Healthcare Solutions’ legal and compliance team actively monitors the workers’ compensation and auto casualty regulatory landscapes. The purpose of this newsletter is to provide you with timely updates on proposed and enacted regulations that may impact your business.

Questions or comments about The Examiner may be emailed to marketing@healthcaresolutions.com.

Featured State Legislative Update
ICD-10 Transition – Are You Ready?

Background
The first proposal to develop a model for the systemic collection of health data was introduced in 1860 during the International Statistical Congress. In 1893, a committee chaired by Jacques Bertillon was charged with preparing a classification of causes of death. The committee presented their report at the meeting of the International Statistical Institute that same year and was adopted as the Bertillon Classification of Causes of Death. Over the subsequent years, the initial list went through several iterations. Today, we utilize the Ninth Revision of the International Classification of Diseases (ICD) which is now managed and maintained by the World Health Organization (WHO).

ICD-10
ICD-10, the newest version, was created in 1994. The United States issued its first draft regulations implementing ICD-10, shortly thereafter. However, with the passage of the Health Insurance Portability and Accountability Act (HIPAA), the transition to ICD-10 came to a halt. The law required new code sets to be adopted legislatively by Congress. In 2003, the National Committee of Vital and Health Statistics (NCVHS) voted to recommend that the secretary of Health and Human Services move forward to adopt ICD-10 under HIPAA standards. The first notice of proposed rulemaking to adopt ICD-10 was published in 2008 with a proposed effective date of October 1, 2011. After reviewing comments from stakeholders, a final rule was published in 2009 with an effective date of October 1, 2013, which would coincide with the implementation of updated electronic transaction formats, including 5010 and D.0.

Congress has since delayed the implementation date of ICD-10 through legislation. The new effective date is October 1, 2015.

ICD-9 vs. ICD-10
There are numerous differences between ICD-9 and ICD-10 code sets.

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
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<tbody>
<tr>
<td>3-5 characters in length</td>
<td>3-7 characters in length</td>
</tr>
<tr>
<td>Approximately 13,000 codes</td>
<td>Approximately 68,000 available codes</td>
</tr>
<tr>
<td>First digit may be alpha (E or V) or numeric; digits 2-5 are numeric</td>
<td>Digit 1 is alpha; digits 2 and 3 are numeric; digits 4-7 are alpha or numeric</td>
</tr>
<tr>
<td>Limited space for adding new codes</td>
<td>Flexible for adding new codes</td>
</tr>
<tr>
<td>Lacks detail</td>
<td>Very specific</td>
</tr>
<tr>
<td>Lacks laterality</td>
<td>Has laterality (i.e., codes identifying right vs. left)</td>
</tr>
</tbody>
</table>

Featured State Legislative Update

ICD-10 Transition – Are You Ready? (continued)

<table>
<thead>
<tr>
<th>Example ICD-9</th>
<th>Example ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>847.2 – Lumbar sprain strain</td>
<td>S33.5XXA – Sprain of ligaments of lumbar spine, initial encounter</td>
</tr>
</tbody>
</table>

ICD-10 and Workers’ Compensation

The healthcare industry is preparing to transition from ICD-9 to ICD-10 for dates of service on or after October 1, 2015. However, workers’ compensation may lag behind since each state administers its own workers’ compensation program. Many jurisdictions have either updated their workers’ compensation regulations or enacted legislation to align with the CMS effective date of October 1, 2015. Several jurisdictions are silent on even requiring diagnosis codes so it could be assumed that those jurisdiction will mirror the larger healthcare industry in transitioning.

Transitioning to ICD-10 will impact claims at all levels and across all stakeholders. Older claims will have to be converted to ICD-10, in which mapping is not always a 1:1 ratio when going from ICD-9 to ICD-10. Stakeholders will need to manage and maintain databases for both ICD-9 and ICD-10 well beyond October 1, 2015 to allow for reconsiderations/appeals and medical bills that are submitted within each jurisdictions statute of limitations.

Medical data reporting software, or vendors, will need to make adjustments to fields that contain ICD to adjust for the increase in characters in those jurisdictions that require medical data reporting. Treatment guidelines may need to be adjusted to incorporate the more detailed diagnoses.

CONCLUSION:

While it is possible that Congress could kick the can further down the road, it is highly unlikely that the effective date will be pushed beyond October 1, 2015. This means everyone should begin preparing for the transition from ICD-9 to ICD-10. Make sure you are not taking this lightly as this will impact workers’ compensation and will likely have a bigger impact than you think. Are you ready?

