

Section 2

Emerging Issues and Trends

The 2006 legislative year will be remembered as one that tackled issues such as Medicaid reform, coverage for the uninsured, implementation of Medicare Part D and the clawback (repayment of pharmaceutical benefits for patients who are eligible for both Medicaid and Medicare). Other emerging issues deal with scope of practice – both for physician and non-physician providers. The following were identified as Emerging Issues in 2006 and appeared in more than one state. These are issues that staff watches for during the pre-filing and throughout the course of the legislative session. Please let us know if you are aware of activity that may be moving through to other states.

Anatomical Pathology

Legislation restricting the billing of Anatomical Pathology codes - driven by the pathology profession - was brought to our attention early last session (2005) by the Georgia AFP. Legislation was introduced in both Iowa and Georgia. The legislation passed in Iowa and was withdrawn in Georgia. The issue returned for discussion at the 2006 Annual Leadership Forum. On the surface, legislators find the bill to be an interesting way to address egregious billing practices; however, the unspoken consequences of the action are to limit the billing capabilities of any profession that is not under the express direct supervision of a pathologist. Passage of this legislation may encourage other professions to press for similar legislation. For example, there is a drive to restrict the interpretation of diagnostic images. These types of legislative activities will have a greater likelihood of success in states that supported the pathology legislation. AAFP State Government Relations has completed an [Issue Brief](#) on this subject that goes into the implications in greater detail.

NC H 636	TITLE:	Anatomic Pathology Services Markups
	ENACTED:	09/22/2005
	DISPOSITION:	Enacted
	LOCATION:	Chaptered
	CHAPTER #:	2005-415
	SUMMARY:	Requires disclosure of markups of anatomic pathology services by physicians, hospitals, dentists and podiatrists.



TN H 3835 TITLE: Anatomic Pathology Services
 ENACTED: 06/27/2006
 DISPOSITION: Enacted
 LOCATION: Chaptered
 CHAPTER #: 1003
 SUMMARY:
 Relates to anatomic pathology services; specifies that a clinical laboratory or physician providing cytopathology, Pap tests and anatomic pathology services for patients shall present a claim, bill or demand for payment for these services only to the patient directly, the responsible insurer, the hospital, public health clinic, the referring laboratory, or governmental agencies or their specified public or private agent, agency, or organization on behalf of the recipient of the services.

AZ H 2426 TITLE: Unprofessional Conduct
 ENACTED: 04/25/2006
 DISPOSITION: Enacted
 LOCATION: Chaptered
 CHAPTER: 207
 SUMMARY:
 Relates to unprofessional conduct; prohibits a health professional from requesting a laboratory that provides anatomic pathology services to submit a bill to any person other than the patient, the responsible insurer, the health care institution, a referring laboratory, or a governmental agency that is acting on behalf of the recipient of the services.

CA S 1369 TITLE: Clinical Laboratories: Anatomic Pathology Services
 DISPOSITION: Pending
 LOCATION: Assembly Health Committee
 SUMMARY:
 Makes it unlawful for a health care professional to charge, bill, or otherwise solicit payment from any patient, client, customer, or third-party payer professional assessment and interpretation of anatomic pathology services if those services were not actually rendered by the person or under his or her direct supervision. Requires clinical laboratories providing anatomic pathology services to directly bill either the patient or the responsible third-party payer for those services.

GA S 315 TITLE: Anatomic Pathology Services
 DISPOSITION: Failed - Adjourned
 LOCATION: Senate Health and Human Services Committee
 SUMMARY:
 Relates to general provisions relative to health; provides for direct billing of anatomic pathology services; provides for related matters; repeals conflicting laws.

IA H 418 SIMILAR: IA S 269
 TITLE: Billing for Anatomic Pathology Services
 ENACTED: 03/15/2005
 DISPOSITION: Enacted
 LOCATION: Chaptered
 CHAPTER: 10
 SUMMARY:
 Concerns billing for anatomic pathology services; makes licensing sanctions



applicable.

- IA HSB 99 TITLE: Anatomic Pathology Services
DISPOSITION: Failed - Adjourned
LOCATION: House Human Resources Committee
SUMMARY:
Relates to billing for anatomic pathology services; makes licensing sanctions applicable.
- IA S 269 SIMILAR: IA H 418
TITLE: Billing for Anatomic Pathology Services
DISPOSITION: Failed
LOCATION: SENATE
SUMMARY:
Concerning billing for anatomic pathology services and making licensing sanctions applicable.
- IA SSB 1131 TITLE: Anatomic Pathology Services
DISPOSITION: Failed - Adjourned
LOCATION: Senate Human Resources Committee
SUMMARY:
Concerns billing for anatomic pathology services and making licensing sanctions applicable.
- MA H 2635 TITLE: Pathology Tests Direct Billing
DISPOSITION: Pending
LOCATION: Replaced by New Draft
SUMMARY:
Requires direct billing for certain pathology tests.
- MA H 4812 TITLE: Pathology Tests Direct Billing
ENACTED: 07/21/2006
DISPOSITION: Enacted
LOCATION: Chaptered
CHAPTER #: 174-2006
SUMMARY:
Provides for direct billing of anatomic pathology tests; includes histopathology, surgical pathology, cytopathology, hematology, bone marrow aspirates, biopsies, sub-cellular pathology, pap tests, molecular pathology and blood-banking services; provides for billing to the patient, the responsible insurer, third party payor, hospital, public health clinic, nonprofit health clinic., the referral laboratory, a physician's office laboratory or the government or a private agency on behalf of the recipient.
- MO H 1627 TITLE: Direct Billing
DISPOSITION: Failed - Adjourned
LOCATION: House Insurance Policy Committee
SUMMARY:
Requires direct billing for anatomic pathology services.
- MO H 1651 TITLE: Insurance Codes
DISPOSITION: Failed - Adjourned
LOCATION: HOUSE
SUMMARY:



Synchronizes the penalties, administrative orders, civil actions and other remedies available to the director of the department of insurance throughout the insurance code.

