

# Health Care Highlights<sup>®</sup>

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

**April 20, 2015**

**VOLUME 27, ISSUE 11**

Welcome to the 11<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.

*Health Care Highlights* is published weekly during the regular legislative session and extended Budget session, and monthly during the interim periods between legislative sessions by the firm **Government Relations Specialists, LLC**.

*Health Care Highlights* provides a special focus on health topics of interest, legislative health deliberations, and a special section featuring the history and status of all health care bills enacted by the West Virginia state Senate and the House of Delegates throughout legislative sessions, which have now been approved by the Governor.

As in past years, we follow issues relating to patient advocacy; hospice services and end-of-life decisions; organ and tissue donation and education; diabetes programs; primary and specialty medical practices; behavioral health initiatives; child health care services; hospital topics; health care delivery systems; pharmaceutical availability; insurance coverage; health care management; preventive health and wellness programs; children topics, and public safety.

These are the issues represented by the firm **Government Relations Specialists, LLC**, publisher of *Health Care Highlights*.

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## ***Manchin Will Not Run for Governor***

*Hot off the press* -- U.S. Sen. Joe Manchin announced yesterday morning on CBS' "Face the Nation" that he will not run for a third term as governor of West Virginia in 2016. He said that he will remain in the U.S. Senate and will run for re-election for that seat in 2018.



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## ***Interims Under Way; Health-Related Study Topics Identified***

The West Virginia Legislature held a daylong series of interim legislative committee meetings in Charleston last Monday (April 13), and set the agenda of study topics for the months ahead. A more broad range of interim meetings are expected to get under way in June.

West Virginia Senate President Bill Cole and House Speaker Tim Armstead finalized the list of health-related topics to be considered by committees during this interim period between the end of the 2015 legislative session in March and the beginning of the second session of the 82<sup>nd</sup> West Virginia Legislature next January.

Among the health-related topics to be considered by the Joint Committee on Health or the Legislative Oversight Commission on Health and Human Resources Accountability (LOCHHRA) are:

- Public-private partnership model for the operation and maintenance of all or some of the state's hospitals and nursing facilities;
- Pharmaceutical benefits management industry;
- Need for health insurance policies to provide adequate coverage to encourage adoption of abuse deterrent formulation technologies for opioids in order to assist in the state's continuing efforts to eliminate prescription drug abuse;
- WV Health Care Authority and the certificate of need process;
- Managed health care system within the Bureau for Medical Services;
- State hospitals related to the Hartley case;
- Insurers cover topical ophthalmic treatment early refills in a manner similar to or consistent with CMS guidelines;
- Access costs associated with cancer clinical trials;
- Study of school-based Medicaid programs;
- Drug testing for welfare recipients and/or for teens obtaining a driver's license; and,
- Teen pregnancy rates in WV.

Several other peripheral study issues may merit scrutiny in the coming months. These include:

- State Police: Increased options for dealing with drug cash transfers via gift cards / Western Union cards;
- Creation of Office of Inspector General;
- Audits of state government agencies;
- Issues, needs and challenges facing senior citizens in this state;
- Statewide fiber optic broadband infrastructure network; and,
- Strategies to assist and attract small businesses.

The remaining legislative interim committee schedule through January 2016 will consist of two-day sessions, rather than the traditional three-day sessions of the past, saving taxpayers as much as \$500,000 to \$700,000, according to Armstead. The schedule is subject to additions and modifications, and some committees such as the Rules Committee and the Joint Select Committee on Tax Reform can meet outside of the regular interim schedule. The current schedule includes:

- June                7-8        2015
- September       13-14    2015
- October           18-19    2015
- November        15-16    2015

The 2016 regular session of the West Virginia Legislature convenes on January 13, 2016.

## ***WV 5<sup>th</sup> State to Enact the Interstate Medical Licensure Compact***

West Virginia joined four other states last month in enacting the Interstate Medical Licensure Compact, which supports medical license portability between states and expands access to health care, particularly to those in underserved areas.