As always, Healthcare Solutions will keep you informed of these and other issues that arise in 2015 through the quarterly Examiner and Regulatory Alerts.
State Regulatory & Legislative Updates

This section provides information on changes to state rules. The section is divided by status (Adopted/Enacted and Proposed) and provides a brief summary of the bill/regulation.

**ADOPTED/ENACTED**

**Arizona**

Medical Marijuana and Reimbursement | AZ H 2346

Adds a workers’ compensation insurance carrier or self-insured employer to the list of those not required to reimburse for the use of medical marijuana. The bill was enacted April 06, 2015.

**Colorado**

Durable Medical Equipment Supplier Licensure | CO H 1211

The bill narrows the definition of “durable medical equipment (DME) supplier” and exempts persons or entities that supply or provide insulin infusion products, and products as part of Medicare’s national mail order program, from licensure. The previous law required a DME supplier to have a physical location within the state or within 50 miles of the state. The bill deleted this requirement and allows an applicant for a DME supplier license to instead attest that he or she is capable of selling and servicing products sold in that state on a 24 hour per day, 7 day per week basis. The bill was enacted March 27, 2015.

**North Carolina**

Fees for Medical Compensation | NC Reg. 6451

The North Carolina Industrial Commission adopted new medical fee schedules for institutional services, effective April 1, 2015, and professional services, effective July 1, 2015. Under the new regulations: Maximum allowable amounts payable to health care providers for professional services are based on current year’s Medicare Part B Fee Schedule for North Carolina plus a percentage. The percentage varies based on the type of professional service; Maximum allowable amounts for durable medical equipment are 100 percent of the rates established for North Carolina in the DMEPOS Fee Schedule published by CMS; Maximum allowable amounts for clinical laboratory services are 150 percent of the rates established for North Carolina in the Clinical Laboratory Fee Schedule published by CMS; and Maximum allowable amounts for inpatient and outpatient institutional services are based on the current federal fiscal year’s facility-specific Medicare rate established for each institutional facility by CMS plus a percentage. The percentage varies based on the type of institution and decreases through January 1, 2017.

**North Dakota**

Opioid Prescription Protocols | ND S 2060

Establishes protocols for chronic opioid therapy (i.e. beyond 90 days) that must be followed to qualify for payment/coverage. The bill was enacted March 11, 2015.
THE EXAMINER
Quarterly review of legislative and regulatory updates impacting the workers' compensation and auto casualty markets.

Ohio
Fee Schedule and Outpatient Formulary | OH Reg. 19554
Ohio adopted an updated pharmaceutical formulary. The new formulary: adds reimbursement for naloxone injection (Evzio®). This is a prefilled syringe form of injectable naloxone that can be administered by the patient or a caregiver to treat an opioid overdose. This is the same type of device marketed as the Epi-pen® for emergency treatment of severe allergic reactions. Reimbursement for this agent will require a Prior Authorization and documentation that BWC is currently providing reimbursement for opioids; adds reimbursement for sustained release hydrocodone tablets (Zohydro ER®). Reimbursement will require a Prior Authorization, documentation of allergies to acetaminophen, morphine sulfate, and oxycodone and will be limited to 60 dosage units per month. Reimbursement will not be provided for concurrent use of more than one sustained release opioid; limits reimbursement for all butalbital containing products (e.g. Fioricet®) to only those claims that have medical allowances that are generally known to cause headaches or to claims that have a specific type of headache listed as a medical allowance; limits reimbursement for all forms of diclofenac topical liquid (e.g. Pennsaid 1.5%) to only those products with a concentration of 1.5% and only in new claims that have osteoarthritis as an allowed medical condition; limits reimbursement of sustained release forms of cyclobenzaprine (Amrix®) in new claims to only those claims where a 30 day trial of immediate release cyclobenzaprine tablets has been prescribed and the injured worker has experienced extreme drowsiness as a side effect; limits reimbursement for prescriptions of all anti-anxiety or anticonvulsant drugs in the benzodiazepine drug class (e.g. Xanax® or Valium®) in new claims to sixty (60) days from the date of injury in any claim that does not have an allowance for a psychological condition; and removes the sustained release naproxen product Naprelan® and liquid filled capsule diclofenac product Zipsor® from the BWC drug formulary and stops reimbursement for these two products. The regulation was effective May 01, 2015.