- MO S 1076 TITLE: Anatomic Pathology Services
DISPOSITION: Failed - Adjourned
LOCATION: House Health Care Policy Committee
SUMMARY:
Relates to anatomic pathology services.
- MO S 1103 TITLE: Health Insurance Coverage Evidence
DISPOSITION: Failed
LOCATION: HOUSE
SUMMARY:
Relates to health insurance coverage evidence.
- NC H 636 TITLE: Anatomic Pathology Services Markups
ENACTED: 09/22/2005
DISPOSITION: Enacted
LOCATION: Chaptered
CHAPTER #: 2005-415
- OK H 2108 TITLE: Anatomic Pathology Services
DISPOSITION: Failed - Adjourned
LOCATION: House Health and Human Services Committee
SUMMARY:
Relates to anatomic pathology services; creates billing requirements; defines terms; provides penalties; provides for codification; provides an effective date.
- OK S 1870 TITLE: Billing Practices
DISPOSITION: Failed - Adjourned
LOCATION: SENATE
SUMMARY:
Specifies procedures for billing practices for certain laboratories and physicians; prohibits certain billing under certain circumstances; prohibits certain reimbursements for certain charges or claims; provides definitions; prohibits certain billing.
- TN H 3835 TITLE: Anatomic Pathology Services
ENACTED: 06/27/2006
DISPOSITION: Enacted
LOCATION: Chaptered
CHAPTER #: 1003
SUMMARY:
Relates to anatomic pathology services; specifies that a clinical laboratory or physician providing cytopathology, Pap tests and anatomic pathology services for patients shall present a claim, bill or demand for payment for these services only to the patient directly, the responsible insurer, the hospital, public health clinic, the referring laboratory, or governmental agencies or their specified public or private agent, agency, or organization on behalf of the recipient of the services.
- TN S 2893 TITLE: Health Care



DISPOSITION: Failed - Adjourned
LOCATION: SENATE
SUMMARY:
Concerns Health Care; specifies to whom claims for anatomic pathology services can be submitted for payment.

UT S 145 TITLE: Direct Pathology Billing
DISPOSITION: Failed
LOCATION: SENATE
SUMMARY:
Amends the unlawful and unprofessional conduct provisions of the Division of Occupational and Professional Licensing.

Cord Blood

Certainly among the most controversial topics before state legislatures today is the issue of stem cell research. It is an issue upon which all comers are guided by their own ethical beliefs and dilemmas. The notion of using stem cells from embryos for biomedical research has been a difficult issue to legislate. Into the midst of this in 2006 strode cord blood.

Cord blood has proven itself to be an effective compromise measure for both sides of the stem cell debate in many states. While ethicists on both sides consider the implications of embryonic and fetal stem cell research, cord blood provides an intriguing alternative: the harvesting of stem cells from blood contained in the umbilical cord following the delivery of a baby. Harvested blood at or above a certain volume can be banked, saved, for future use by the child or family in the event of an illness. Blood below that threshold can still potentially provide enough useful stem cells for researchers.

Appealing to some is that these cells are taken following a baby's birth; no fetuses/embryos are destroyed. Appealing to others is that stem cell research can move forward constructively and uninhibited. Appealing to all is that it offers hope and proof that compromise can occur around even the touchiest issues.

States debated legislation in 2006 that addressed a few key notions, primarily public education of the benefits of cord blood banking (including mandates that primary care physicians educate their patients), state support for public cord blood banks, state regulation of public and private cord blood banks, and funding stem cell research.

AAFP has no policy relating to cord blood.

AZ H 2286 AUTHOR: Stump [R]
TITLE: Umbilical Cord Blood
DISPOSITION: Enacted
SUMMARY:
Concerns umbilical cord blood donation; requires a health professional to notify a patient in her second trimester of pregnancy of options related to stem cells



contained in the umbilical cord blood after the delivery of her child. and options for donation or storage in a family donor banking program; exempts a person acting in good faith from civil or criminal liability or professional discipline; provides for an information pamphlet and notification of costs; provides an exemption for religious beliefs.



AZ H 2473 AUTHOR: Bradley [D]
 TITLE: Health Care Appropriation
 DISPOSITION: Failed - Adjourned
 SUMMARY:
 Makes an appropriation; relates to health care.

CA S 1555 AUTHOR: Speier [D]
 TITLE: Umbilical Cord Blood Banking: Education
 DISPOSITION: Pending
 SUMMARY:
 Requires a primary prenatal care provider provide to a woman who is known to be pregnant in the first prenatal visit, information regarding her options with respect to umbilical cord blood banking. Provides such provider who demonstrates willful or repeated violations of this requirement may be referred to the licensing authority. Requires the development of standard information, in certain languages, to allow women to make an informed decision. Relates to the Genetic Disease Screening Information System.

