

July 1, 2019

Pharmacy Benefit Managers, Public Health Initiatives, and Medical Marijuana

Just after 1 o'clock this morning, legislators of both chambers adjourned the 2019 legislative session. This is a stark contrast to last year's adjournment of 8:00 a.m. and a late budget two years ago. This year was punctuated by an early budget and dozens of health care bills, as well as the announcement of the retirement of long-time Senator Harris McDowell.

Here is a wrap up of some of the bills MSD worked on.

Passed: Insurance Coverage for Medication Assisted Treatment (HB 220) & Access to Prescribers (HJR 6) - Working with the Ability Network of Delaware, the American Medical Association (AMA), the American Psychiatric Association, the Psychiatric Society of Delaware and patient advocacy groups, the legislature passed critical legislation, HB 220, to remove a cost barrier to Medication Assisted Treatment. The legislature also passed a resolution based on the <u>Pew Report</u> to discuss ways to increase patient access to health care professionals who can prescribe buprenorphine.

Passed: Insurance Stabilization 1332 Waiver (HB 193) - In an attempt to lower rates on the individual health insurance market to a more affordable level and entice new enrollees, the legislature passed HB 193 to create a reinsurance program with the goal of lowering rates by 20%. Similar action in states such as Maryland were successful.

Passed: Kids Menus (HB 79) - In a new national push to address childhood obesity and diabetes, the Delaware Chapter of the American Academy of Pediatrics and the Medical Society of Delaware supported the passage of legislation designed to help address the amount of sugar that children consume through sugary drinks. Based on a City of Wilmington ordinance, restaurants in Delaware that offer a kids meal can no longer offer soda as the default beverage with the meal. A soda can still be chosen, but it must be opted into, instead of opted out.

Passed: Prior Authorization Reform: Step Therapy (SS1 to HB 105) -MSD partnered with State Access to Innovative Medicines (SAIM) Coalition to pass step therapy reform. This legislation creates a standardized method to help patients either start or maintain a course of treatment across payers. Step therapy, also known as "fail first," leaves many patients with individualized needs without access to the medications their physician prescribes. Worse, there previously was not an evidence-based pathway for physicians to advocate for their patient's care with the payers.

Passed: Access to Primary Care: State Infrastructure (SB 116) - Building upon MSD's work to stave off the collapse of our primary care infrastructure in passage of SB 227, the legislature passed a follow-up bill this year, SB 116. This legislation creates necessary infrastructure within the Department of Insurance. This Infrastructure will provide important additional health care expertise within the Department, dedicated to the issue. These experts will inform the ongoing policy, not only in primary care, but also on other ongoing efforts such as the Governor's benchmark that is attempting to put downward pressure on health care costs in Delaware and works hand-in-glove with the primary care efforts.

<u>Passed: Pharmacy Benefit Managers (HB 194)</u> - The Insurance Commissioner spearheaded important legislation that MSD supported to bring Pharmacy Benefit Managers (PBM's) into the light by giving the Insurance Commissioner licensing and oversight power of these entities.

<u>Held Over: Genetic Discrimination (SB 144)</u> - MSD and the AMA assisted a proactive sponsor to refine her SB 17 to create national model legislation to extend genetic discrimination protections present in health insurance to other insurance products after patient reports of deferred or foregone clinical genetic such as testing from BRCA-1 and BRCA-2.

Held Over: Marijuana Legalization (HB 110) & Home Grow Medical Marijuana (HB 243) - Refiled recreational use legislation was held in the Appropriations Committee after being released from Revenue Committee. It was unlikely the legislation could expect the votes it needed to pass the House Chamber in the face of staunch opposition from MSD, law enforcement, health care allies, and addiction advocates.

In a parallel debate, many medical marijuana bills were filed this year; toooften they were harmful to the program or dangerous to patients. MSD has been vigilant in ensuring that the medical marijuana program remains evidence-based and not a back door to legalization. Perhaps most-prominent, a home-grow bill had been expected for some time, but HB 243 narrowed its scope to the medical marijuana program. It did not receive a committee hearing before the legislature broke.

<u>Held Over: Physician-Assisted Suicide (HB 140)</u> - A last-minute push by advocates to move legislation to legalize the practice of physician-assisted suicide fell short and the legislation received no further action after previous efforts to hold the legislation in committee were successful. After re-polling its membership on this difficult issue, MSD continues to work in opposition to this practice.

<u>Held Over: Urgent Care & Medical Aid Unit Licensing (SB 171)</u> -Legislation that would have pulled Medical Aid Units and Walk-in Clinics into the same licensing scheme as Urgent Care Centers was voluntarily held over by the sponsor for continued work with the stakeholders.

<u>Held Over: Lead Screening (HB 166)</u> - Legislation looking at the important issue of pediatric lead screening was held by the sponsor to allow the recentlyreinvigorated Childhood Lead Advisory Committee to meet with stakeholders to address the nuanced challenges the issue presents. As-drafted, the legislation would require capillary blood screening of all children aged one and two with follow-up venous testing for children who tested positive for the screening. Pediatricians and family physicians raised concerns that national standards have moved away from universal blood screening in favor of other tools like epidemiological studies to help identify problem areas in the population.

To Implement: Electronic Prescribing (HB 115) - The Governor signed legislation that starts a parallel clock to Medicare in Delaware: by 2021 all controlled substances are to be prescribed electronically. Additionally, policymakers in Delaware expanded this requirement to all prescriptions on the same timeline, while still allowing paper prescriptions to be honored to ensure patient access. MSD is working to ensure that the proper infrastructure supports are in place over the coming years to ensure an as-smooth-aspossible rollout of this policy and non-punitive enforcement with liberal waivers for situations that may be experienced by individual practices.

View MSD 150th General Assembly Health Care Related Bill Chart

If you have questions, please contact Mark B. Thompson, MHSA, Executive Director at 302-444-6958, Mark. Thompson@medsocdel.org or Drew Wilson, Esquire at 302-888-6878, awilson@morrisjames.com.

MSD actively monitors all health related legislation and maintains an active and visible presence in Legislative Hall on your behalf.

The Medical Society of Delaware *Legislative e-update* is a benefit to our members, providing information on legislative activity of interest in the 150th General Assembly in Dover.