Oregon
Medical Fee and Payment Rules | OR Reg. 36604
The DWC amended OAR 436 009, “Oregon Medical Fee and Payment Rules,” to adopt updated medical fee schedules (Appendices B, C, D, and E) and resources for the payment of health care providers; adds definition of “date stamp” and “patient”; specifies that a medical service provider who conducts independent medical exams may submit bills in any form or format agreed to by the insurer and the medical service provider; explains time frame when medical providers must switch from using ICD 9 CM to ICD 10 CM codes for billing; requires that modifier “81” be used only to identify services of nurse practitioners and physician assistants who were surgical assistants during surgery; makes workers liable for payment of the difference in cost between a generic and a brand name drug, if: the prescribing provider has not prohibited substitution, the insurer previously notified the worker about the liability, and the worker insists on receiving a brand name drug; reduces the discount on payment for certain diagnostic imaging procedures applied to multiple regions of the body; requires the insurer replace a prosthetic appliance that is damaged when in use at the time of and in the course of employment with a comparable appliance, but the worker may choose to upgrade the appliance and pay the price difference; and specifies that all bills from pharmacies must include the prescribing provider’s NPI (national provider identifier) or license number. The regulation was effective April 1, 2015.

Schedule II Drugs | OR S 152
Includes authority to prescribe Schedule II hydrocodone combination drugs in practice of optometry. The bill was enacted March 31, 2015.

Texas
Medical Bill Reporting | TX Reg. 27948
These amendments are necessary to clarify some of the technical requirements associated with insurance carriers’ reporting medical charge and payment data to the Division as required by statutory provisions of Labor Code Section 413.007 and Section 413.008. The amendments highlight the requirements associated with the submission of data where Texas differs from the International Association of Industrial Accident Boards and Commissions EDI Implementation Guide for Medical Bill Payment Records, Release 1.0, dated July 4, 2002 (IAIABC Guide). The amendments clarify the existing data reporting requirements, with minimal changes to the current technical infrastructure associated with medical electronic data interchange (EDI) reporting. Lastly, these proposed rules highlight requirements to improve data quality, such as compound medication reporting and diagnosis related groups (DRG) reporting. The regulations are effective September 1, 2015.
Virginia

Workers’ Compensation Fee Schedule | VA H 1820

Creates a workers’ compensation fee schedule. The amount that is generally paid to a provider for a treatment when the provider is paid for the treatment by or on behalf of an individual receiving the treatment when not ordered by the Workers’ Compensation Commission shall: (i) equal 120 percent of the average amount reported to have been paid for the treatment to all providers of the treatment statewide, based on paid claims data for covered benefits collected by the Virginia All Payer Claims Database pursuant to Section 32.1-276.7:1, in the most recent year for which such paid claims data is available or (ii) if paid claims data is not available through the Virginia All Payer Claims Database for the treatment, be established by the Commission based on evidence produced by the provider or other interested party of the average amount that the provider is paid for the treatment by or on behalf of individuals receiving the treatment when not ordered by the Commission, including payments made to the provider by health carriers as defined in Section 38.2-3438, governmental agencies, employers providing health benefits under a self-insurance program, and other third party payers. The bill was enacted March 23, 2015.

Scheduling of Controlled Substances | VA H 1839

Removes hydrocodone combination products from Schedule III and classifies alfaxalone, suvorexant, and tramadol as Schedule IV controlled substances. The bill was enacted March 17, 2015.

Workers’ Compensation Electronic Billing and Payment | VA H 2384

Establishes e-billing guidelines. Employers, employers’ workers’ compensation insurance carriers, and providers of workers’ compensation medical services shall adopt and implement infrastructure to allow providers of workers’ compensation medical services to submit their billing, claims, case management, health records, and all supporting documentation electronically to payers and allow payers to return actual payment, claim status, and remittance information electronically which uses a standard for transactions and methods as defined by the Virginia Workers’ Compensation Commission and consistent with International Association of Industrial Accident Boards and Commission Medical Billing and Payment guidelines. The bill was enacted March 26, 2015.

Wisconsin

Licensure of Home Medical Oxygen Providers | WI S 13

Under the bill, subject to certain exceptions, any person that provides home medical oxygen directly to patients must be licensed by the board. The bill requires the board to grant a home medical oxygen provider license to a person applying for the license that pays the applicable initial licensure fee and meets any other requirements established by the board by rule. The bill was enacted March 23, 2015.