CT H 5789 INTRODUCER: Joint Public Health
 TITLE: Establishment Of A Public Umbilical Cord Bank
 DISPOSITION: Failed - Adjourned
 SUMMARY:
 Concerning the establishment of a public umbilical cord blood bank and umbilical cord blood donations; establishes a public umbilical cord blood bank and to require physicians and hospitals to inform pregnant patients of the option to donate umbilical cord blood to the blood bank following childbirth.

DE H 281 PRIMARY Maier [R]
 SPONSOR:
 TITLE: Public Cord Blood Tissue Bank
 DISPOSITION: Failed
 SUMMARY:
 Establishes the Public Cord Blood Tissue Bank to collect, screen for infectious and genetic diseases, perform tissue typing, cryopreserve and store umbilical cord blood as a resource to the public.

GA S 537 AUTHOR: Adelman [D]
 TITLE: Search for the Cure Act
 DISPOSITION: Failed - Adjourned
 SUMMARY:
 Relates to Search for the Cure Act; defines; provides prohibitions regarding the cloning/sale of tissues; provides for review board; regards membership, duties.

GA S 596 AUTHOR: Shafer [R]
 TITLE: Delivering the Cure
 DISPOSITION: Failed - Adjourned
 SUMMARY:
 Relates to Newborn Umbilical Cord Blood Initiative Act; concerns Delivering the Cure; provides for creation of commission, definitions, donations.



- IL H 5245 SPONSOR: Brauer [R]
 TITLE: Umbilical Cord Blood Donation
 DISPOSITION: Enacted
 SUMMARY:
 Amends the Department of Public Health Powers and Duties Law and the Hospital Licensing Act. Requires the Department of Public Health to prepare and distribute to health and maternal care providers written publications that include information concerning umbilical cord blood donations. Requires the Department of Public Health to make the maximization of umbilical cord blood donations a public health goal. Provides for consultation with physician organizations in developing such publications.
- IL S 188 SPONSOR: Haine [D]
 TITLE: Human Cloning And Adult Stem Cell Research Act
 DISPOSITION: Pending - Carryover
 SUMMARY:
 Creates the Human Cloning and Adult Stem Cell Research Act. Provides that a person shall not intentionally or knowingly perform or attempt to perform human cloning; transfer or receive a cloned human embryo for any purpose; transfer or receive, in whole or in part, any oocyte, human embryo, fetus, or human somatic cell, for the purpose of human cloning.
- IL S 3013 SPONSOR: Righter [R]
 TITLE: Umbilical Cord Blood Donation and Outreach Initiative
 DISPOSITION: Pending
 SUMMARY:
 Creates the Umbilical Cord Blood Donation and Outreach Initiative Act. Requires the Department of Public Health to establish an Umbilical Cord Blood Donation and Outreach Initiative to promote public awareness about cord blood donation. Requires the Initiative to include a public information and outreach campaign. Authorizes the Department to create and update an Adult Stem Cell Research Database to collect information on the advancements being made and treatments being provided.
- KS H 2920 AUTHOR: Pilcher-Cook [R]
 TITLE: Health Care
 DISPOSITION: Failed - Adjourned
 SUMMARY:
 Concerns health care; relates to providing information concerning umbilical cord collection to certain pregnant women; enacts the Umbilical Cord Donation Information Act.
- KS H 2988 AUTHOR: Appropriations Cmt
 TITLE: Comprehensive Cancer Center
 DISPOSITION: Failed - Adjourned
 SUMMARY:
 Enacts the Cancer Act; creates the comprehensive cancer center and prescribes powers, duties and functions therefor; establishes an executive advisory board, the State Umbilical Cord Blood Bank and the Midwest Cancer Alliance; provides for annual reports; prohibits certain expenditures.



KS S 84 AUTHOR: Barnett [R]
 TITLE: Umbilical Cord Banks
 DISPOSITION: Enacted
 SUMMARY:
 Concerns umbilical cord banks; relates to certain guidelines and procedures regarding the operation thereof; prescribes certain duties and functions for the Department of Health and Environmental and state bioscience authority.

MA H 2792 AUTHOR: House Floor
 TITLE: Stem Cell Research
 DISPOSITION: Pending
 SUMMARY:
 Relates to stem cell research.

MA S 1229 FILED AS: MA SD 1059
 AUTHOR: Brown [R]
 TITLE: Umbilical Cord Blood Donation
 DISPOSITION: Pending
 SUMMARY:
 Relates to umbilical cord blood donation.

MA S 2027 AUTHOR: Joint Cmte on Economic Dev and Emerging
 TITLE: Stem Cell Research
 DISPOSITION: Pending
 SUMMARY:
 Relates to stem cell research.

MA S 2032 AUTHOR: Senate Floor
 TITLE: Stem Cell Research
 DISPOSITION: Pending
 SUMMARY:
 Relates to stem cell research.

MA S 2039 AUTHOR: Hart [D]
 TITLE: Regenerative Medicine Enhancement
 DISPOSITION: Enacted
 SUMMARY:
 Relates to enhancing regenerative medicine in the Commonwealth; amends the engrossed Senate bill numbered 2032 which relates to stem cell research and biotechnology.

MD H 136 AUTHOR: Shewell [R]
 TITLE: Public Health
 DISPOSITION: Failed - Adjourned
 SUMMARY:
 Requires the Department of Health and Mental Hygiene to make grants or loans to applicants conducting biomedical research using adult stem cells or cord-blood-derived-embryonic-like (CBE) stem cells; provides for the amount of research grants or loans; requires the Department to adopt specified regulations; provides for the eligibility of applicants; requires applications to be directed to an institutional review board.