“This important legislation streamlines the process to allow physicians to be licensed in multiples states,” explained Robert C. Knittle, executive director of the West Virginia Board of Medicine. “It doesn’t change our state’s medical practice standards. It simply establishes a voluntary, expedited pathway for physicians to seek medical licenses in multiple states, while ensuring state regulatory oversight necessary to protect patients.”

Knittle said the legislation clarifies that the physician must be licensed in the state where the patient is located. It further affirms that the practice of medicine occurs where the patient is located at the time they are treated by a physician.

Gov. Earl Ray Tomblin signed the legislation (**HB 2496**) on March 31, with an effective date of June 10. The bill had overwhelming, bipartisan support in both the state Senate and House of Delegates, and strong endorsements from both the Board of Medicine and the WV Board of Osteopathic Medicine, as well as the Federation of State Medical Boards.

“This recognizes the realities of modern medicine and the ongoing development of telemedicine and other medical technologies. It’s a common-sense solution that is gaining momentum across the country,” Knittle said.

West Virginia joined Idaho, South Dakota, Utah and Wyoming among states that have approved Interstate Compact legislation. A sixth state, Montana, passed the legislation after West Virginia’s action. Bills in two other states, Alabama and Illinois, are close to passage. To formalize the compact agreement, it must be enacted in at least seven states or U.S. jurisdictions. Under the legislation, the Compact will create an Interstate Commission to facilitate multi-state physician licensure for highly qualified physician applicants who meet eligibility criteria. Member states will also be allowed to collaborate on disciplinary matters.

## ***Governor Vetoes Raw Milk, Hydrocodone Bills***

Gov. Earl Ray Tomblin vetoed two additional health-related bills following the regular session and extended budget session in March, including controversial legislation to permit shared ownership agreements to consume raw milk (**SB 30**) and legislation that would have permitted certain optometrists, advanced practice registered nurses and physician assistants to prescribe Schedule II hydrocodone combination drugs for up to three days per 30-day period (**HB 2776**).

Raw milk legislation is certain to be reintroduced in 2016, as proponents staged a rally at the Statehouse last week. They say the issue is one of freedom, not of public health.

The bill would have permitted shared ownership agreements in order to consume raw milk. It would have required a written document acknowledging the inherent dangers of consuming raw milk, provided immunity to the herd seller, who would agree not to distribute raw milk. It would prohibit the sale or resale of raw milk, required herd-sharing agreements be reported, and required physicians to report any disease or diagnosis related to consumption of raw milk to a local health department.

Opponents in the medical community 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. The bill passed the Senate by an 18-15 vote, and the House by 78-15.

The Governor, in his message about the veto, said signing the bill “would pose a serious risk to public health. ... A product with these types of health risks should be subject to more supervision than merely requiring a person to release the seller from liability for such risk.” He said the Bureau for Public Health should have been given oversight and regulatory authority in raw milk production.

Meanwhile, the hydrocodone bill which originated in the House Health Committee, was deemed necessary when the federal government moved these drugs from Schedule III to Schedule II last year. In his veto message, however, the Governor said the term “hydrocodone combination drug” is not defined in WV Code or in the bill. He said the bill conflicts with other sections of state Code and “does not place any limit on the aggregate dosage that may be prescribed in a 72-hour period.”

## ***Parity Law Eases Financial Strain for Patients Already in their Toughest Battle***

*<Editor's Note: Following is a new release distributed to statewide media after Gov. Earl Ray Tomblin signed **HB 2493** into law on March 25. We are truly grateful to the Governor and the Legislature for enacting this important legislation. Nancy shared her story with Beth Vorhees of West Virginia Public Broadcasting following this news release - which will be a featured two-part interview to be aired soon.>*

Longtime health care advocate and retired lobbyist Nancy Tonkin's ongoing battle against cancer unexpectedly placed her at the local forefront of a growing national trend toward insurance parity legislation.

Tonkin, founder and president of Tonkin Management Group, was diagnosed in late 2013 with Stage IV lung cancer that metastasized into her bones and liver. She began taking the oral anti-cancer drug Tarceva® at the recommendation of her oncologist. Tarceva, administered daily in pill form, attacks only aberrant cells and not other, healthy cells in the body, resulting in fewer side effects.