Wyoming

Prescription Drug Monitoring Program | WY S 100

Changes reporting requirements of controlled substances to the PDMP from 7 days to no later than the close of business day immediately following the day the controlled substance was dispensed. The bill was enacted March 04, 2015.
**PROPOSED**

**Alaska**

Workers’ Compensation Controlled Substances Tests | AK H 32
Relates to employer required drug testing; requires the Alaska Workers’ Compensation Board to adopt regulations related to the prescription of controlled substances to employees.

Tramadol as IVA Controlled Substance | AK H 51
Classifies tramadol and related substances as schedule IVA controlled substances.

**California**

Magnetic Resonance Imaging Technologists | CA A 1092
Provides for the licensure of Magnetic Resonance Imaging (MRI) technologists and makes it a misdemeanor to operate a magnetic resonance imaging machine in the state without a license, with limited exceptions. The bill authorizes a person licensed pursuant to these provisions to use the title, “Licensed MRI Technologist” (LMRIT) and would make it a misdemeanor to use that title without a license.

Workers’ Compensation Drug Formulary | CA A 1124
The bill requires the administrative director to establish a formulary for the purposes of prescribing prescription medications.

Workers’ Compensation Utilization Review | CA S 563
The bill requires each employer, insurer, or other entity that is subject to the utilization review process to disclose the payment methodology for each person who is involved in the process of reviewing, approving, modifying, delaying, or denying requests by physicians for authorization prior to, retrospectively to, or concurrently with the provision of medical treatment services to injured workers, by providing this information to employees, physicians, and the public upon request.

**Connecticut**

Prescription Drug Monitoring Program | CT S 933
The commissioner shall not issue or renew a license of a practitioner who distributes, administers, or dispenses any controlled substance, or who proposes to engage in distributing, prescribing, administering or dispensing any controlled substance within this state, unless such practitioner has obtained a certificate of registration and registered for access to the electronic prescription drug monitoring program.

**Georgia**

Opioid Education | GA H 28
Requires Opioid Education and Pro Active Addiction Counseling for patients who are prescribed Schedule II or III controlled substances by physicians for chronic pain for extended periods.

Medical Marijuana | GA S 7
Provides for use of medical marijuana under limited circumstances.
Hawaii

Prescription Drug Monitoring Program | HI H 251
Adopts the interstate compact on prescription monitoring, enabling the Hawaii program to electronically share prescription information with other states that are members of the compact.

Controlled Substances by Mail | HI H 513
Requires the signature of the patient to whom a controlled substance is prescribed, or an authorized agent, upon delivery of a controlled substance that is dispensed by mail.

Pain Medication Agreement | HI S 798
Requires a pain medication agreement to be executed between a patient and any prescriber of a narcotic drug within the state for use as pain medication under certain conditions. Requires the administrator of the narcotics enforcement division to develop and make available a template of a pain medication agreement for use in the state.

Prescription Drug Monitoring Program | HI S 810
No practitioner may administer, prescribe, or dispense a controlled substance unless the practitioner is registered with the designated state agency to utilize the electronic prescription accountability system. Beginning January 1, 2016, all practitioners administering, prescribing, or dispensing a controlled substance in schedules II through IV, shall register with the electronic prescription accountability system as part of the renewal process for controlled substance registration. Beginning January 1, 2017, all practitioners and practitioner delegates shall request patient information from the central repository prior to the practitioner administering, prescribing, or dispensing a controlled substance to a new patient and shall request patient information from the central repository at least three times per year for a patient that receives chronic pain therapy; provided that a practitioner or practitioner delegate shall not be required to request patient information from the central repository pursuant to this subsection if the request is for a new patient to whom the practitioner administers, prescribes, or dispenses a supply of seven days or less of a controlled substance in an emergency room or department.

Idaho

Medical Fees | ID Reg. 9338
Implements updates to the facility fee schedule to reflect market conditions. A change to the CPT code range affecting psychiatric diagnostic evaluations was made to align with coding changes implemented by the American Medical Association. A change to the reimbursement for certain hospital outpatient diagnostic lab services is made to align with a change made by the Centers for Medicare & Medicaid Services (CMS). The allowable period for prompt payment by a payer is changed to commence upon acceptance of liability, if made after receipt of the provider’s bill.
Indiana

Controlled Substance Database | IN S 168
Permits physicians who hold a temporary medical license to have access to confidential information in the Indiana scheduled prescription electronic collection and tracking (INSPECT) program.