- MD H 1462 CROSSFILED WITH: MD S 160
AUTHOR: Haddaway [R]
TITLE: Human Cloning Prohibition Act of 2006
DISPOSITION: Failed - Adjourned
SUMMARY:
Prohibits a person from performing or attempting to perform human cloning, participating in an attempt to perform human cloning, transferring or receiving the product of human cloning, or transferring specified items for the purpose of human cloning; provides a description of specified items that may be produced resulting from scientific research using nuclear transfer or other cloning techniques; establishes criminal and civil penalties.
- MD S 160 CROSSFILED WITH: MD H 1462
AUTHOR: Stone [D]
TITLE: Human Cloning Prohibition Act of 2006
DISPOSITION: Failed - Adjourned
SUMMARY:
Prohibits a person from performing or attempting to perform human cloning, participating in an attempt to perform human cloning, transferring or receiving the product of human cloning, or transferring specified items for the purpose of human cloning; provides a description of specified items that may be produced resulting from scientific research using nuclear transfer or other cloning techniques; establishes; criminal and civil penalties.
- MD S 197 AUTHOR: Jacobs [R]
TITLE: Umbilical Cord Blood Donation
DISPOSITION: Enacted
SUMMARY:
Requires the Department of Health and Mental Hygiene to develop educational materials concerning the donation of umbilical cord blood; requires certain obstetricians and hospitals to distribution certain educational materials to patients.
- MD S 657 AUTHOR: Jacobs [R]
TITLE: Public Health
DISPOSITION: Failed - Adjourned
SUMMARY:
Requires the Department of Health and Mental Hygiene to establish a Maryland Cord Blood Bank; provides for the purpose of the Bank; requires the Department to develop and disseminate educational materials concerning the value, uses, and donation of umbilical cord blood; requires the Governor to include sufficient funds in the State budget in a specified fiscal year and each subsequent fiscal year.
- MI HR 75 SPONSOR: Steil [R]
TITLE: National Cord Blood Stem Cell Bank
DISPOSITION: Adopted
SUMMARY:
Memorializes the Congress of the United States and the United States Department of Health and Human Services to move forward with the creation of a national cord blood stem cell bank.



MO S 1224 SPONSOR: Ridgeway [R]
 TITLE: Umbilical Cord Blood Tissue Bank Creation
 DISPOSITION: Failed - Adjourned
 SUMMARY:
 Relates to the creation of the umbilical cord blood tissue bank.

MS SCR 548 AUTHOR: White [R]
 TITLE: Human Cloning Is Against Public Policy
 DISPOSITION: Failed
 SUMMARY:
 Declares Human cloning is against public policy.

NJ A 312 SPONSOR: Cohen [D]
 TITLE: Umbilical Cord Blood Donation
 DISPOSITION: Pending
 SUMMARY:
 Requires hospitals to notify pregnant women of option to donate umbilical cord blood.

NJ A 1758 SPONSOR: Greenwald [D]
 TITLE: Cord Blood Bank Established Statewide
 DISPOSITION: Pending
 SUMMARY:
 Establishes Statewide allogeneic cord blood bank, requires certain health insurers to provide coverage for cord blood banking and appropriates \$5 million to DHSS.

NJ A 2368 SPONSOR: Cohen [D]
 TITLE: Sickle Cell Anemia Insurance Coverage Appropriations
 DISPOSITION: Pending
 SUMMARY:
 Requires insurers to cover treatment for sickle cell anemia; requires Department of Health and Senior Services to prepare and distribute informational booklet about sickle cell anemia; appropriates \$95,000.

NJ A 2591 SPONSOR: Vandervalk [R]
 TITLE: Umbilical Cord Donation
 DISPOSITION: Pending
 SUMMARY:
 Requires hospitals to provide information to pregnant women regarding umbilical cord blood donation and storage options.

NJ S 490 SPONSOR: Gill [D]
 TITLE: Sickle Cell Treatments
 DISPOSITION: Pending
 SUMMARY:
 Requires health insurers to offer benefits for dose-intensive chemotherapy/bone marrow transplants and umbilical cord blood transplants for treatment of sickle cell anemia.



NY A 457 SAME AS: NY S 5999
 SPONSOR: Lentol [D]
 TITLE: Stem Cell Collection from Umbilical Cord Blood
 DISPOSITION: Pending
 SUMMARY:
 Provides for the donation of umbilical cord blood for stem cell collection, preservation and storage for public or private use; requires physicians to inform pregnant patients of options prior to onset of labor; requires department to conduct public awareness campaign, and compile and maintain quality ratings on blood banks; requires collection by permit-holding blood collector; violators face criminal sanctions, including fines and imprisonment.

NY A 3346 SPONSOR: Eddington [D]
 TITLE: Umbilical Blood Harvesting
 DISPOSITION: Pending
 SUMMARY:
 Authorizes the Department of Health to review information and research regarding the use of umbilical cord blood, including collection and storage; further authorizes the department to take appropriate action to promote the collection, storage and use of umbilical cord blood and to make recommendations to the legislature regarding legislation for such promotion, storage, and collection.

NY A 6300 SPONSOR: Silver [D]
 TITLE: Stem Cell Research
 DISPOSITION: Pending
 SUMMARY:
 Establishes the New York state institute for stem cell research and regenerative medicine as a public benefit corporation to make loans and grants for stem cell and regenerative medicine research, provides regulatory oversight of such research and to support processes for the development of regenerative therapies.