"I was fortunate to get signed up for a grant to help cover the patient co-pay component," Tonkin recalled. "I did not realize how much it was going to be monthly until July, when my grant ran out."

Under Tonkin's health insurance policy, she pays half of all pharmaceutical costs. Tarceva costs \$6,000 per month. From July through December 2014, Tonkin paid \$3,000 per month for the daily chemotherapy medication, in addition to other medication co-pays and her monthly insurance premium.

In the future, West Virginia's new health insurance parity law will ease the financial burden for patients like Tonkin. Recently signed by Gov. Earl Ray Tomblin, the law prevents insurance companies from charging higher copayments, deductibles or coinsurance for oral anti-cancer treatments in comparison with traditional intravenous therapies.

"This important legislation removes roadblocks and improves access to care for an often life-threatening illness," Tomblin said. "All West Virginians can identify with this issue, because, unfortunately, we all have family members or know someone who is affected by cancer. We want to assure that treatment decisions always are made in the best interests of the patient."

The legislation, **HB 2493**, unanimously passed the state Senate on March 12 after clearing the House of Delegates in a near-unanimous vote on Feb. 24. Effective on June 10, the new law brings West Virginia in line with the surrounding states of Ohio, Kentucky, Virginia and Maryland. A federal bill, known as the Cancer Drug Coverage Parity Act, has been introduced in Congress.

"Oral medication parity at the state level is an important step in addressing access inequality for cancer patients," said Raymond Wezik, global advocacy executive for the International Myeloma Foundation. "The IMF hopes that Congress will take note of what West Virginia and 36 other states plus the District of Columbia have done across the country to ensure patients can afford their doctor-prescribed treatment."

The cost 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 often have higher copays and deductibles.

"Oral therapies allow patients to lead a more normal life, because they can be administered in the comfort and convenience of home," said Delegate John B. McCuskey, chair of the House Banking and Insurance Committee. "By keeping out-of-pocket expenses on a par with traditional IV therapies, we don't punish patients who choose this option or are directed to this option by their doctor. Furthermore, certain anti-cancer drugs are available only in oral form, so the disparity presented a question of access, which this bill now solves."

McCuskey added, "Most importantly, I am proud to have worked with providers and insurers and patients to craft a bill that will make life just a little easier for those who are suffering through a most difficult time in their lives."

Overall, oral medications actually may reduce costs to the health care system because they don't have to be administered in a clinical environment, and don't require IV ports, health care personnel and time. There is also a cost savings benefit to employers and employees because patients don't have to take time off from work.

### ***Parity Law Eases Financial Strain ... continued***

“This is good, compassionate legislation that will be helpful for many patients,” said Sen. Ed Gaunch, vice chair of the Senate Banking and Insurance Committee. “My understanding is that insurance premium cost adjustments are nominal, if any are necessary at all.”

Gaunch further explained, “Our bill doesn’t mandate that insurers cover oral chemotherapy. Instead, it simply requires that if a health plan does cover chemotherapy, the patient’s out-of-pocket costs must be the same, regardless of how the therapy is administered – orally or intravenously.”

Requirements under new law apply to policies or contracts issued or renewed after Jan. 1, 2016. The legislation also allows for health insurance company cost containment measures if the cost of compliance exceeds 2 percent of the total cost of coverage.

### ***Regional Task Force Meetings Scheduled***

The Governor's Substance Abuse Regional Task Force meetings have been scheduled throughout West Virginia next month. The “round 16” learning sessions on May 4-13 will focus on treatment approaches to the opioid epidemic in the Mountain State, including discussions on “Abstinence-based Treatment” and “Medication Assisted Treatments.”

Speakers will include Dr. Carl "Rolly" Sullivan and Dr. James Berry.

Berry is assistant professor with the Department of Behavioral Medicine and Psychiatry at West Virginia University, and serves as medical director of Inpatient Acute Psychiatric Services and assistant director of Outpatient Addiction Services at the Chestnut Ridge Center, the psychiatric center for WVU Hospitals. He is the recipient of the 2014 WVU School of Medicine Distinguished Teacher Award.