Medical Marijuana | IN S 284
Establishes a medical marijuana program and permits caregivers and patients who have received a physician recommendation to possess a certain quantity of marijuana for treatment. Creates the department of marijuana enforcement (DOME) to oversee the program, and creates the DOME advisory committee to review the effectiveness of the program and to consider recommendations from DOME. Authorizes DOME to grant research licenses to research facilities with a physical presence in Indiana. Repeals the controlled substance excise tax and the marijuana eradication program. Makes conforming amendments.

Prescribing Controlled Substances | IN S 534
Requires the Indiana board of pharmacy or any licensing board, commission, or agency that controls, authorizes, or oversees controlled substance registrations to adopt rules, including emergency rules, for prescribing opioid controlled substances for pain management treatment. Provides that if the rules have not been adopted by January 1, 2016, the Indiana board of pharmacy shall adopt the rules. Provides that a practitioner who submits a controlled substances registration application shall acknowledge that the practitioner has read the applicable rules for prescribing opioid controlled substances for pain management treatment.

Iowa

Direction of Care | IA H 21
An injured employee has the right to choose care, unless care needs to be provided at the job site in response to a life threatening emergency; the employee may predesignate a primary care physician, if: the provider has previously provided medical treatment to the employee and has retained the employee’s medical records.

Medical Equipment Provider Procedures and Standards | IA S 372
Relates to licensure of durable medical equipment providers, provides penalties, and includes an effective date and implementation provisions.

Medical Cannabis Act | IA S 484
Creates the medical cannabis act and provides for civil and criminal penalties and fees.

Medical Equipment Providers Procedures and Standards | IA SSB 1172
Relates to licensure of durable medical equipment providers, provides penalties, and includes an effective date and implementation provisions.

Reclassification of Marijuana | IA SSB 1205
The bill reclassifies marijuana, including tetrahydrocannabinols, as a schedule II controlled substance instead of a schedule I controlled substance and strikes references to the authority of the board of pharmacy to adopt rules for the use of marijuana or tetrahydrocannabinols for medicinal purposes. A schedule I controlled substance is a highly addictive substance that has no accepted medical use in the United States and a schedule II controlled substance is a highly addictive substance that has an accepted medical use in the United States. The reclassification of marijuana from a schedule I controlled substance to a schedule II controlled substance would allow a physician to issue a prescription for marijuana under state law. However, federal regulations may prohibit such prescriptions.

Medical Cannabis Act | IA SSB 1243
Creates the medical cannabis Act and provides for civil and criminal penalties and fees.
Kansas
Cannabis Compassion and Care Act | KS H 2011
Creates the cannabis compassion and care act; providing for the legal use of cannabis for certain debilitating medical conditions; providing for the registration and functions of compassion centers; authorizing the issuance of identification cards; establishing the compassion board; providing for administration of the act by the department of health and environment.

Louisiana
Therapeutic Use of Marijuana Act | LA H 6
Enacts the Louisiana Therapeutic Use of Marijuana Act; provides for the authority to prescribe and dispense therapeutic marijuana; creates the Therapeutic Marijuana Utilization Review Board; and creates licensure requirements.

Maine
Controlled Substances Prescription Monitoring Program | ME H 221
Requires prescribers of controlled substances to use the controlled substances prescription monitoring program software, and provides for disciplinary action by the applicable licensing authority.

Maryland
Managed Care Organization Network Requirements | MD H 1290
Requires a managed care organization to develop and maintain a provider network that ensures that enrollees have access to sites where they receive pharmacy services within a certain geographical area of each enrollee’s residence; authorizes the Department of Health and Mental Hygiene to approve a provider network that does not meet a certain geographic access requirement for pharmacy services under certain circumstances; and generally relates to geographic access to pharmacy services of enrollees of managed care organizations.

Minnesota
Prescription Drug Monitoring Program | MN H 1652
By April 1, 2016, every prescriber practicing within the state who is authorized to prescribe controlled substances for humans and who holds a current registration issued by the federal Drug Enforcement Administration, and every pharmacist licensed by the board and practicing with the state, shall register and maintain a user account with the prescription monitoring program. Data submitted by prescribers, pharmacists, and their delegates during the registration application process, other than their name, license number, and license type, is classified as private.
Missouri

Direction of Care | MO H 248
This bill allows an employee who is injured on the job to select his or her own health care provider to cure and relieve the effects of the injury at the expense of the employer. The employer may select the health care provider if no selection is made by the employee. In a case where physical rehabilitation is offered and accepted or ordered by the Division of Workers’ Compensation within the Department of Labor and Industrial Relations, the insurer or employer may select the physical rehabilitation provider if no selection is made by the employee.

