- Initial report to the health committees before November 1, 2017
- Final report to the health committees on November 1, 2018
House Bill 2164 – Pillion

- Adds Gabapentin (Neurontin®) to the list of drugs of concern
- All pharmacies that report to PMP Schedule II-IV will add Gabapentin
- Signed by the Governor February 23, 2017
- Effective February 23, 2017
Opioid Section

♦ House Bill 1424 – Cole

➢ Would have required inclusion on a drug label the purpose that the drug is being prescribed for
➢ Status: Defeated
House Bill 2162 – Pillion

- Requires the Secretary of HHR to convene a workgroup to study the barriers to treatment of substance-exposed infants
- Report is due to the General Assembly and the Governor on December 1, 2017
- Legislation was signed by the Governor on February 23, 2017 and with an emergency Clause, is effective as of that date
February 16, 2017 BOM adopted regulations on prescribing opioids for acute pain and chronic pain and the prescribing of buprenorphine

- Enhanced documentation
- Urine drug screens/serum draws
- Signed treatment agreements
- Treatment plans/tapering

Effective March 15, 2017
Several COPN reform bills introduced, but none passed

- HB2337 - O’Bannon phased removal of various projects from COPN; permit requirements; eliminates regional health planning agencies; process reforms
- HB2227 - Head required approval of certain NICU and Open Heart projects
- HB1420 - Farrell/SB1141 - Sturtevant removed psych services from COPN; permit requirements
- HB2458 - Stolle/SB1566 - Dunnivant process reforms; removed psych services, ASC (>80% utilization), and NICU (fewer than 1,000 deliveries) from COPN
- SB1562 - Dunnivant eliminates sales tax exemption for nonprofit hospitals; creates Medicaid Supplemental Rate Fund
- SB1375 - Cosgrove process reforms
**COPN/Charity Care**

**♦ HB2101 – Byron**

- Defines “charity care” (<=200% FPL; no payment expected) and excludes “bad debt”
- Values charity care at Medicare rates eff. July 1, 2019
- Requires reporting of service level data on charity care services provided eff. July 1, 2017 (but implementation timeframe TBD)
- Commissioner report due Nov. 1, 2018

**♦ HB1544 – Collins**

- Allows alternative plan of compliance for charity care condition using intra-facility transfer of charity care amounts
Health Issues

House Bill 1921 – Robinson
Senate Bill 973 - Sturtevant

- Current law provides that assault and battery against a healthcare provider in an emergency room of a hospital or clinic constitutes a Class 1 misdemeanor
- Current enhanced penalty is a term of 15 days in jail with two of the days being a mandatory minimum
- This bill expands the category of healthcare providers to any healthcare provider rendering care at a hospital, emergency room, or clinic
- DOH will work with stakeholders to develop guidelines regarding publication of the penalties and to train providers in prevention
Health Issues

♦ HB2304 – Orrock

- Implements a series of recommendations coming out of recent JLARC study
- Requires DMAS training and certification in use of uniform assessment instrument (UAI) for all individuals performing screenings for long term care services and supports
- Requires DMAS to strengthen oversight of the preadmission screening process
- Requires DMAS to make a number of changes to contracts for long-term care services provided by managed care organizations
- Additional data reporting and spending and utilization control measures for MCOs
Health Issues

♦ House Bill 1533 – Hope
Senate Bill 1519 – McClellan

➢ Requires the Board of Health to promulgate regulations requiring one dose of meningococcal conjugate (“MCV4”) be administered before the child enters the 6th grade
➢ Status: Defeated
Health Issues

♦ House Bill 2404 – Filler-Corn

➢ Creates in the Executive Branch an advisory council on pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset neuropsychiatric syndrome

➢ PANDAS and PANS
Health Issues

♦ House Bill 1675 – Bulova
Senate Bill 974 - Lucas

➢ Directs the Department of Health to make information and resources on palliative care available to the public and health care professionals on its website
➢ Such information will include best practices and the delivery of palliative care and referrals
House Bill 1840 – Stolle

- Broadens those individuals who may receive the results of a confidential HIV test to those persons or entities permitted or authorized to obtain protected health information under applicable state or federal law.
Health Issues

♦ House Bill 1798 – O’Bannon

- Permits the donation or acquisition of organs for transplant in situations where the recipient is informed that the organ is infected with HIV and the recipient consents to receipt of the organ.
Health Issues

◆ House Bill 1483 – D. Bell

➢ Requires the State Board of Behavioral Health and Developmental Services to include occupational therapists in the definition of qualified mental health professional for both adult and children

➢ In addition, requires inclusion of occupational therapy assistants in the definition of qualified paraprofessional in mental health
Health Issues

