

Government Relations Update – April 9, 2019

Pennsylvania Issues

Legislation

- **SB 25:** Professional Nursing Law. On February 27, 2019, Senator Camera Bartolotta (R – Beaver) introduced legislation to allow nurse practitioners to practice and write prescriptions without a collaborative agreement following the completion of a three year period with at least 3,600 hours of physician collaboration. Senators Lisa Boscola (D – Lehigh, Northampton) and Robert Mensch (R – Berks, Bucks, Montgomery) serve as co-sponsors of the bill. The bill was approved by the Senate Consumer Protection & Professional Licensure Committee on March 27, 2019. HAP supports the legislation.
- **SB 112:** Opioid Prescriptions. On January 23, 2019, Senator Gene Yaw (R – Bradford) introduced legislation to limit prescriptions of opioids to adult patients for a maximum period of seven days, unless a medical emergency exists placing a patient’s health at risk without a lengthier prescription period. This limitation currently exists for minors. Senator Pat Browne (R – Lehigh) serves as a co-sponsor of the bill. The bill was approved by the Senate Consumer Protection & Professional Licensure Committee on March 27, 2019. HAP has not yet taken a position on the legislation.
- **HB 427:** Fair Access to Cancer Treatment. On February 11, 2019, Representative Kerry A. Benninghoff (R – Centre County) introduced legislation to mandate that health insurance plans offered within Pennsylvania cover all FDA approved treatments for Stage IV metastatic cancers, without any requirement that a patient first fail another treatment option. Leadership within the St. Luke’s Cancer Center supports the legislation.
- **HB 138:** Physical Therapy Licensure Examinations. On January 28, 2019, Representative Chris Quinn (R – Delaware) introduced legislation to permit students in physical therapy programs to sit for licensure examinations up to 90 days prior to graduation so they can become licensed and start working upon graduation. The House approved the bill on March 20, 2019. HAP supports the legislation.

Advocacy

- **Pennsylvania Supreme Court’s Proposed Medical Malpractice Venue Rule Change:** On April 3, 2019, St. Luke’s Hospital – Bethlehem Campus hosted several Lehigh Valley legislators and staff members, including Representatives Jeanne McNeill (D – Lehigh), Steve Samuelson (D – Northampton), Pete Schweyer (D – Lehigh) and Mike Schlossberg (D – Lehigh), and Joe Kelly, Chief of Staff for Senator Boscola. Drea Rosko, Jan Concilio and Dr. Ron Kriner provided a tour and led a discussion. After the tour, Dr. Peter Ender, Sy Traub and Mark Zolfaghari discussed the probable adverse consequences of the proposed venue rule change.

As previously reported, Senate Resolution 20 directs the Legislative Budget and Finance Committee (LBFC) to conduct an analysis of the proposed rule change and provide the General Assembly with its final report by January 1, 2020. St. Luke’s will be meeting with Chris Latta, Deputy Executive Director of the LBFC, to share our position.

Miscellaneous

- **HAP Takes Action to Protect Patient Access to Care:** On March 25, 2019, HAP filed a motion in federal court to intervene in a lawsuit by UPMC against Pennsylvania Attorney General Josh Shapiro. According to HAP, the Attorney General has proposed a plan that would potentially force all nonprofit hospitals to do business with any insurer regardless of that insurer’s offered payment terms, which violates federal law. UPMC is seeking class action certification for all hospitals across the Commonwealth.

Federal Issues

Legislation

- **Surprise Balance Billing:** On April 2, 2019, the House Subcommittee on Health, Employment, Labor and Pensions held a hearing on the topic of Surprise Balance Billing. Federal lawmakers from both parties reiterated their strong intent to reach policy consensus to ensure patients are not confronted with unexpected, surprise bills resulting from out-of-network care. The AHA has pressed for solutions that would “take patients out of the middle” of standard negotiations between insurers and providers. The AHA also has emphasized the importance of ensuring that providers are able to negotiate appropriate payment rates with health plans. The AHA urged the committee to reject legislative proposals that specify a national reimbursement rate for out-of-network services. The AHA cautions that this approach would “create a disincentive for insurers to maintain adequate provider networks.” HAP is directly vetting this and other billing policy proposals through its Surprise Balance Billing Task Force.
- **HR 1385:** The State Allowance for a Variety of Exchanges (SAVE) Act. On February 27, 2019, Representatives Andy Kim (D-NJ) and Brian Fitzpatrick (R-PA) introduced legislation to provide states with \$200 million in federal funds to establish state-based insurance marketplaces. Under current law, federal funds are no longer available for states to set up their own state-based marketplaces. Pennsylvania is utilizing a federally-facilitated marketplace. New Jersey recently announced it will begin running a state-based exchange in 2021, and the Pennsylvania Insurance Department plans to create a state-based health insurance exchange, too. HAP supports the Commonwealth’s efforts to create a state-based exchange.
- **HR 1384:** Medicare for All Act of 2019. On February 27, 2019, Representative Pramila Jayapal (D-WA) introduced legislation which would transition all Americans into a government-run, single-payor, universal Medicare program, thereby eliminating private insurance. The legislative proposal also calls for providing global budgets to all health care providers in order to contain costs. While the legislation boasts generous coverage benefits, it does not establish a financing plan. Independent analysts have forecasted government-run, single-payor proposals could cost as much as \$32 trillion over ten years.

The AHA issued the following comments in response: “America’s hospitals and health systems are working with policymakers to help expand coverage and improve affordability for all Americans. However, we are opposed to ‘Medicare for All’ as it would impede our shared goals.” The AHA also cited concerns that “Medicare for All” would disrupt coverage for millions of Americans with employer-sponsored health plans and stifle delivery system reforms. The AHA cautioned that the concept would have a potential negative impact on access to care, given that the Medicare and Medicaid programs reimburse providers less than the cost of delivering care, and Congress has historically addressed budget pressures in paying for government health programs by cutting provider payments, which would further exacerbate this problem.

HAP supports efforts to ensure coverage for all individuals and points to the framework established under the ACA as the most viable mechanism to expand coverage and reduce costs. According to HAP, the ACA builds upon, rather than disrupts, the employer-sponsored health insurance system that covers 156 million (49%) Americans and six million (52%) Pennsylvanians.

- **S 470:** The Medicare at 50 Act. On February 13, 2019, Senator Debbie Stabenow (D-MI) introduced legislation which would allow individuals aged 50 to 64 to buy coverage through the Medicare program. A recent Kaiser Family Foundation Poll found that 77% of Americans support lowering the minimum age for Medicare, including 69% of Republicans. While this legislation would provide coverage to more individuals, the concern raised by AHA and others in the healthcare community is that Medicare payments are insufficient to cover healthcare costs, so expanding the program would create severe financial problems for hospitals.