

Legislative Report

Richard Bridges, MD – Chairman, Legislative and Advocacy Committee

The 2019 Louisiana legislative session came to a close on June 6, per constitutional requirement. In this session, which was slated to be a fiscal session, there were 1,636 legislative instruments filed. Only about 15% of the instruments filed were actually fiscal in nature leaving us with a huge variety of bills to watch. LAFP tracked 117 instruments and took formal positions on 43. Outlined below is a summary of major topics from this session listing specific legislative instruments that the Legislative and Advocacy Committee and the LAFP Board of Directors determined had a significant impact on family medicine.

Our legislative committee met before and during the session to set priorities and define specific positions on bills that we were following. We worked effectively on issues with other organizations, both healthcare and non-healthcare, and communicated with the Louisiana State Medical Society, LA Chapter of the American Academy of Pediatrics and Medicine Louisiana on several bills. The committee met on several occasions and asked for opinions and guidance by email when needed when emergent issues arose.

SCOPE OF PRACTICE

HB 276 by Rep. Robert Johnson was filed based on a national effort to develop “Global Signature Authority” for advanced practice registered nurses. We made several efforts to determine exactly which documents the APRNs wanted to sign. After failing to be able to craft a “can sign” or “can’t sign” list, a coalition of healthcare groups stood together to oppose the bill and to **successfully defeat it**.

SB 166 by Sen. Eric LaFleur was filed as a “fix” meant to change the “name” of the license type held by a Physician Assistant and to allow a Physician Assistant to write orders for Occupational Therapy. However, the bill as introduced changed the legal relationship between a Physician Assistant and their Supervising Physician from “supervisory” to “collaborative.” LAFP opposed this bill and reached out to the Senator to request meetings. Eventually, we agreed to a removal of all the changes in the filed bill and amended in the items that were legislative fixes. **This removed our opposition and the bill passed.**

BALANCE BILLING

HB 371 by Rep. Kirk Talbot was very similar to his bills from previous years. It had slight modifications but was universally opposed by healthcare providers and insurers alike. There was never any effort to move this bill. **The bill failed.**

OPIOIDS

HB 250 by Rep. Paula Davis requires residential treatment facilities to provide access to medication-assisted treatment for patients with opioid use disorder. **LAFP supported this legislation and it passed.**

HB 284 by Rep. Abraham was introduced at the request of Orthopedists who are experiencing difficulty in getting their prescriptions filled for more than a 7-day allotment, when being prescribed within the exceptions allowable. The bill requires the prescribing physician to note on the prescription that the patient has a medical necessity requiring more than 7 days usage of the medication. **The bill passed.**

SB 240 by Sen. Gerald Boudreaux allows APRNs and PAs to prescribe Medication-Assisted Treatments for opioid addiction provided their supervising or collaborating physician have also received the necessary certification to do so. **The bill passed.**

Legislative and Advocacy Committee Report, continued

General Assembly – August 2, 2019 – New Orleans, LA

TOBACCO

HB 38 by Rep. Frank Hoffman would have raised the minimum age from 18 to 20 for the purposes of purchasing and possession of tobacco, nicotine and vaping products. LAFP supported this legislation in accordance with our policy. The bill was a controversial one in that it was requested by vaping producer, JUUL. As such, many groups who would normally have supported this bill actually opposed it. This combined with a large fiscal note, left the bill in a bad posture to be successful. **The bill failed.**

ABORTION

HB 133 by Rep. Frank Hoffman changes the definition of abortion. LAFP had a monitor position on this legislation but did take exception to an amendment added on the Senate floor by Sen. Mike Walsworth. The amendment would have disallowed the use of the term “spontaneous abortion” in medical records, requiring that it be replaced with “miscarriage.” We successfully argued that this is the type of change that cannot be made at a state level as the term “spontaneous abortion” is diagnosis and also needed for insurance claims. Sen. Walsworth agreed to allow us to remove the amendment and passed a resolution urging Congress to review the usage of the term.

SB 184 by Sen. John Milkovich is similar to many other bills around the country termed “Heartbeat” bills. The bill outlaws the performance of elective abortions when a fetal heartbeat can be determined. There are two exceptions: danger to the life of the woman or a declaration of medically futile for the fetus. There are criminal sanctions included in the bill for a physician who performs any elective abortion outside of these parameters. Additionally, the bill has auto repeal and delayed effective date provisions for a number of court cases currently working themselves through the judiciary. SB 184 was signed into law by Gov. John Bel Edwards and became Act 31 of 2019.