♦ House Bill 1541 – Robinson

- Currently the Board of Nursing has the authority to deny or withdraw approval for educational programs that fail to meet prescribed standards
- This Bill expands it to also include training programs
Health Issues

♦ House Bill 1566 – Webert

➢ Would have created an oversight position in legislative services to review regulatory actions of state professional and health professional boards
➢ Effort in response to North Carolina Dental Board v. Federal Trade Commission
➢ Status: Defeated
House Bill 1767 – Garrett
Senate Bill 1009 - Dunnavant

- Clarifies the requirement for prescribing in 54.1-3303
- Clarifies that a prescriber who has performed an appropriate physical examination in person or through the use of instrumentation may prescribe Scheduled II through VI controlled substances
- Clarifies that prescribing controlled substances II through V must be in compliance with federal laws regarding the practice of telemedicine
Health Issues (2 of 2)

♦ House Bill 1767 – Garrett
Senate Bill 1009 - Dunnavant

➢ Authorizes the Board of Pharmacy to issue a controlled substance registration to Community Services Boards so that CSBs can become DEA registrants and engage in telemedicine
➢ Emergency clause signed by the Governor and effective February 21, 2017
Health Issues

House Bill 2042 – Murphy

- Would have required continuing education hours by healthcare providers in suicide prevention by providers
- Status: Defeated, with letter to Medical Society and DHP
Health Issues

♦ House Bill 2277 – D. Marshall
Senate Bill 1046 - Stanley

➢ Repeals 54.1-2935, which requires graduates of foreign medical schools to have two years of residency before licensure
➢ All candidates for licensure at the Board of Medicine will have to have one year of completed residency, plus completion of all standardized testing
Health Issues

♦ House Bill 2301– O’Bannon

- Current law authorizes a Registered Nurse or an LPN under the immediate direct supervision of an Registered Nurse to administer immunizations
- This Bill removes the requirement for immediate and direct supervision by a Registered Nurse
Senate Bill 1027 – Marsden

- THC-A oil manufacturer
- Permits a physician to register with the Board of Medicine and issue to patients certifications authorizing the use of THC oil for the treatment of epilepsy
- Permits up to five pharmacies to register with the Board of Pharmacy to manufacturer THC oil for patient holding a certificate
Senate Bill 1027 - Marsden

- Creates an affirmative defense from criminal liability for possession of manufactured THC oil pursuant to this Section
- Passed in 2016 Session with a reenactment clause
- Anticipated that FDA approved THC oil will be available in the immediate future
- Status: Awaiting Governor’s signature
Health Issues

♦ House Bill 1799 – O’Bannon

- Currently takes many months to add FDA approved drugs to Virginia Drug Control Act
- Clarifies that prescribing an FDA approved drug provides immunity from civil prosecution for nine months after FDA approval or addition to Virginia Drug Control Act
House Bill 1637 – Davis

- Expands the list of conditions which a physician Certificate may be issued for treatment of a disease with THC oil to include, not only epilepsy, but also Crohn’s disease
- Status: Defeated
Health Issues

♦ Senate Bill 1298 – Vogel

- Excludes the list of conditions which a physician Certificate may be issued to a patient for treatment with THC oil to include cancer, glaucoma, HIV, Crohn’s Disease, Alzheimer’s Disease, etc.
- Status: Defeated
Health Insurance

♦ House Bill 2267 – Filler-Corn

➢ Requires that for any health benefit plan amended, renewed or delivered after January 1, 2018, which provides coverage for hormonal contraceptives, that such coverage shall cover up to a 12 month supply when dispensed or furnished at any one time
Health Insurance

♦ House Bill 1656 – Yancey

- Provides that all policies, contracts or health plans that provide coverage for cancer therapy shall not hold proton radiation therapy to a higher standard of clinical evidence for coverage decisions

- With the emergency clause and the Governor’s signature of March 3, 2017, this Bill became law
Health Insurance

♦ House Bill 1755 – Davis
Senate Bill 1408 – DeSteph

➢ Would require that insurers use step therapy protocols for prescription drugs, have a process in place for prescribers to request an override of the protocols

➢ Status: Defeated
Health Insurance

♦ House Bill 1813 – Leftwich
Senate Bill 1513 – Wagner

➢ Assignment of benefits (“AOB”)
➢ Prohibits an insurer from refusing to accept AOB executed by a patient
➢ Status: Defeated
Health Insurance

♦ House Bill 1985 - Webert

➢ Would permit the State Corporation Commission to authorize out of state health insurers to sell policies in Virginia, if they comply with Virginia requirements, such as mandated benefits

➢ Status: Defeated
Health Insurance

♦ House Bill 2233 - Cline

➢ Would have authorized out of state health insurers to register with the State Corporation Commission and sell policies in Virginia without having to comply with all of the requirements, such as mandated benefits and fair business and ethics practice

