

2017 Legislative Session

Keeping Physicians at the Heart of Medicine

MSV is committed to keeping you at the heart of medicine and what's most important – the physician-patient relationship and patient well-being. Through year-round programs and events, physicians have united to form a powerful network of leaders. Through the collective influence of the house of medicine, MSV developed effective policies and legislative solutions to improve healthcare in the Commonwealth.

Together, MSV and its stakeholders worked tirelessly to address the following key legislative issues.

OPIOID MISUSE

Prescription Monitoring Program Legislation initially proposed day limits on opioid prescriptions. Through MSV Advocacy, the bill was amended; now prescribers must check the Prescription Monitoring Program (PMP) when initially prescribing opioids for longer than 7 days; 14 days after surgical or invasive procedure. Exceptions were maintained for certain settings or when the PMP is unavailable. The law has a sunset date of July 1, 2022. *HB 1885, Del. Tim Hugo (R-Centreville); Signed by Governor.*

Prescribing Regulations The Boards of Medicine and Dentistry was directed to develop regulations on opioids and buprenorphine prescribing. *HB 2167, Del. Todd Pillion (R-Abingdon) and SB1180 Sen. Ben Chafin (R-Lebanon); Signed by Governor.*

The Board of Medicine worked tirelessly to craft these emergency regulations, which are now effective.

For more information, please visit www.msv.org/opioids

E-Prescribing Bills established a workgroup to review e-prescribing for opioids by July 2020, including a discussion of necessary hardship exemptions needed by prescribers. *HB 2165, Del. Todd Pillion (R-Abingdon) and SB 1230 Sen. Siobhan Dunnivant (R-Henrico); Signed by Governor.*

Increasing Naloxone Availability Authorizes the Department of Behavioral Health and Developmental Services to train community peer recovery support groups on how to administer and dispense naloxone. *HB 1453, Del. Dave LaRock (R-Loudon) and SB 848, Sen. Jennifer Wexton (D-Leesburg); Signed by Governor.*

PRACTICE ISSUES

Licensure Parity Legislation was passed to level the playing field between U.S. and international medical school graduates (IMGs). Now, all graduates must complete one year of U.S. residency before a medical license may be obtained. *HB 2277, Del. Danny Marshall (R-Danville) and SB 1046, Sen. Bill Stanley (R-Moneta); Signed by Governor.*

Medical Record Request Fee Limits Allows medical practices to also charge for electronic copies of medical records. *HB 1689, Del. Greg Habeeb (R-Salem); Signed by Governor*

Direct Primary Care Ensures that direct primary care (DPC) agreements are not defined as insurance products and prevents physicians offering DPCs from being prohibited from also participating in a health insurance carrier network. *HB 2053, Del. Steve Landes (R-Weyers Cave); Signed by Governor.*

COPN REFORM

COPN reform appeared at the General Assembly once again. Legislators introduced many bills, including comprehensive reform plans, attempts to remove some services from COPN, and creating definitions of charity care. While bills defining charity care passed both bodies, the legislature did not pass any COPN reform bills. The Senate committed to studying the topic again, and MSV will continue its involvement in those discussions.

ADDITIONAL TOPICS

Health Insurance Issues Legislators filed several bills dealing with insurance reform issues, such as step therapy reform and requiring insurers to accept a patient's assignment of benefits requests. While neither issue succeeded, both caught the attention of legislators who requested that both topics be sent to the Health Insurance Reform Commission (HIRC) for further study.

Telemedicine The House and Senate passed bills to expand access to care via telemedicine; the bills bring Virginia law in line with federal regulations on telemedicine. Both bills have been passed and signed by the Governor.

Budget Items The final budget, which has been approved by the Governor, includes funding for a PMP pilot project, the Virginia Student Loan Repayment Program and an Emergency Care Coordination program.

MSV fights fiercely to ensure that the practice of medicine stays in the hands of physicians. Through our advocacy efforts, MSV was able to amend or stop legislation that could damage the physician-patient relationship and the practice of medicine. Here are some examples.

Sen. Bill Carrico (R-Grayson) proposed creating a **new level of licensure for Doctors of Medical Science**, an advanced degree for physician assistants. The Senate Education and Health Committee voted to pass it by indefinitely and have the issue studied after session ends.

Del. Kathleen Murphy (D-McLean) proposed requiring providers to take **CME specifically on suicide prevention**. The MSV lobby team was able to work with Del. Murphy to provide free CME resources to physicians instead. The bill did not advance.

Del. Mark Cole (R-Spotsylvania) carried a bill that would have **required prescriptions to include on the label the reason the medication was prescribed**. The bill did not advance.

Del. Peter Farrell (R-Henrico) and *Sen. Bill Carrico (R-Grayson)* carried a bill that **prohibited use of Opternative refractive eye tests, defined ophthalmic prescriptions and defined eye examinations in the Code of Virginia**. Physician advocates worked Stakeholders with the patrons to revise the bills to meet existing telemedicine standards, rather than legislating medical practice.

Del. Barry Knight (R-Virginia Beach) carried a bill that would have required any **physician, nurse practitioner, or physician assistant to notify a patient prior to conducting an examination if they believe the exam could result in the patient's driving privileges being revoked**. The bill was amended to remove this provision.

Sen. Bill DeSteph (R-Virginia Beach) proposed a bill that sheriffs, jail superintendents, or **localities would not be responsible for the costs of an inmate's medical care relating to a pre-existing condition**. The bill did not advance.

Sen. Bill DeSteph (R-Virginia Beach) carried a bill outlining that any **requests for information from any departments, agencies, or institutions of Virginia by any member of the General Assembly would not be subject to redaction**. This would have included any records held by the Board of Medicine and put in jeopardy the sacred physician-patient relationship. The bill did not advance.

In response to the North Carolina State Board of Dental Examiners v. Federal Trade Commission, *Del. Michael Weibert (R-Marshall)* introduced legislation creating a **Division of Supervision of Regulatory Boards**. This division, based out of the Attorney General's office, would oversee all of the regulatory boards, including the Board of Medicine. This bill would have given the Attorney General's office oversight over everything, including the makeup of the Board, regulations promulgated by the board, and any disciplinary actions taken. The MSV lobby team worked with the patron to favorably amend the bill for physicians.