PHARMACEUTICALS

HB 119 by Rep. Stuart Bishop required a health insurer to provide covered comparable formularies that can be prescribed as an alternative when denying coverage of a medication. This common-sense legislation was amended and supported by LAFP. It has 2 effective dates. If you receive denials electronically, alternative options shall be provided on January 1, 2020. If you receive denials in writing, alternative options shall be provided on July 1, 2020. **The bill passed.**

SB 41 by Sen. Fred Mills makes changes to pharmacy benefit managers or PBMs and creates a pharmacy benefit manager monitoring advisory council. Included in the bill is language we want you to be aware of affecting “step therapy.” One of the items a PBM may not do is: require a beneficiary to follow a plan's step therapy protocol if the prescribed drug is on the health plan's prescription drug formulary, the beneficiary has tried the step therapy required prescription drug while under his current or previous health plan, and the provider has submitted a justification and supporting clinical documentation that such prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse effect or event. **This bill passed.**

SB 53 by Sen. Ronnie Johns allows the state’s prescription monitoring program to connect to and share data with programs in other state and federal jurisdictions. LAFP supported this legislation. **SB 53 was signed into law by Gov. John Bel Edwards and became Act 80 of 2019.**

MEDICAL MARIJUANA

HB 169 by Rep. Frank Hoffmann authorizes the Louisiana State Board of Medical Examiners to develop a data system of the collection of information on health effects and outcomes associated with the use of Medical Marijuana. LAFP supported this legislation as a much-needed source of scientific information. **The bill passed.**

HB 358 by Rep. Ted James makes changes to Louisiana’s medical marijuana statutes, which include:

- Allows a physician licensed – but not domiciled in Louisiana to prescribe medical marijuana to a patient with whom they have a “bona fide doctor-patient relationship.”

Legislative and Advocacy Committee Report, continued

General Assembly – August 2, 2019 – New Orleans, LA

- Significantly changes the definition of a “pediatric subspecialist” who is able to order the use of medical marijuana for the treatment of autism in a child under 18. The new definition of a “pediatric subspecialist” is an individual licensed to practice medicine in any state in the United States who provides care to patients with autism spectrum disorder. This is a significant broadening of existing law and one with which LSMS has concerns. We will be working with the Louisiana Chapter of AAP to determine any actions they may need help taking.
- Allows the Board of Pharmacy to promulgate rules related to the recommending of metered-dose inhalers for use in administering marijuana.

The bill passed.

SR 255 by Sen. Regina Barrow was introduced in the last 3 days of the legislative session. It requests the Louisiana Department of Health, the Louisiana State Board of Medical Examiners and the Louisiana State Board of Pharmacy to study and make recommendations on certain provisions on the Louisiana law relative to medical marijuana, including those surrounding “pediatric subspecialists. **The resolution passed.**

VACCINATIONS

HB 207 by Rep. Beryl Amedee would have required providers to give parents a substantial amount of additional information related to vaccinations and immunizations, prior to administering them. LAFP opposed the legislation as being unwieldy and without uniform implementation information. **The bill failed.**

SB 169 by Sen. Regina Barrow statutorily names the immunization registry the Louisiana Immunization Network (LINKS) and makes it applicable to children and adults. Amendments were proposed to allow the opt out ability for children and adults but were rejected. The LAFP supported this legislation. **The bill passed.**

HEALTH INSURANCE

HB 345 by Representative Julie Stokes provides for coverage for breast and ovarian cancer susceptibility screening. Beginning January 1, 2020, it requires health insurance providers to cover the cost of the genetic testing of the BRCA1 and BRCA2 genes to detect an increased risk for breast and ovarian cancer when recommended by a healthcare provider in accordance with the United States Preventive Services Task Force recommendations for testing. **HB 345 was signed into law by Gov. John Bel Edwards and became Act 118 of 2019.**

HB 347 by Rep. Julie Stokes provides for the coverage of diagnostic imaging at the same level of coverage as the minimum mammography examination pursuant to R.S. 22:1028. The plan may require a referral from a physician. **HB 347 was signed into law by Gov. John Bel Edwards and became Act 119 of 2019.**

HB 352 by Rep. Mary DuBuisson would have allowed health insurance issuers and health maintenance organizations to establish any of the following without regard to uniform availability or applicability to all insureds, policyholders, or healthcare providers: Quality programs, disease management programs, population health management programs, pharmaceutical management programs, partnerships or other shared risk programs with healthcare providers or bona fide associations, or other trial or pilot programs. The healthcare provider community shared a number of concerns with Rep. DuBuisson throughout the process. When the bill reached the Senate floor, new information developed and Rep. DuBuisson asked that the bill be returned to the calendar. **The insurers have expressed a desire to come back next year.**

HB 370 by Rep. Julie Stokes prohibits a health insurer from using step therapy or fail first protocols as the basis to restrict any prescription benefit for the treatment of a person with stage-four advanced, metastatic cancer if one of the following three criteria is met: (1) the prescribed drug or drug regimen has the United States Food and Drug Administration approved indication; (2) the prescribed drug or drug regimen has the National Comprehensive Cancer Network Drugs and Biologics Compendium indication, or (3) the prescribed drug or drug regimen is supported by peer-

Legislative and Advocacy Committee Report, continued

General Assembly – August 2, 2019 – New Orleans, LA

Your LAFP Legislative Affairs Committee

The following LAFP members serve on the Legislative and Advocacy Committee:

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Pheobe Askie, MD	Chris Foret, MD	M. Tahir Qayyum, MD
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Houston Bonnyman, MD	Emily Holt, DO	Nicholas Seeliger, MD
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Lacey Cavanaugh, MD	Edith Chimezie Mbagwu, MD	James A. Taylor, Jr., MD
Mark Dawson, MD	Joseph Nida, MD	
Phillip Ehlers, MD	Bryan Picou, MD	

Respectfully submitted,

Richard Bridges, MD

2018-2019 Legislative and Advocacy Committee Chair