➢ Status: Defeated
Health Insurance

♦ House Bill 2053- Landes
Senate Bill 800 - Stanley

➢ Defines a direct primary care agreement
➢ Clarifies that direct primary care agreements are not insurance
➢ Establishes consumer protections that the direct primary care agreements must abide by
➢ Status: Passed (2016 veto by the Governor)
Health Insurance

♦ House Bill 2037 - Miller

- Calculation of amount payable by insured
- When there is no amount actually paid or payable to the provider by the insurer, the calculation of the insured’s portion shall be from a pre-established fee schedule
- Status: Passed
Health Insurance

♦ House Bill 2411 - Byron

➢ Reverts the State’s health insurance code to its former provisions upon repeal of the Affordable Care Act

➢ Status: Passed (Governor’s veto expected)
House Bill 2209 – O’Bannon
Senate Bill 1561 - Dunnavant

- Establishes emergency department care coordination program
- The program will be overseen by the Commissioner of Health
- All real-time patient visit information will be shared by every hospital and emergency department throughout the Commonwealth
House Bill 2209 – O’Bannon
Senate Bill 1561 - Dunnavant

- Funding includes $120,000 state funds, $120,000 from the health plans, $120,000 from the hospitals
- Balance of the funding is contingent upon obtaining 90% federal funding (+/- $3 million) under the HITECH funds
♦ Senate Bill 1484 – Hanger

- Clarifies the ability of Medicaid MCOs to access the PMP
- Currently a physician or pharmacist licensed in the Commonwealth and employed by a Virginia Medicaid MCO can access the PMP to determine eligibility of an enrollee to participate in a patient utilization management safety program
Senate Bill 1484 – Hanger

- This legislation expands the list of permissible users to include a clinical designee of a physician or pharmacist who holds multi-state licensure to practice nursing or a license issued by DHP and whom is employed by the MCO.
House Bill 2113 – Keam
Senate Bill 1033 – Howell

- Requires employers and payroll service providers to notify the AG after discovery of a breach of computerized employee payroll data.
- The data subject to the breach, if contains the tax identification number in combination with the income tax withheld for that tax payer was accessed and acquired by unauthorized person which causes the employer payroll provider to reasonably believe it has caused or will cause identify theft or fraud.
House Bill 2113 – Keam
Senate Bill 1033 – Howell

- As to employers, this requirement applies only to information regarding the employer’s employees and does not apply to employer’s customers or nonemployees
- Upon receipt of notification by the AG, the DOT will be notified
Employer/Employee Issues

♦ House Bill 2246 – Jones
Senate Bill 1438 – Norment

➢ Establishes a Virginia tax amnesty program during the 2017/2018 physical year for not less than 60 and no more then 75 days
Employer/Employee Issues

♦ House Bill 1883 – Kilgore
Senate Bill 1542 – Saslaw

➢ Increases state OSHA penalties
➢ Triggers a COLA
House Bill 1571 – Farrell

- Makes minor revisions to the 2016 legislation
- January 1, 2018 Virginia based fee schedule for Workers’ Compensation is effective
- Basis of fee schedule is average reimbursement by provider types geographic regions for workers’ compensation in 2014-2015
- Fees will be based on codes, such as CPT codes, DRG codes or revenue codes
- Certain traumas at Level I and II trauma centers are paid at 80% of charges,
- Burns at VCU are paid at 80% of charges
House Bill 1571 – Farrell

HB1571 clarified that the professional fees associated with the limited traumas and burns are also paid at 80% of cost.

For implants and devices prior to January 1, 2018, the reimbursement is by fee schedule.

For implants and devices approved by the FDA after January 1, 2018, reimbursement will be 130% of the providers invoice cost.

WCC hired Oliver Wyman to develop the fee schedule.
House Bill 1571 – Farrell

- WCC uses a 13 member advisory, which include healthcare provider representatives
- Providers have been encouraged to submit reimbursement data and to test the draft fee schedule
- Town halls will be held once the fee schedule is published in the Spring
- Some providers will be paid less, some providers will be paid more, others will be paid the same
- Statute required “revenue neutrality” by provider type across geographic regions
House Bill 1571 – Farrell

- Stop loss provision amended by HB1574 to capture outlier admissions
- The Commission and the Advisory have additional work on utilization pharmacy DME and other matters to report back to the General Assembly before July 1, 2018
What Lies Ahead

- 2018 Liability Reform push by VA Chamber
- Scope of Practice for Nurse Practitioners
- Study of Anesthesia Assistants
- JCHC studies
- Life Sustaining Workgroup Study
- Launch of MLTSS MCO coverage
- McAuliffe two year budget 2019-2020
Questions?
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