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
Hot Topic in Workers’ Compensation: Closed Formularies

One of the biggest trends this year in pharmacy-related workers’ compensation legislation and regulatory action is mandatory formularies. On the heels of documented success in Texas, several states are moving towards adopting rules or statutes modeled after Texas’ Pharmacy Closed Formulary.

Formularies, which already exist within group health, Medicare and Medicaid, are lists of medications that are recommended, based on continual review of the medical literature by medical professionals, to assure that use of the recommended drugs is supported by evidence of efficacy and appropriateness. Drugs identified as not recommended typically require extra steps by the medical provider or pharmacist in advance of dispensing, in order to assure reimbursement by the insurance company. In workers’ compensation, formularies are intended to address patient safety, improve medical outcomes and contain costs; additionally, by providing clear guidelines, disputes are minimized and the system of reimbursement is potentially made more efficient.

Texas adopted a closed formulary in 2011, and promptly reported significant drops in costs and in dispensing of not-recommended drugs. Washington and Ohio similarly reported positive outcomes of their preferred drug list programs; albeit, in monopolistic systems, that might not be completely transferrable to states that do not have government-run payment systems. To various degrees, states looking at formularies this year have emulated features of the Texas Closed Formulary:

- **Independent Source of Formulary.** Like Texas, many states are adopting an evidence-based, independently-developed formulary (the Official Disability Guidelines (ODG) Workers’ Compensation Drug Formulary); thereby, eliminating the ongoing expense of a state-maintained formulary. Utilizing an external source also averts any potential political influence on the formulary development process. The adopted rule in Oklahoma and proposed rules in Arkansas, Louisiana and Tennessee all utilize the ODG formulary with minor alterations. In contrast, Washington’s Pharmacy and Therapeutics Committee publishes its own Outpatient Formulary. California’s Assembly Bill 1124, if passed, will likely create a committee to advise the administrative director regarding the make-up of the formulary.

- **Compounds.** Compounded drugs have been a significant component of increasing drug costs in workers’ compensation over the last several years, and their safety and efficacy are continually questioned. Compounds are not tested or regulated by the FDA. Texas excluded compounds containing “N” drugs from the formulary, while Washington excluded all compounds. More recently, Oklahoma and Washington excluded all compounds from their formularies, requiring preauthorization and proposals in Louisiana and Tennessee do the same.
Featured State Legislative Update

Hot Topic in Workers’ Compensation: Closed Formularies (continued)

• **Gradual Implementation.** Texas recognized that many patients who were already using non-closed formulary medications would need to be transitioned to closed formulary drugs over time, due to drug dependencies. The closed formulary rules; therefore, included a plan for that gradual transition. Oklahoma elected to impose its closed formulary restrictions only on patients with dates of injury after the effective date of the rule; thereby, avoiding any need for transition. Arkansas, California, Louisiana and Tennessee are currently looking at a Texas-type model of gradual implementation.

• **Dispute Resolution.** In states where formularies are adopted or considered, patients, their advocates and doctors, typically raise concerns about access to medicines that are uniquely effective for a particular patient’s injury and about the doctor’s loss of autonomy with respect to prescribing decisions. Texas addressed those concerns by defining a process by which doctors or patients may request a drug excluded from the closed formulary, and may request reconsideration in the event that preauthorization is denied. In addition, Texas regulations allow for interlocutory orders upon request in the event of an emergency need of a drug for which preauthorization has been denied. Other states have defined similar processes that allow access to non-formulary drugs in the event of documented medical need.

Healthcare Solutions supports workers’ compensation drug formularies as a way to improve outcomes for patients while containing costs and improving system efficiency. In fact, application of formularies has been one of the key cost-containment services offered by the company to its clients over the years. Since the company’s automated point-of-sale preauthorization process is essential to the cost savings offered to customers, Healthcare Solutions continue to advocate for closed formulary regulations that do not unnecessarily hamper the automated process.
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

Alaska

Workers’ Compensation Medical Fees  |  HB 178
Relates to workers’ compensation fees for medical treatment and services; provides a new effective date. Bill enacted June 1, 2015.

California

Copy Service Fee Schedule  |  Reg. 22539
Provides for a maximum flat fee of $180 for records up to 500 pages and includes all associated services such as pagination, witness fees for delivery of records and subpoena preparation. Allows the Division of Workers’ Compensation (DWC) to bill $85 an hour instead of $40 for electronic requests made under the Public Records Act and to charge $1.00 for CDS of those records. Includes an allowance for DWC to dispose of paper adjudication documents after 20 years and replaces deposits required for DWC transcripts with an up-front $150 fee for transcripts of 50 pages and under. Regulation effective July 1, 2015.