NY A 7926 SPONSOR: Lafayette [D]
 TITLE: Umbilical Cord Blood Donations
 DISPOSITION: Pending
 SUMMARY:
 Provides that health care practitioners shall advise pregnant women of their option to donate umbilical cord blood.

NY A 9416 SPONSOR: Fitzpatrick [R]
 TITLE: Public Umbilical Cord Blood Banking Program
 DISPOSITION: Pending
 SUMMARY:
 Creates a public umbilical cord blood banking program within the department of health to promote public awareness of the potential benefits of public cord banking, to promote research into the uses of cord blood, and to facilitate pre-delivery arrangements for public banking of cord blood donations.

NY S 5132 SPONSOR: LaValle [R]
 TITLE: Umbilical Cord Blood
 DISPOSITION: Pending
 SUMMARY:
 Establishes a task force on the medical use of umbilical cord blood in the treatment



of human disease.

- NY S 5999 SAME AS: NY A 457
 SPONSOR: DeFrancisco [R]
 TITLE: Stem Cell Collection
 DISPOSITION: Pending
 SUMMARY:
 Provides for the donation of umbilical cord blood for stem cell collection, preservation and storage for public or private use; requires physicians to inform pregnant patients of options prior to onset of labor; requires Department of Health to conduct public awareness campaign and compile and maintain quality ratings on blood banks; requires collection by permit-holding blood collector; provides that violators must face criminal sanctions, including fines and imprisonment.
- OH H 500 SPONSOR: Gilb [R]
 TITLE: Cord Blood Donation
 DISPOSITION: Pending
 SUMMARY:
 Requires the Director of Health to establish the Cord Blood Donation Program.
- SC S 771 AUTHOR: Leventis [D]
 TITLE: Biotechnology Act
 DISPOSITION: Failed - Adjourned
 SUMMARY:
 Enacts the Biotechnonlogy Act of 2006; authorizes stem cell research in this state; requires approval from an institutional review board to conduct such research; prohibits purchasing or selling preimplantation embryos for human embryonic stem cell research; prohibits human cloning; provides an employee of an institution may not required to conduct such research or is it is in conflict with the employees's religious beliefs.
- TN H 3501 AUTHOR: Eldridge [R]
 TITLE: Health Care
 DISPOSITION: Failed - Adjourned
 SUMMARY:
 Concerns Health Care; requires health care provider to inform an expectant mother that she may donate umbilical cord blood from her newborn.
- TN S 3281 AUTHOR: Fowler [R]
 TITLE: Health Care
 DISPOSITION: Enacted
 SUMMARY:
 Concerns Health Care; requires health care provider to inform an expectant mother before the woman's thirty-fifth week of pregnancy that she may donate umbilical cord blood from her newborn.
- VA H 413 AUTHOR: Marshall R [R]
 TITLE: Cord Blood Bank Initiative
 DISPOSITION: Enacted
 SUMMARY:
 Establishes the Virginia Cord Blood Bank Initiative as a public resource for the treatment of patients with life-threatening illnesses or in the event of a terrorist attack, to be used in the treatment of injured citizens; provides that the initiative will



conduct outreach and research, particularly for ethnic and racial minorities and that information will be disseminated through health departments and Medicaid.



- VA HJR 48 AUTHOR: Marshall R [R]
 TITLE: Stem Cell Research Study
 DISPOSITION: Adopted
 SUMMARY:
 Continues the Joint Subcommittee to Study Medical, Ethical, and Scientific Issues Related to Stem Cell Research Conducted in the Commonwealth; describes the proceedings of the joint subcommittee; notes its two unanimous recommendations to the 2006 session, the establishment of the umbilical cord blood bank and continuation of its study for another year.
- VA S 370 AUTHOR: Saslaw [D]
 TITLE: Cord Blood Bank Initiative
 DISPOSITION: Enacted
 SUMMARY:
 Establishes the Cord Blood Bank Initiative for the treatment of patients with life threatening illnesses for use in advancing basic and clinical research, and, in the event of a terrorist attack, to be used in the treatment of injured citizens.
- WA H 2474 AUTHOR: Schual-Berke [D]
 TITLE: Placental And Umbilical Cord Blood Donations
 DISPOSITION: Failed - Adjourned
 SUMMARY:
 Establishes placental and umbilical cord blood donation pilot projects.

Health Information Technology (HIT)

Health information technology: an issue called upon by family physicians for years for attention. 2006 saw increasing legislative attention to this issue in the states. Legislatures continued their work in pushing forward HIT issues such as interoperability, health information networks, electronic health and medical records, and methods to assist in the adoption and implementation HIT.

AAFP's Center for Health Information Technology (CHIT) is a great resource for chapters and physicians seeking detailed information around crucial HIT issues. You may visit CHIT's web site at www.centerforhit.org/.

- FL H 7125 SIMILAR: FL S 1408
 AUTHOR: Health Care Regulation Cmt
 TITLE: Medical Records
 DISPOSITION: Failed - Adjourned
 SUMMARY:
 Requires a health care practitioner's employer who is a records owner and a records custodian to comply with specified requirements for confidentiality and disclosure; provides requirements for prescriptions of medicinal drugs by health care practitioners that are electronically generated and transmitted; regulates electronic prescribing for medicinal drugs; provides restrictions for electronic prescribing software.