Sullivan is currently a board member of the West Virginia Professionals Health Program and the Governor's Advisory Council on Substance Abuse, and co-host of the West Virginia Public Television show, "Doctors on Call." He also hosts biweekly infomercials for "WVU Health Report."

Sullivan is board certified in internal medicine, psychiatry and addiction psychiatry and has a strong background in clinical, education and research in the field of addiction medicine. He has participated in more than two dozen nicotine clinical trials as well as for the use of buprenorphine. Sullivan previously was medical director of Chestnut Ridge Hospital for nine years and chaired the Departmental Executive Committee for 13 years. He has lectured statewide, nationally and internationally on addiction medicine. At the request of former U.S. Rep. Alan Mollohan, he testified before a House subcommittee on prescription drug misuse in Appalachia in 2002.

The meeting schedule is as follows:

- Region 1 (Brooke, Hancock, Marshall, Ohio and Wetzel counties): 6-8 p.m. May 5 at Weirton Area Medical Center;
- Region 2 (Berkeley, Grant, Hampshire, Hardy, Mineral, Morgan, Jefferson and Pendleton counties): 12:30-2:30 p.m. May 4 at South Branch Inn, Romney;
- Region 3 (Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wood and Wirt counties): 6-8 p.m. May 6 at WVU Parkersburg College Theater, Parkersburg;
- Region 4 (Barbour, Braxton, Doddridge, Gilmer, Harrison, Lewis, Marion, Monongalia, Preston, Randolph, Taylor, Tucker and Upshur counties): 6-8 p.m. May 4 at Lakeview Resort, Morgantown;
- Region 5 (Boone, Cabell, Clay, Kanawha, Lincoln, Logan, Mason, Mingo, Putnam and Wayne counties): 6-8 p.m. May 11 at Saint John XXIII Pastoral Center, Charleston; and,
- Region 6 (Fayette, Greenbrier, McDowell, Mercer, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster and Wyoming counties): 6-8 p.m. May 12 at Beckley-Raleigh County Convention Center, Beckley.

## ***Manchin Attacks Prescription Drug Abuse***

Sen. Joe Manchin, speaking earlier this month at the National Prescription Drug Abuse Summit in Atlanta, announced plans to introduce two new pieces of legislation to help curb substance abuse. “Our nation has reached a crisis point, and ignoring the problem is simply unacceptable,” Manchin said. “We have a responsibility to this great nation of ours – especially to our children – to win this war on prescription drug abuse.”

Manchin said prescription drug abuse is the fastest growing drug problem in the U.S. According to a report issued by the Centers for Disease Control, the death toll from overdoses of prescription painkillers has more than tripled in the past decade. More than 40 people die every day from overdoses involving narcotic pain relievers, more than from heroin and cocaine combined.

“West Virginia ... has the highest drug overdose death rate in the country. Nearly 90 percent of those deaths are linked to prescription drug abuse. This is simply unacceptable,” Manchin said.

Manchin will introduce the Prescription Drug Abuse Prevention and Treatment Act and the FDA Accountability for Public Safety Act. The Prescription Drug Abuse Prevention and Treatment Act:

- Authorizes \$15 million per year from 2016 to 2020 to establish a grant program for states or non-profits to conduct culturally sensitive consumer education about opioid abuse.
- Strengthens training requirements for medical practitioners eligible to prescribe opioids or participating in opioid treatment programs. The practitioner must complete at least 16 hours of training every three years on 1) the treatment and management of opioid-dependent patients; 2) pain management treatment guidelines; and, 3) early detection of opioid addiction.
- Requires states to provide law enforcement officials information from the prescription monitoring program database on any individual who is the subject of an active drug-related investigation.
- Authorizes Medicare Part D prescription drug plan sponsors to establish a drug management program for Medicare beneficiaries deemed at-risk of prescription drug abuse.