Medical Treatment Utilization Schedule  |  Reg. 22540
Amended and adopted the proposed regulations contained in Article 5.5.2 of Chapter 4.5, Subchapter 1, Division 1, of Title 8, California Code of Regulations, sections 9792.20 through 9792.26, relating to the medical treatment utilization schedule (MTUS). These amendments do the following: revise regulatory definitions and add new definitions, primarily for terms used in the strength of evidence section; clarify that the MTUS constitutes the standard for the provision of medical care in accordance with Labor Code section 4600; set forth the process to determine if medical care is reasonable and necessary when the MTUS is silent on a particular medical condition or diagnostic test or when the MTUS is successfully rebutted; establish a minimum standard for conducting a medical literature search; explicitly set forth a systematic methodology to determine the strength of evidence used to support the recommendations of a medical condition; and amend the composition of the Medical Evidence Evaluation Advisory Committee (MEEAC) to include two additional members, one from the pharmacology field and one from the nursing field. Regulation effective April 20, 2015.
Florida

**Reporting Instructions | Reg. 40622**
Changes all ICD-9 CM references to ICD-10 CM and ICD-10 PCS in accordance with Center for Medicare and Medicaid Services (CMS) implementation of ICD-10 national reporting effective October 1, 2014. Regulation effective October 1, 2015.

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Georgia

**Substitution of Biological Products | SB 51**
Relates to pharmacists and pharmacies; provides for the substitution of a biological product with an interchangeable biological product by a pharmacist. Provides the pharmacist shall dispense the lowest retail priced interchangeable biological product which is in stock. Requires the name of the interchangeable biological product shall appear on the prescription label; provides labeling exceptions; and relates to maintaining record of such transaction into interoperable electronic records. Bill enacted May 6, 2015.

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Hawaii

**Medical Use of Marijuana | Reg. 1508**
Establishes the medical marijuana program at DOH, including the process for DOH to approve debilitating medical conditions; physician requirements to participate in the medical marijuana program; registration of qualifying patients and primary caregivers; monitoring and corrective action; administrative procedure; and confidentiality of information. Regulation effective July 18, 2015.

**Prescribing Schedule II Medications | Reg. 1509**
Allows physician assistants to prescribe Schedule II medications in all practice settings under the supervision of a physician. Amends rules to also include osteopathic physicians. Regulation effective April 16, 2015.

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Idaho

**Medical Fees | Reg. 9338**
This rule implements an update to the facility fee schedule to reflect market conditions. A change to the CPT code range affecting psychiatric diagnostic evaluations is 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 Centers for Medicare and 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. Regulation effective July 1, 2015.
Illinois

Workers’ Compensation Electronic Claims | Reg. 16175

The purpose of this part is to set forth the requirements for electronic billing, processing and payment of medical services and products provided to an injured employee; subject to Section 8.2a of the Act. Allows for mutually agreed upon formats; requires payers or agents to accept electronic bills; providers can bill electronically or on paper. Regulation effective July 24, 2015.

Indiana

Physician Assistants | HB 1183

Allows a physician assistant to prescribe a controlled substance after practicing for a specified number of hours. Relates to delegation of prescribing authority, the amount of a substance an assistant may prescribe. Pharmacist requirements regarding a supervising agreement or a co-signature to fill a prescription. Review of patient encounters, review of certain charts, patient records, and treatment for weight reduction or control of obesity by a physician assistant or certain advanced practice nurses. Bill enacted May 4, 2015.

Opioid Treatment Programs | SB 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. Bill enacted May 5, 2015.

Louisiana

Physician Assistants | SB 115

Relates to physician assistants; provides for legislative intent; amends definitions; provides for the powers and duties of the State Board of Medical Examiners; provides for licensure; provides for supervising physician qualifications and registration; provides for services performed by physician assistants; provides for assumption of professional liability; provides for exemption. Bill enacted July 1, 2015.

Maine

Requirements for Dispensers | Reg. 10669

Shortens reporting time frame to PDMP for persons dispensing controlled substances from 7 days to 24 hours. Regulation effective July 11, 2015.
Maryland

Managed Care Organizations | HB 1290
Requires a managed care organization to develop and maintain a provider network that ensures 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. Bill enacted May 12, 2015.

Minnesota

Criteria for Long-Term Treatment with Opioid Analgesics | Reg. 3177
Establishes criteria for treatment of patients with intractable pain due to a workers’ compensation injury with daily oral, transmucosal, buccal or transdermal opioid analgesic medication for at least 90 days. Regulation effective July 13, 2015.