Medical Cannabis | MO H 800
Establishes the Missouri Compassionate Care Act which provides for the licensure of medical cannabis centers and cultivation and production facilities to provide medical cannabis to qualifying patient.

Prescription Drug Monitoring Program Act | MO H 816
Creates a Prescription Drug Monitoring Program.

Medical Marijuana for Medical Use | MO H 930
Establishes the “Compassionate Use of Medical Cannabis Pilot Program Act.”

Montana

Drug Formulary | MT D 747
Authorizes a drug formulary applying to injured workers; establishes rules for payment and reimbursement of compound drugs; allows the department to establish a maximum morphine equivalent for schedule II and III narcotics within the formulary; states the insurer is not liable for brand name drugs if the generic equivalent is available; creates a process for an independent medical review for prescription drugs denied by the insurer; and provides rulemaking authority to the Department of Labor and Industry.

Direction of Care | MT D 1378
Revises the choice of treating physician for workers’ compensation treatment; allows an insurer or injured worker to make one disputed change each upon payment of a change fee; requires notice of a mediation option; requires a treating physician to be designated if an injured worker is unable to return to work within 1 month of being injured; and provides a penalty for an insurer’s failure to pay a change fee.

Laws Regarding Physician Dispensing of Medication | MT D 2188
Revises laws relating to the dispensing of drugs by medical practitioners to allow for the dispensing of drugs by physicians.

Drug Formulary for Workers’ Compensation | MT S 292
Authorizes a drug formulary applying to injured workers; establishes rules for payment and reimbursement of compound drugs; allows the department to establish a maximum morphine equivalent for schedule II and III narcotics within the formulary; states the insurer is not liable for brand name drugs if the generic equivalent is available; creates a process for an independent medical review for prescription drugs denied by the insurer; and provides rulemaking authority to the Department of Labor and Industry.

Nebraska

Medical Utilization and Treatment Guidelines | NE L 429
Provides for medical utilization and treatment guidelines; changes provisions relating to independent medical examiners.

Cannabis Compassion and Care Act | NE L 643
Adopts the Cannabis Compassion and Care Act.
Nevada

Prescription Drug Monitoring Program | NV S 114
The bill expands the information that the system is required to provide to include data relating to the prescribing of controlled substances that are specific to a particular patient. This bill also requires the Board and the Division to monitor the prescription activity of prescribing practitioners for certain controlled substances and notify a practitioner if he or she has written a certain comparatively high number of such prescriptions. The bill authorizes access to information concerning patients to: (1) the Board and the Division for the purpose of such monitoring; and (2) a practitioner who has received such notice from the Board for the purpose of confirming the accuracy of information contained in the notice.

Pharmaceutical Dispensing and Reimbursement | NV S 231
Revises the Nevada Industrial Insurance Act; a provider of health care (not including a pharmacist) who prescribes and dispenses a drug to an injured employee may not charge an insurer more than 110 percent of the average wholesale price of the prescribed drug based on the original manufacturer’s National Drug Code for the drug; the provider of health care must include the original manufacturer’s National Drug Code for the drug on all bills and reports submitted to the insurer and may not charge or seek reimbursement for more than an initial 15 day supply of the drug; an insurer that provides coverage for prescription drugs must provide coverage for any drug: (1) prescribed for a covered indication that is approved by the United States Food and Drug Administration for the indication; (2) recognized in a standard reference compendia for treatment of the indication; or (3) is substantially accepted for treatment for the indication in peer reviewed medical literature.

New Hampshire

Medical Fee Schedule | NH H 477
Requires the labor commission to establish a medical fee schedule at the rate of 150% of Medicare reimbursement.

Opioid Treatment Agreements under Workers’ Compensation | NH S 45
Requires an opioid treatment agreement between the injured worker and a healthcare provider for reimbursement when opioid use is beyond 90 days, within a 6 month period.

New Jersey

Medical Marijuana | NJ A 3726
 Allows medical marijuana for qualifying patients with post-traumatic stress disorder.