Under the FDA Accountability for Public Safety Act:

- Experts’ voices would be heard when the FDA is considering new, dangerous opioid medications.
- All opioid medications would be subjected to advisory committee review and recommendation before the FDA makes a decision on approving an opioid.
- If the Advisory Committee does not approve of an opioid medication due to concern over consumer health and safety – just as the committee acted with respect to Zohydro – the FDA commissioner would be required to make the final decision regarding drug approval.
- The FDA must submit a report to the chair and ranking member of the relevant committees that includes medical and scientific evidence regarding patient safety that clearly justifies why they ignored the Advisory Committee’s recommendation, and it must also include any conflicts of interest that FDA officials involved in the decision may have. The FDA must also submit a copy of this report to any member of Congress who requests a copy.
- The FDA commissioner would be required to testify before Congress as to why the FDA ignored its own Advisory Committee at the request of the appropriate committee.
- Distribution of the drug would be prohibited until the report is submitted to Congress.

## ***West Virginians Should Document End-of-Life Wishes***

*<Editor's Note: This guest column by Dr. Alvin H. Moss, director of the West Virginia Center for End-of-Life Care, based in Morgantown, was distributed to state newspapers earlier this month.>*

The good news is that West Virginians lead the nation in at least one positive health care statistic. Our residents are more likely than those in most other states to have filled out an advance directive such as a living will or medical power of attorney.

The bad news is that even as one of the best in the nation, only about half of Mountain State residents have taken the time to ensure they will receive the level and kind of treatment they prefer as they near the end of life. Now is the perfect time to change that.

The West Virginia Center for End-of-Life Care, which receives funding from the state Department of Health and Human Resources, coordinated efforts of numerous other groups around the state in celebrating National Healthcare Decisions Day on April 16. While there's never a bad time to tell your health care providers and loved ones what your treatment preferences are, this is a reminder of an ideal opportunity to do so while it's at the top of your mind.

Most people who have been informed about its benefits want to complete a living will that indicates what care they do – or do not – want when they are dying and unable to communicate for themselves. Likewise, it is really a good idea to complete a medical power of attorney to specify who should make decisions for you when you are unable to make them for yourself. Depending on your personal condition, you and your physician may also want to consider a “Do Not Resuscitate” card that indicates you are not to receive CPR if your heart stops or if you stop breathing.

The West Virginia system also includes the option for seriously ill patients of completing a POST form (Physician Orders for Scope of Treatment) that converts your wishes into medical orders that are honored throughout all health care settings. 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.

All four of these forms can be entered into the online WV e-Directive Registry, which will allow medical personnel anywhere in the state to know how to treat you according to your wishes in a medical crisis. Once you have completed any of these forms, fax a copy to the West Virginia Center for End-of-Life Care at 304-293-7442 so that it can be entered into the registry, which is part of the West Virginia Health Information Network.

Advance directives make it much easier for families to decide what treatments their loved ones should receive at the end of life. In the combined living will and medical power of attorney form, the most commonly used advance directive in West Virginia, individuals can name someone they trust to make decisions for them and provide directions for the types of treatment they do and do not want at the end of life.

It's vital that people choose for themselves how they want to spend their final days. Although there has been much talk nationally about “death panels,” filling out the appropriate forms will ensure that West Virginians retain control over their own lives and medical treatment.

In this country we have over-medicalized death. We all will die. We can die well – with our wishes respected and our pain controlled – or poorly, receiving treatments that we did not want and in extreme pain surrounded by strangers. Fortunately, West Virginians can decide for themselves how they want to spend their final weeks, days and hours, and they have their choice of advance directives and a statewide system to ensure that those directives are respected when the time comes.

Pledge to yourself – and just as importantly your family – that by the time National Healthcare Decisions Day ends, you will have taken steps to make sure your wishes are clear to your family or the person you choose to make decisions for you if you can't make them for yourself.

To find out more about the West Virginia Center for End-of-Life Care, just visit the website [www.wvendoflife.org](http://www.wvendoflife.org) or call 877-209-8086. The center also provides free information and tools (including free advance directives forms) to help West Virginians to put their wishes in writing so that they will be followed.

## ***Moss Recognized as National Leader***

Dr. Alvin H. Moss, executive director of the West Virginia Center for End-of-Life Care and director of the Center for Health Ethics and Law at West Virginia University's Robert C. Byrd Health Sciences Center, received the American Association of Kidney Patients' 2015 Medal of Excellence Award, which recognizes visionaries whose insight and perseverance have led to dramatic advances that improve the care of patients with kidney disease. It is the group's highest honor for health care professionals.