Montana

Maximum Allowable Cost Lists for Prescription Drugs | SB 211
Establishes procedures related to maximum allowable cost lists for prescription drugs; requires disclosure of pricing sources; and provides for an appeal process. Bill enacted May 5, 2015.

Nevada

Prescription Drug Monitoring Program | SB 114
This bill expands the information that the computerized system is required to provide, to also include data related 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. Finally, this bill authorizes access to information concerning particular 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. Bill enacted June 1, 2015.
Nevada

Physician Dispensed Drugs | SB 231

This bill revises various provisions of the Nevada Industrial Insurance Act which provides for the payment of compensation to employees who are injured or disabled as a result of an occupational injury or disease. (Chapters 616A 616D of NRS) Section 1 of this bill sets forth that 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 100 percent of the average wholesale price of the prescribed drug based on the original manufacturer’s National Drug Code for the drug. In addition, 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. Section 1 also provides that 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. Bill enacted May 27, 2015.

New Jersey

Prescription Monitoring Program | SB 1998

Requires the director 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 PMP that are made available to various parties seeking information. A person who is entitled to PMP access would be required, as a condition of such access, to certify 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 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 PMP. Expands the penalty provisions contained in the PMP law to provide civil penalties for pharmacy permit holders who fail to submit information to the program may apply after one failure, rather than repeated failures. Bill enacted July 18, 2015.

New York

Medical Use of Marijuana | Reg. 25089

Regulates the manufacture, sale and use of medical marijuana. Allows practitioners to issue certifications for the use of medical marijuana for certain severe debilitating or life threatening conditions, with certain clinically associated conditions or complications that are likely to receive therapeutic or palliative benefit from the treatment of medical marijuana. Sets an application process for patients to receive treatment and sets out facility requirements for manufacturers and dispensing facilities. Regulation effective April 15, 2015.
North Dakota

Chronic Opioid Therapy | SB 2060

Establishes protocols for chronic opioid therapy (i.e. beyond 90 days) that must be followed to qualify for payment coverage. Bill enacted July 28, 2015.

Ohio

Authorization of Advanced Practice Registered Nurses | SB 110

Provides advanced practice registered nurses with prescriptive authority to delegate drug administration. Relates to advanced practice registered nurse pharmacology instructions, billing for anatomic pathology services performed on dermatology specimens, nurse midwives and licensure of physician assistants. Relates to persons authorized to practice medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery or authority to prescribe or administer drugs. Bill enacted July 16, 2015.

Oklahoma

Medical Services | Reg. 18063

Adds requirements for medical interlocutory orders (“MIO”). An MIO means a medical interlocutory order provided a prescribing doctor or pharmacy in instances where preauthorization denials of a previously prescribed and dispensed drug(s) excluded from the closed formulary poses an unreasonable risk of a medical emergency. Sets forth requirements for submitting an MIO to the Commission. Regulation effective August 27, 2015.

Medical Services | Reg. 18064

These emergency rules establish procedures for medical interlocutory orders and standards governing medical matters over which the Commission has responsibility under the Administrative Workers’ Compensation Act, 85A O.S. Sections 1 et seq. These rules set forth chapter definitions and concern pharmaceutical benefits, independent medical examiners, medical case management and medical dispute resolution. Regulation effective April 20, 2015 and set to expire September 14, 2015.

Official Disability Guidelines | SB 767

Amends the workers’ compensation act to state that the Official Disability Guidelines (ODG) are the only standard of reference. Current law states ODG is the primary standard of reference. Bill enacted June 4, 2015.
Oregon

Clinical Pharmacy | HB 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.” Bill enacted June 15, 2015.

Tennessee

Utilization Review | SB 105
Relates to workers’ compensation; requires a system of utilization review of selected outpatient and inpatient health care providers for employees claiming a benefit, to be performed by accredited utilization review organizations. Provides an extension of the statute of limitations for claims and partial disability benefits that have not been approved by a workers’ compensation judge; relates to qualified pain management physicians. Bill enacted May 5, 2015.

Texas

Adverse Determination by Utilization Review Agents | HB 1621
Relates to notice and appeal of an adverse determination by utilization review agents. Requires coverage of the contested services that are the basis for the adverse determination to 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. Bill enacted August 5, 2015.

Pharmacy Benefit Claims | SB 94
States that a PBM may not charge a fee to a pharmacist or pharmacy for the adjudication process of a claim. Bill enacted June 23, 2015.