Prescription Drug Monitoring Program | NJ S 1998
Requires the Director of Community Affairs (DCA) to conduct educational programs concerning controlled dangerous substances for the general public and various health care professionals; requires pharmacists to submit identifying information for any individual, other than the patient for whom the prescription was written, who picks up a prescription; adds a provision requiring the DCA to evaluate whether any person is obtaining a prescription in a manner indicative of misuse, abuse, or diversion of a controlled dangerous substance; revises current provisions that delineate the types of access to the PDMP that are made available to various parties seeking information; a person who is entitled to PDMP access would be required, as a condition of such access, to certify that the request for information is for the purpose of providing health care to a current patient or verifying information with respect to a patient or practitioner; Authorizes the DCA to request and receive prescription monitoring information from prescription monitoring programs in other states, and to use that information for the purposes of the PDMP; Expands the penalty provisions contained in the PDMP law to provide that civil penalties for pharmacy permit holders who fail to submit information to the program may apply after one failure, rather than repeated failures.
New York

Physical Therapy Care | NY A 2116
Authorized physician physical therapy care may be rendered by a certified physical therapist assistant.

Care and Treatment of Injured Employees | NY A 2462
Allows for care and treatment of injured employees by licensed or certified acupuncturists.

Rates of Payment and Delivery of Health Care Services | NY A 3158
Requires the chair of the workers’ compensation board to establish a fee schedule, biannually.

Direction of Care | NY A 4642
An employer or carrier shall be prohibited from refusing to allow a claimant to utilize a pharmacy of his or her choice to furnish prescribed medications required by the claimant as long as such pharmacy’s charges are below the pharmaceutical fee schedule adopted by the chair.

Use of Medical Treatment Guidelines in the No-Fault Auto Insurance System | NY S 2370
Establishes the use of treatment guidelines and establishes that an insurer shall not pay any charge that exceeds the workers’ compensation fee schedule.

Treatment of Workers’ Compensation Injuries | NY S 3964
Amends the workers’ compensation law in relation to authorizing treatment of workers’ compensation injuries by an occupational therapy assistant.

North Carolina

Medical Cannabis Act | NC H 78
Enacts the North Carolina Medical Cannabis Act.

Repackaged Drug Reimbursement | NC S 656
Makes clarifications for pharmacy reimbursement. If a repackaged drug is dispensed, both the repackaged NDC and the original NDC must be on the invoice, and adds that only the initial health care provider providing initial treatment may seek reimbursement for dispensing controlled substances.

Drug Formulary and Pharmacy Fee Schedule | NC S 697
Directs the North Carolina Industrial Commission to adopt a drug formulary and pharmacy fee schedule.
**Ohio**

**Payment for Services | OH Reg. 19565**
Makes changes to rules regarding payment for hospital services and Ambulatory Surgical Center (ASC) services.

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**Oklahoma**

**Medical Services | OK Reg. 18063**
Proposed permanent rules on Medical Fee Schedules, Pharmaceutical Benefits, Treatment Guidelines, IMEs, Medical Case Management, Change of Treating Physician, and Medical Dispute Resolution.

**Medication during Appeals Process | OK H 1347**
Provides for the continuation of medication during the appeals process. If after the appeal decision the employer is not liable, the employee must reimburse the employer or carrier for prescription drugs dispensed during the appeals process.

**Medical Treatment Guidelines | OK S 767**
Makes the Official Disability Guidelines (ODG) the only standard of reference. Current law states ODG is the primary standard of reference.

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**Oregon**

**Clinical Pharmacy Services | OR H 2028**
Permits pharmacists to engage in the practice of clinical pharmacy and provide patient care services to patients. Permits health insurers to provide payment or reimbursement for services provided by a pharmacist through the practice of clinical pharmacy or pursuant to statewide drug therapy management protocol. Defines “clinical pharmacy agreement” and “practice of clinical pharmacy.”

**Direction of Care | OR H 2032**
Prohibits an employer or insurer from requiring an injured worker to obtain nonemergency medical services from a specific provider. Exempts an employer or insurer that has a managed care organization contract. Requires the employer to provide the injured worker with written notice of medical treatment rights under a workers’ compensation claim.

**Medical Treatment Limits | OR H 2523**
Modifies treatment limits for certain chiropractic and naturopathic physicians who provide medical services to injured workers through a managed care organization. Authorizes chiropractic and naturopathic physicians who are members of managed care organization to authorize temporary disability compensation payments to injured workers for up to 30 days. Requires managed care organizations to allow chiropractic and naturopathic physicians to serve as an attending physician for injured workers for the life of claim.