"The issue of how people are treated when faced with serious illness is a critical one," Moss said. "I have sought to ensure that patients are well informed and share in the decisions about all aspects of their care with their physicians."

The West Virginia Center for End-of-Life Care provides guidance to health care professionals and the general public about the importance of advance directives such as Living Wills and Medical Powers of Attorney and medical orders including West Virginia's POST (Physician Orders for Scope of Treatment) form. The center also maintains the e-Directive Registry, a secure database where medical professionals can access patients' forms in a medical emergency to respect their wishes.

"West Virginia is a national leader in the number of people who fill out at least one of these forms," Moss noted. "We appreciate the support of the Department of Health and Human Resources as we continue this important mission."

Moss is a graduate of Harvard University and the University of Pennsylvania School of Medicine. For more information about the West Virginia Center for End-of-Life Care or the West Virginia e-Directive Registry, call 1-877-209-8086 or visit [www.wvendlife.org](http://www.wvendlife.org).

## ***CORE Celebrates "Donate Life" Month***

The Center for Organ Recovery and Education (CORE) is celebrating National Donate Life Month in April. This is an annual initiative of Donate Life America, encouraging people to register to become organ, tissue and cornea donors and to learn about the gift of donation by attending community events throughout the region. Nearly 124,000 people across the country are waiting for an organ transplant, and at least 18 will die each day without receiving one.

"Organ, tissue and cornea donation provides hope, strength and life to others, and registered donors offer hope to those waiting. With the number of people waiting for a transplant far exceeding the organs, tissues and corneas that are transplanted, the need is great," said Susan Stuart, president and CEO of CORE.

To encourage organ donation awareness throughout the month, CORE has tables at Division of Motor Vehicles locations in Beckley, Bridgeport, Charleston, Elkins, Flatwoods, Lewisburg, Logan, Moorefield, Morgantown, Moundsville, Point Pleasant, Princeton, Romney, Spencer, Weirton, Welch, Williamson and Winfield. The organization has had booths at such events as the West Virginia Home Show at the Charleston Civic Center, as well as donor recognition events like a tree planting ceremony by United Hospital Center last week at the Peoples Hospice Memorial Garden in Clarksburg.

CORE is one of 58 federally designated not-for-profit organ procurement organizations in the U.S. CORE works closely with donor families and designated health care professionals to coordinate the surgical recovery of organs, tissues and corneas for transplantation. CORE also facilitates the computerized matching of donated organs and placement of corneas.

With headquarters in Pittsburgh and an office in Charleston, CORE oversees a region that encompasses 155 hospitals and almost six million people throughout western Pennsylvania, West Virginia and Chemung County, NY. For more information, visit [www.core.org](http://www.core.org) or call 1-800-DONORS-7.



## West Virginia Legislature

### FINAL Health Care Bill Status as of 4/17/15

***\*Only ENACTED bills are listed for the 2015 regular session and extended session on the Budget Bill. All others are considered INACTIVE or DEAD because they were not passed by the Legislature, or were vetoed by the Governor. This update includes final actions on bills by the Governor.***

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. Completed legislation, approved by Governor with deletions and reductions, effective from passage.

**[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, approved by Governor with deletions, effective from passage.

**[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, approved by Governor with deletions, effective from passage.

**[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, approved by Governor, effective from passage.

**[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, approved by Governor with reductions, effective from passage.

## **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** *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, approved by Governor, effective June 11.*

**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, approved by Governor, effective June 12.*

**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, approved by Governor, effective June 7.*

**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, approved by Governor, effective June 7.*

**HB 2496** Ellington+ **Adopts Interstate Medical Licensure Compact** *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 was supported by the state Board of Medicine and the state Board of Osteopathic Medicine. Similar legislation has been passed in 5 other states and introduced in 16 other states. To formalize the Compact agreement, it must be enacted in seven states or U.S. jurisdictions. Completed legislation, approved by Governor, effective June 10.*