Fees and Payment | Reg. 28164
The Texas Department of Insurance adopted amendments regarding fees, classification of specialty, fee amounts, payment of fees, failure to pay invoice, and certification and renewal fees. Regulation effective July 7, 2015.

Pain Management | Reg. 28801
The Texas Medical Board (Board) adopted amendments to Sections 170.1-170.3, concerning purpose, definitions and guidelines. Regulation effective August 4, 2015.
Vermont

**Vermont Prescription Monitoring System Rule | Reg. 1572**

This rule specifies the requirements for pharmacists, prescribers and delegates to report the prescription or dispensing of controlled substances to the Vermont Prescription Monitoring System (VPMS) and the requirements under which they must query VPMS prior to prescribing controlled substances. The rule also specifies those entities who have direct access to VPMS data as well as the limited situations when disclosure of VPMS data by the Department of Health is allowed. Regulation effective August 1, 2015.

**Rule Governing the Prescribing of Opioids for Chronic Pain | Reg. 1573**

This rule provides legal requirements for the appropriate prescribing of opioids in treating chronic pain in order to minimize opportunities for misuse, abuse, diversion, addiction and overdoses. Regulation effective August 1, 2015.

**All Payer Model for Health Care | SB 139**

Establishes specific parameters by which pharmacy benefit managers would set the maximum allowable cost for prescription drug reimbursement. Bill enacted June 17, 2015.

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West Virginia

**Removal of Combinations of Drugs Containing Hydrocodone | HB 2733**

Relates to removing certain combinations of drugs containing hydrocodone from Schedule III of the controlled substances law; updates the controlled substances monitoring law and extending the expiration date of provisions relating to the Multi-State Real-Time Tracking System. Bill enacted May 4, 2015.
**PROPOSED**

**Alabama**

**Home Medical Equipment Providers License Exemption | HB 465**

Adds an exemption from licensure for a provider of home medical equipment or services that manufactures or distributes, or manufactures and distributes its own company branded insulin infusion pumps or continuous glucose monitors and related supplies.

**Medical Use of Marijuana | SB 326**

This bill would authorize the medical use of marijuana only for certain qualifying patients who have been diagnosed by a physician as having a serious medical condition.

**California**

**Magnetic Resonance Imaging Technologists | AB 1092**

Provides for the licensure of Magnetic Resonance Imaging (MRI) technologists and would make it a misdemeanor to operate a magnetic resonance imaging machine in this state without a license, except as provided. The bill would authorize 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. By creating new crimes, this bill would impose a state mandated local program.

**Workers’ Compensation: Medication Formulary | AB 1124**

This bill would require the administrative director to establish a formulary for the purposes of prescribing prescription medications.

**Healing Arts: Self-Reporting Tools | SB 464**

Authorizes a physician and surgeon, registered nurse, certified nurse midwife, nurse practitioner, physician assistant, or pharmacist to use a self-screening tool that will identify patient risk factors for the use of self-administered hormonal contraceptives by a patient, and, after a prior examination, prescribe, furnish, or dispense such contraceptives to a patient. Authorizes blood pressure, weight, height, and patient health history to be self-reported.

**Controlled Substances: CURES Database | SB 482**

Requires all prescribers and dispensers of Schedule II or Schedule III controlled substances, to consult a patient’s electronic history in the Controlled Substance Utilization Review and Evaluation System database before prescribing the controlled substance to the patient for the first time. Requires the prescriber to consult the database at least annually when the substance remains part of the patient’s treatment. Failure to use the database is cause for licensing board disciplinary action.
California

Workers’ Compensation: Medical Provider Networks: Fees | SB 542
This bill would authorize, rather than require, the home health fee schedule to be based on either the maximum service hours and fees set forth in provisions of state law governing in home supportive services or other state or federal home health care services fee schedules, as specified.

Workers’ Compensation: Utilization Review | SB 563
This bill would require 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.

International Classification of Diseases 10 Transition | Reg. 23134
Modifies existing regulations and adopts new regulations and forms relating to physician medical treatment reporting and billing, in order to transition, on October 1, 2015, from the ICD-9 diagnosis and procedure coding system to the ICD-10 diagnosis and procedure coding system.

Colorado

Rules of Procedure with Treatment Guidelines | Reg. 13304
Promulgates utilization standards, effective January 1, 2016. Defines the standard terminology, administrative procedures and dispute resolution procedures required to implement the Division’s Medical Treatment Guidelines and Medical Fee Schedule.