**Prescription Drug Monitoring Program | OR S 626**
Requires practitioners to access information before prescribing or dispensing prescription drugs classified in schedules II through IV.
Pennsylvania

Medical Use of Cannabis | PA H 193
Provides for the medical use of cannabis; establishes the State Board of Medical Cannabis Licensing and provides for its powers and duties; imposes duties on the Department of Health and the Department of State; regulates the growing, processing and dispensing of medical cannabis; and imposes civil and criminal penalties.

Direction of Care | PA H 467
An employer may establish a list of one or more designated coordinated care organizations for treatment of employees, and if such list is established, the employee shall only treat with a provider or providers who are participants in one of those organizations for the duration of the injury.

Medical Use of Cannabis | PA S 3
Creates the Medical Cannabis Act allowing for the use of medical marijuana to treat medical conditions.

Personal Use of Marijuana | PA S 528
Provides for personal use of marijuana, for lawful operation of marijuana related facilities, for general powers of the Pennsylvania Liquor Control Board, for regulation of marijuana and for employers, minors and control of property; and makes related repeals.

Rhode Island

Taxation and Regulation of Marijuana | RI S 510
Removes the state’s prohibition on adults using, possessing, and cultivating marijuana for personal use and establishes a system of regulated marijuana retail distribution to adults 21 and older and imposes taxes at both the wholesale and retail level.

South Carolina

Medical Marijuana | SC H 3140
Authorizes the use of medical marijuana for specified diseases and conditions.

Workers’ Compensation for Longshore and Harbor Workers | SC S 16
Provides that an employee covered by the Longshore and Harbor Workers’ Compensation Act, or any of its extensions, or the Merchant Marine Act, is exempt from workers’ compensation laws.

Tennessee

Medical Cannabis Act | TN H 561
As introduced, enacts the “Medical Cannabis Access Act” allowing for the use of cannabis in the treatment of medical conditions.

Medical Record Request Reimbursement | TN S 506
As introduced, reduces the amount a medical provider may charge an employee for medical reports, medical records, or documents relating to a workers’ compensation claim from $10.00 for the first 20 pages to $10.00 for the first 30 pages.

Workers’ Compensation Non-Subscriber Requirements | TN S 721
As introduced, enacts the “Tennessee Employee Injury Benefit Alternative.” Allows qualified employers to opt-out of the workers’ compensation system similar to Texas and Oklahoma.
Texas

Dispensing of Aesthetic Pharmaceuticals by Physicians | TX H 1483
Relates to the dispensing of aesthetic pharmaceuticals by physicians and therapeutic optometrists.

Adverse Determination by Utilization Review Agents | TX H 1621
Relates to notice and appeal of an adverse determination by utilization review agents. Coverage of the contested services that are the basis for the adverse determination must continue during the review of the appeal, and the payer cannot charge the patient for any costs of the contested services, even if the appeal is upheld.

Vermont

Prescription Drug Monitoring Program | VT H 45
This bill proposes to require opioid treatment programs authorized by the Department of Health to report to the Vermont Prescription Monitoring System when methadone or medication containing buprenorphine is first dispensed to a patient or when the patient’s prescription is altered.

Washington

Prescription Drug Monitoring Program | WA H 1103
Provides access to the prescription drug monitoring database for clinical laboratories.

West Virginia

Removal of Combinations of Drugs Containing Hydrocodone | WV H 2733
Removes certain combinations of drugs containing hydrocodone from Schedule III of the controlled substances law; updates the controlled substances monitoring law; and extends the expiration date of provisions relating to the Multi/State Real Time Tracking System.

Prescribing Hydrocodone Combination Drugs | WV H 2776
Relates to prescribing hydrocodone combination drugs for a duration of no more than three days.

About Healthcare Solutions

Healthcare Solutions, Inc. is the parent company of Cypress Care, Procura Management, ScripNet and Modern Medical. Through its subsidiary companies, Healthcare Solutions delivers integrated medical cost management solutions to over 800 customers in workers’ compensation and auto/PIP markets. The company’s technology-based services include pharmacy benefit management, specialty healthcare services, PPO networks, medical bill review, case management and Medicare Set-Aside services. Healthcare Solutions has twice been recognized as one of the Fastest Growing companies in Georgia by Georgia Trends magazine and has received recognition by the Technology Association of Georgia for technology innovation. Utilizing market-leading technology, Healthcare Solutions delivers demonstrated benefits and savings complemented by deep industry expertise. For more information, please visit healthcaresolutions.com

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