- FL S 1332 COMPARE: FL H 1409, FL H 7073, FL S 2786
AUTHOR: Appropriations - Health & Human Cmt
TITLE: Health Care Information and the Transparency Act
DISPOSITION: Failed - Adjourned
SUMMARY:
Relates to health care information and the Transparency Act; specifies purpose of Coordinated Health Care Information and Transparency Act; renames State Center for Health Statistics as the Center for Health Information and Policy Analysis; revises center's duties; requires the Agency for Health Care Administration to oversee and manage health care data from certain state agencies; revises number of most frequently prescribed medicines for which retail prices may be statistically collected.
- FL S 1408 SIMILAR: FL H 7125
AUTHOR: Health, Aging and Long-Term Care Cmt
TITLE: Medical Records
DISPOSITION: Enacted
SUMMARY:
Requires health care practitioner's employer who is records owners and records custodian to comply with specified requirements for confidentiality and disclosure; provides requirements for prescriptions of medicinal drugs by said practitioners which are electronically generated or transmitted; regulates electronic prescribing for said drugs; provides restrictions for electronic prescribing software; authorizes electronic prescribing software to show information regarding a payor's formulary.
- FL S 2786 COMPARE: FL H 1411, FL H 1409, FL S 1332, FL H 7073
AUTHOR: Haridopolos [R]
TITLE: Health Information Network
DISPOSITION: Failed
SUMMARY:
Cites act as the Florida Health Information Network Act; requires the Agency for Health Care Administration to develop and implement plan for formation and operation of said network; requires agency to enter into contract to implement plan; creates the Florida Health Information Network, Inc., as not-for-profit corporation; provides for board of directors and for terms thereof; provides duties and responsibilities of the corporation.
- GA H 246 AUTHOR: Graves D [R]
TITLE: Prescription Drug Orders
DISPOSITION: Enacted
SUMMARY:
Relates to grounds for suspension, revocation, or refusal to grant licenses by the State Board of Pharmacy; revises provisions relating to selling, distributing, and delivering prescription drugs by mail or other common carriers; relates to dispensing prescription drugs, electronically transmitting drug orders, refills, and Schedule II controlled substance prescriptions, so as to charge certain provisions relating to the electronic transmission of prescription drug orders.



GA H 1191 AUTHOR: Benton [R]
 TITLE: Prescription Drugs
 DISPOSITION: Failed - Adjourned
 SUMMARY:
 Relates to dispensing prescription drugs, electronically transmitting drug orders, refills, and Schedule II controlled substance prescriptions, so as to require a practitioner to have the practitioner's name printed below his or her signature; to change certain provisions relating to requirements for transmitting prescriptions electronically or via facsimile; to provide for related matters; to repeal conflicting laws.

GA S 379 AUTHOR: Wiles [R]
 TITLE: Remote Service Terminals
 DISPOSITION: Failed - Adjourned
 SUMMARY:
 Relates to safe use of remote service terminals, so as to require implementation of reverse personal identification number technology; provides for a fee.

MI H 5336 SPONSOR: Newell [R]
 TITLE: Health Information Technology
 DISPOSITION: Enacted
 SUMMARY:
 Creates Health Information Technology Commission. to facilitate and promote the design, implementation, operation, and maintenance of an interoperable health care information infrastructure in the state.

MO H 1127 SPONSOR: Wildberger [D]
 TITLE: Consumer Protection
 DISPOSITION: Failed - Adjourned
 SUMMARY:
 Provides consumer protection for computerized personal information.

MO S 858 SPONSOR: Shields [R]
 TITLE: Health Information Technology Fund
 DISPOSITION: Failed - Adjourned
 SUMMARY:
 Relates to the health information technology fund.

MO S 868 SPONSOR: Koster [R]
 TITLE: Healthcare Technology Fund
 DISPOSITION: Failed - Adjourned
 SUMMARY:
 Relates to the healthcare technology fund.

NJ S 385 SPONSOR: Martin [R]
 TITLE: Practice Of Medicine Across State Lines Act
 DISPOSITION: Pending
 SUMMARY:
 Creates the Practice of Medicine Across State Lines Act.



OH S 94	SPONSOR: Miller [D] TITLE: Telemedicine Services DISPOSITION: Pending SUMMARY: Regards to the provision of, and coverage for, telemedicine services.
TN S 3061	AUTHOR: Kyle [D] TITLE: Physicians and Surgeons DISPOSITION: Failed - Adjourned SUMMARY: Concerns Physicians and Surgeons; establishes a program in the department of health to disseminate funding to develop telemedicine as a means of delivering specialty care to TennCare recipients and the uninsured at Federally Qualified Health Centers in conjunction with the University of Tennessee Memphis Health Science Center.

New Born Genetic Screening

The Maternal and Child Health Bureau of the federal Health Resources and Services Administration (HRSA) is finalizing recommendations that states implement a uniform set of newborn screening tests through legislation or regulation. The document outlining the recommendations, *Newborn Screening: Toward a Uniform Screening Panel and System*, was developed by the American College of Medical Genetics (ACMG) under a contract from HRSA. A myriad of new genetic tests are available to detect genetic conditions in newborns. The report calls for states to screen for twenty-nine (29) genetic conditions (see the Appendix I) using a new technology called tandem mass spectrometry. The screening would require blood from a single heel stick in the newborn nursery.

The report and recommendations, which were provided to AAFP and others for comment, have created some controversy. The two main concerns raised by some in the primary care community are that: (1) the report shows relatively little recognition of the role of primary care clinicians, who care for newborns and their mothers and to whom families will turn to sort out positive test results; and (2) the evidence basis for the recommendations is less rigorous than that used by the federal government through the US Preventive Services Task Force.