Sales, Manufacturing, Dispensing of Medical Marijuana | Reg. 13377
Addresses rules necessary to implement the medical marijuana code for the sale, manufacturing, and dispensing of medical marijuana.

Connecticut

Health Care Provider Network Adequacy | HB 6867
Carrier may not require a patient to fill prescription orders via a mail order pharmacy.
Florida

Medical Use of Marijuana | SB 528
An act created to allow for the use of medical marijuana.

Health Care Provider Reimbursement Manual | Reg. 41406
Updates the Florida Workers’ Compensation Health Care Provider Reimbursement Manual by adopting current CPT and HCPCS codes, and adopting ICD-10 requirements. Manual has not been updated since 2008.

Automation in Pharmacy Standards and Formats | Reg. 41812
Establishes data reporting standards designed to capture controlled substance dispensing data from dispensing practitioners and pharmacies.

Hawaii

Pain Medication Agreement | SB 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. Specifies the contents of the template.

Electronic Prescription Accountability System | SB 810
Adds that 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 controlled substance in an emergency room or department.
Missouri

**Direction of Care | HB 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.

**Physicians to Prescribe Naloxone | HB 538**

Allows physicians to prescribe naloxone to any individual to administer, in good faith, to another individual suffering from an opiate induced drug overdose.

**Prescription Drug Monitoring Program | SB 63**

Establishes a Prescription Drug Monitoring Program for Schedule II, III, and IV controlled substances.

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Nebraska

**Medical Utilization and Treatment Guidelines | LB 429**

Provides for medical utilization and treatment guidelines; to change provisions relating to independent medical examiners.

**Medical Cannabis Act | LB 643**

Adopts the Cannabis Compassion and Care Act.

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New Hampshire

**Opioid Treatment Agreements Under Workers’ Compensation | SB 45**

Requires an opioid treatment agreement between the injured worker and the healthcare provider for reimbursement when opioid use is beyond 90 days, within a 6 month period.

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New Jersey

**Health Benefits Coverage | AB 3331**

Requires health benefits coverage for synchronization of prescribed medications under certain circumstances.

**Medical Marijuana | AB 3726**

Allows medical marijuana for qualifying patients with post traumatic stress disorder.
New York

**Physical Therapy Care | AB 2116**
Adds that authorized physician physical therapy care may also be rendered by a certified physical therapist assistant.

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

**Medical Advisory Committee | AB 5530**
Amends the workers’ compensation law, in relation to requiring the medical advisory committee to establish the use of comprehensive nationally recognized treatment guidelines for all body parts or conditions which have no recommendations by such advisory committee.

**Payment of Bills for Pharmaceutical Services | AB 7885**
Clarifies that pharmacist bills must be paid within the payment time frames set forth in current workers’ compensation language.

**Medical Treatment from Outside Preferred Provider | SB 5526**
An employee may seek medical treatment from outside the preferred provider organization 90 days after his or her first visit to a preferred provider organization provider. In the event that such employee seeks medical treatment outside the preferred provider organization, the employer may require a second opinion from a provider within the preferred provider organization.

Oregon

**Non-Emergency Medical Services | HB 2032**
Prohibits the employer or insurer from requiring the injured worker to obtain non-emergency 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 their medical treatment rights under the workers’ compensation claim.

**Treatment Limits for Chiropractic and Naturopathic Physicians | HB 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 a managed care organization to authorize temporary disability compensation payments to injured workers for up to 30 days. Requires a managed care organization to allow chiropractic and naturopathic physicians to serve as the attending physician for injured workers for life of claim.

**Prescription Monitoring Program | SB 626**
Requires practitioners to access information from the program before prescribing or dispensing prescription drugs classified in Schedules II through IV. Creates exceptions.
Pennsylvania

**Medical Use of Cannabis | SB 3**

Creates the Medical Cannabis Act which allows for the use of medical marijuana.

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Rhode Island

**Taxation and Regulation of Marijuana | SB 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.

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Tennessee

**Workers’ Compensation Medical Treatment Guidelines | Reg. 11684**

Provides guidelines to the diagnosis and treatment of commonly occurring workers’ compensation injuries. Includes guidelines for diagnostic and treatment decisions including a pharmaceutical closed formulary.

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Washington

**Prescription Drug Monitoring Database | HB 1103**

Provides access to the prescription drug monitoring database for clinical laboratories.

**Prescription Drug Monitoring Database | SB 5027**

Allows access to the PDMP for clinical laboratories.

**Care for Catastrophically Injured Workers | SB 5418**

Relates to creating a pilot program to improve care for catastrophically injured workers.
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 Associate 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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