**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, approved by Governor, effective June 10.*

## 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, approved by Governor, effective June 16.*

**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, approved by Governor, effective June 7.*

## 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, approved by Governor, effective from passage.*

**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, approved by Governor, effective June 8.*

**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, approved by Governor, effective from passage.*

## 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, approved by Governor, effective June 11.**

**SB 274** Cole+ **Allows flexibility to DHHR in complying with TANF Bill proposed by Governor. 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, approved by Governor, effective June 12.**

**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, approved by Governor, effective June 12.**

**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, approved by Governor, effective June 12.**

**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, approved by Governor, effective June 9.**

**HB 2493** McCuskey+ **Prohibits higher copayments, deductibles or coinsurance for oral anti-cancer medications The bill 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 removes 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 don't apply to Medicare or Medicaid. Health plans covered under the federal Employee Retirement Income Security Act (ERISA), also are exempt. The bill doesn't 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, approved by Governor, effective June 10.**

### **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. 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, approved by Governor, effective from passage.**

**SB 532** Trump+ **Provides civil immunity for clinical practice plans, and medical and dental schools Completed legislation, approved by Governor, effective June 10.**

**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, approved by Governor, effective June 11.*

#### **MISCELLANEOUS**

**SB 425** Plymale+ **Provides WVU, MU and WVSOM more authority to invest assets** *Completed legislation, approved by Governor, effective June 12.*

**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, approved by Governor, effective June 11.*

**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, approved by Governor, effective June 10.*

**HB 2797** Campbell+ **Changes terminology in code to “intellectually disabled” and “disabled”** *Replaces outdated code using the terms “mentally retarded” and “handicapped. Completed legislation, approved by Governor, effective June 10.*

#### **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, approved by Governor, effective July 1.*

#### **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, approved by Governor, effective June 12.*

**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, approved by Governor, effective June 16.*

**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, approved by Governor, effective June 10.*

**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, approved by Governor, effective June 16.*

**[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, approved by Governor, effective June 10.*

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

**[SB 88](#)** Stollings+ **Requires state and federal criminal background checks for providers in WVCARES program** Completed legislation, approved by Governor, effective June 12.

**[HB 2976](#)** Pasdon+ **Expands master’s/doctoral programs for nursing scholarship** Completed legislation, approved by Governor, effective from passage.

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

**[SB 277](#)** Miller+ **Requires issuance of certificate of birth resulting in stillbirth** Completed legislation, approved by Governor, effective June 7.

**[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.*

#### **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, approved by Governor, effective from passage.*

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**)

## ***MACRA Passes U.S. Senate***

Passing along information from the West Virginia State Medical Association's website: Last Tuesday (April 14), the U.S. Senate passed H.R. 2, the "Medicare Access and Chip Reauthorization Act," or MACRA, in identical form to the version that passed the House of Representatives on March 26. The bill has been sent to the White House.

The WVSMA reported: "Medicare was scheduled to begin processing claims on April 15 for services provided in April. While the Medicare Administrative Contractors (MACs) have been instructed to implement the rates in the legislation, a small volume of claims will be processed at the reduced rate based on the negative update amount. The MACs will automatically reprocess claims paid at the reduced rate with the new payment rate, so no action is necessary from providers who have already submitted claims for the impacted dates of service. Under the provisions of H.R. 2, the fee schedule conversion factor will be increased by 0.5 percent on July 1, and by another 0.5 percent on January 1, 2016.

Congressman Evan Jenkins, former executive director of the WVSMA, provided this statement: "After years of uncertainty with patch after patch, patients and doctors finally have relief from the burdensome, unworkable and unaffordable threat of implementation of the sustainable growth rate. Doctors will not have to worry every six months or 12 months about massive cuts from Medicare and hope Congress passes another patch. I have pushed for this since the day I was sworn into office as a member of Congress and I proudly voted for the full repeal of the SGR to ensure our seniors could continue seeing the doctors of their choice. This is a perfect example of what we can accomplish when Congress works together to address the problems Americans face."

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

... Charleston Area Medical Center hosted a grand opening celebration of its new Cancer Center on Saturday, inviting the public to tour the new facility at the site of the former Watt Powell Park. Earlier this month, the final steel beam was placed in a three-floor expansion project atop the surgical suites at CAMC Memorial Hospital. Busy times ...