The AAFP supported the Genetic Nondiscrimination in Health Insurance and Employment Act (HR 2457; see <http://www.aafp.org/x6831.xml>). The AAFP currently recommends newborn screening for congenital hypothyroidism, hemoglobinopathies and phenylketonuria.



The AAFP Commission on Science has proposed the following recommendations to guide chapters in participating in decisions around newborn screening in the states:

- 1. AAFP constituent chapters and family physicians should become involved, early in 2006, in legislative and administrative procedures in their states, to contribute to the states' response to the anticipated federal recommendation to adopt a uniform panel of 29 newborn screening tests using Tandem Mass Spectrometry;*
- 2. Chapters should consider recommending that their states give consideration to mandatory newborn screening for those tests for which the evidence is most rigorously supportive, and that families be able to "opt in," with appropriate informed consent that addresses both benefits and potential harms, to reporting the remaining tests in the Tandem Mass Spectrometry panel (i.e. the model used for screening and follow-up in Massachusetts, Rhode Island, Vermont, New Hampshire and Maine through the New England Newborn Screening Program as conducted by the University of Massachusetts Medical School (<http://www.umassmed.edu/nbs/>), See Appendix II);*
- 3. Family physicians and their office staffs should prepare to educate families concerning newborn screening, and to respond to questions from families concerning positive tests (to assist with such preparation, please see AAFP Web-based module on Newborn Screening through the Annual Clinical Focus 2005: Genomics at <http://www.aafp.org/x25023.xml>).*

Additionally, the AAFP Commission on Science recommends that:

If states adopt the panel of 29 tests for newborn screening, state health departments should collect data on the benefits and harms associated with each test, and then tests without practical clinical benefits, or that have harms that outweigh their benefits, should be eliminated from the panel;

An additional panel of 28 tests under consideration in the HRSA report should not be added until adequate evidence is gathered on how the first 29 perform; and

Tests considered for addition to the screening program should be evaluated individually, not as a panel.

Please direct questions related to this issue to Bellinda K. Schoof, MHA, CPHQ, Scientific Affairs Manager, (800) 274-2237 ext. 3160 or email: bschoof@aafp.org

GA H 1066	TITLE:	Metabolic And Genetic Disorders
	ENACTED:	04/27/2006
	DISPOSITION:	Enacted
	LOCATION:	Chaptered
	ACT:	573
	SUMMARY:	



Relates to control of hazardous conditions, preventable diseases, and metabolic disorders, so as to change certain provisions relating to a system for screening newborns for certain metabolic and genetic disorders; to provide for the establishment of fees; to provide for religious objection to screening; to change certain provisions relating to screening for phenylketonuria, sickle cell anemia, and sickle cell trait; to provide for related matters.

KY BR 213 TITLE: Metabolic Disorders
DISPOSITION: Failed - Adjourned
LOCATION: SENATE
SUMMARY:
Requires Medicaid coverage for prescribed food products for genetic and metabolic diseases for which the cabinet conducts newborn screening tests; specifies that \$1 of the certificate fee shall pay for food products; requires a health benefit plan that provides prescription drug coverage to cover prescribed food products.

KY S 18 BR: 213
TITLE: Metabolic Disorders
DISPOSITION: Failed - Adjourned
LOCATION: Senate Appropriations & Revenue Committee
SUMMARY:
Requires Medicaid coverage for prescribed food products for genetic and metabolic diseases for which the cabinet conducts newborn screening tests; specifies that \$1 of the certificate fee shall pay for food products; requires a health benefit plan that provides prescription drug coverage to cover prescribed food products.

MI S 794 TITLE: Newborn Screening Quality Assurance Committee
ENACTED: 02/22/2006
DISPOSITION: Enacted
LOCATION: Chaptered
PUBLIC ACT: 31
SUMMARY:
Creates the Newborn Screening Quality Assurance Advisory Committee to review the list of newborn screening tests and to submit a report regarding the appropriateness of the existing list or required tests and to report recommendations to revise the list to include additional tests that are nationally recognized.

MS S 2375 TITLE: Screening For Newborn Disorders
DISPOSITION: Failed
LOCATION: Died
SUMMARY:
Screening for newborn disorders; add additional tests and authorize Medicaid and private insurance reimbursement.

NH S 108 TITLE: Newborn Screening Tests
ENACTED: 07/22/2005
DISPOSITION: Enacted
LOCATION: Chaptered
CHAPTER: 285
SUMMARY:
Clarifies the tests to be given to newborn children; grants rulemaking authority to the commissioner of health and human services to determine how the fees for such tests are to be determined; requires the department of health and human services



to establish a newborn screening advisory committee.



NY A 2768 TITLE: Testing of Newborns
 DISPOSITION: Pending
 LOCATION: Assembly Health Committee
 SUMMARY:
 Requires hospitals to provide parents of newborns with the option to have a DNA
 text performed on their child or have a blood sample taken from the child and
 preserved for future DNA testing.

OK H 1419 TITLE: Public Health And Safety
 ENACTED: 06/09/2005
 DISPOSITION: Enacted
 LOCATION: Signed by Governor
 SUMMARY:
 Relates to public health and safety; relates to phenylketonuria, other disorders and
 educational and newborn screening programs; requires the State Board of Health
 to utilize certain definition of phenylketonuria in certain circumstances; authorizes
 the State Board of Health to promulgate any necessary rules.

OK H 1828 TITLE: Public Health And Safety
 DISPOSITION: Failed - Adjourned
 LOCATION: House Rules Committee
 SUMMARY:
 Relates to public health and safety; relates to phenylketonuria; clarifies language;
 provides an effective date.