... The annual West Virginia Immunizations Summit is scheduled June 16-17, at the Charleston Civic Center, in partnership with the KidStrong Conference. The summit is targeted toward public and private sector organizations with an interest in addressing and resolving immunization issues in West Virginia. Various sessions at the Summit will be targeted toward health care and public health professionals, educators, students, business leaders, consumers, and others interested in reducing vaccine-preventable diseases in West Virginia. Planned sessions include: 2015 Immunization Update; Storage and Handling; Pneumococcal Vaccination; Engaging Patients and Families Through Social Media; HPV; and Responding to requests for Delayed Vaccine Schedules. Visit <http://wvruralhealth.org> for details. ...

... Members of the Public Employees Insurance Agency will face an additional \$500 deductible if they fail to register for the agency's Healthy Tomorrows program and choose a primary care physician during the open enrollment period that ends May 15, according to PEIA Director Ted Cheatham. "There are a lot preventable diseases out there—high blood pressure, cholesterol, heart disease—and we want to make people aware of that," Cheatham told *MetroNews*. "We're asking them ... to pick a primary care physician ... and start to manage their health."

... Bruce Carter officially stepped down this month after 28 years as CEO of United Hospital Center in Bridgeport. A health care leader for 36 years, Carter's administration oversaw the construction of a new hospital facility and cut the ribbon on a new United Orthopaedic and Spine Center on April 2. Carter announced his pending retirement last September (*HCH*, Vol. 26, Issue 14) and a hospital search committee named Michael Tillman as his replacement. The 292-bed facility (plus 24 observation rooms) boasts a medical staff of more than 140 physicians and 2,000 employees. ...

... Gretchen K. Garofoli, PharmD, clinical assistant professor in the West Virginia University School of Pharmacy Department of Clinical Pharmacy, has received the American Pharmacists Association's 2015 Distinguished New Practitioner award. The APhA represents more than 62,000 practicing pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians, and others interested in advancing the profession of pharmacy. ...

... The West Virginia Department of Health and Human Resources distributed annual cards to Medicaid beneficiaries this month, replacing the monthly card distribution. Cindy Beane, acting commissioner for DHHR's Bureau for Medical Services, said the change could save the state as much as \$2.5 million annually in printing and postage costs. Going forward, new cards will be sent to Medicaid beneficiaries each January. ...

# ***Health Care Highlights®***

**Thom Stevens, Editor**

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

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## ***Quotes of Note:***

### ***“Surprise, surprise.”***

- Delegate Brent Boggs, prefacing questions for Acting Commissioner Cindy Beane of the Bureau for Medical Services regarding the Medicaid Waiver program. Boggs has long been concerned about a waiting list of applicants to the program.

***“Mr. Speaker asked me to come over this afternoon and talk about potholes, and what we are doing to alleviate them. The roads fell apart on us in February and March. Now, it seems like every time we get a hard rain, the potholes get bigger. I am asking for your patience.”***

- WV Transportation Secretary Paul Mattox, during a presentation last Monday (April 13) to the Joint Committee on Government and Finance.

### ***“Must be in a different part of the state.”***

- Senate President Bill Cole’s deadpan quip in response to Transportation Secretary Paul Mattox, who said increased car sales correspond with a \$20 million upswing in privilege tax revenues this year. Cole owns a Bluefield auto dealership.

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

**Welcome to the 11th Issue in 2015**

**Manchin Will Not Run for Governor**

**Interims Under Way; Health-Related Study Topics Identified**

**WV 5<sup>th</sup> State to Enact the Interstate Medical Licensure Compact**

**Governor Vetoes Raw Milk, Hydrocodone Bills**

**Parity Law Eases Financial Strain for Patients Already in their Toughest Battle**

**Regional Task Force Meetings Scheduled**

**Manchin Attacks Prescription Drug Abuse**

**West Virginians Should Document End-of-Life Wishes**

**Moss Recognized as National Leader**

**CORE Celebrates “Donate Life” Month**

**Complete Analysis of Enacted Health Care Bills**

**MACRA Passes U.S. Senate**

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

**Quotes of Note**