PA H 755 PN: 4196
 TITLE: Newborn Child Testing Act of 1965
 DISPOSITION: Pending
 LOCATION: Senate Appropriations Committee
 SUMMARY:
 Amends the Newborn Child Testing Act of 1965. Provides for newborn child
 screening and testing. Makes editorial changes. Requires physicians, hospitals and
 other institutions to administer or cause to be administered tests for genetic,
 metabolic, hormonal and functional conditions upon infants in certain cases.

PA S 819 PN: 1420
 TITLE: Newborn Child Testing Act of 1965
 DISPOSITION: Pending
 LOCATION: Senate Appropriations Committee
 SUMMARY:
 Amends the Newborn Child Testing Act of 1965. Provides for newborn child
 screening and testing for certain diseases. Makes editorial changes.

PA S 901 PN: 1192
 TITLE: Newborn Child Testing Act of 1965
 DISPOSITION: Pending
 LOCATION: Senate Public Health and Welfare Committee
 SUMMARY:
 Amends the Newborn Child Testing Act of 1965. Further defines disease. Provides
 for testing for severe combined immunodeficiency.



VA H 1607	TITLE: DISPOSITION: LOCATION: SUMMARY:	Phenylketonuria Pending - Carryover House Health, Welfare and Institutions Committee Provides for the reimbursement to the parents or guardians of a child identified as being a legal resident and who is diagnosed as requiring treatment for phenylketonuria, for the purchase of special food products required in the management of phenylketonuria.
WA H 1537	COMPANION: TITLE: DISPOSITION: LOCATION: SUMMARY:	WA S 5491 Fee for Infant Screening Services Failed - Adjourned House Health Care Committee Describes when the Department of Health may collect a fee for infant screening services.
WA S 5491	COMPANION: TITLE: DISPOSITION: LOCATION: SUMMARY:	WA H 1537 Infant Screening Services Failed - Adjourned Senate Rules Committee Describes when the department of health may collect a fee for infant screening services.
WV H 2447	SIMILAR TO: TITLE: DISPOSITION: LOCATION: SUMMARY:	WV S 67 Newborn Children Failed - Adjourned House Health and Human Resources Committee Provides additional tests for newborn children.
WV H 2607	SIMILAR TO: TITLE: DISPOSITION: LOCATION: SUMMARY:	WV S 67 Newborn Screenings Failed - Adjourned Senate Health and Human Resources Committee Expands newborn screening by adding sickle cell anemia and adrenal hyperplasia.

Private Sector Advocacy

Emerging Issues and Trends

In response to employers' scrutiny of dollars they spend annually on healthcare, health plans continue to adapt products and systems to support a value-based healthcare purchasing concept. Payers are promoting "transparency" in price and quality by making available to clients negotiated pricing and in-house designations geared to indicate a level of "quality". These efforts may negatively impact physicians if they are rated/profiled by payers on quality and cost-



efficiency measures, and then, ultimately tiered into networks with benefit plans that influence insureds to seek care from physicians certain physicians.



Additionally, payers are creating pay-for-performance programs atop the profiled and designated physicians. Staff continues to pay close attention to the profiling and pay-for-performance programs.

Ongoing issues

Private sector issues that our members continue to face include payment issues (bundling and claim denials), unlevelled playing field in contract negotiation, scope of practice limitations through accreditation criteria and payment policy, and radiology/imaging management programs to curb inappropriate use of high-technology tests. Emerging in the healthcare industry is the concept of consumer-directed healthcare (high-deductible health plans, online member resources and payer-based personal health records for insureds, wellness program incentives) where the consumer will have more financial “skin in the game” and choices on where to seek necessary healthcare services. Members are encouraged to submit online health plan complaints to assist the Academy in trending members’ issues with health plans and join the private sector e-mail discussion list in order to communicate with other members. Staff will be developing more tools and resources to assist members with health plans, including contracting, profiling, and pay-for-performance programs.

Vaccines/Immunization

Vaccine and Immunization issues continue to be of interest to the AAFP and its constituent chapters. Attacks on the efficacy of vaccines, purported “scientific evidence” linking vaccine to autism in children, a drive to remove even trace elements of thimerosal (mercury), the issue of maldistribution of influenza vaccine in 2005, pharmacists performing injections of influenza vaccine, and continued media interest in pandemic flu have all presented unique issues in states.

There were several pieces of legislation mandating the use of the meningococcal vaccine for college freshman. In 2006, the [AAFP adopted recommendations](#) for immunizing persons against meningococcal disease consistent with those of the Advisory Committee on Immunization Practices to the Centers for Disease Control and Prevention (CDC) and the CDC. CDC's Advisory Committee on Immunization Practices (ACIP) recommends routine vaccination with MCV4 at the 11 – 12 year-old health-care visit, of adolescents at high-school entry (at approximately age 15 years) if not previously vaccinated with MCV4, of college freshmen living in dormitories, and of other persons at increased risk for meningococcal disease (i.e., military recruits, travelers to areas in which meningococcal disease is hyperendemic or epidemic, microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*, persons with anatomic or functional asplenia, and persons with terminal complement deficiency).



The AAFP Influenza Vaccine Task Force investigated the maldistribution issues following the large number of member concerns voiced in 2005. The result of the task force was a series of [recommendations](#) adopted by the AAFP Board of Directors. Some chapters have provided these recommendations to legislators at the state level who are also concerned with distribution and access issues.

The AAFP has also recently added web resources regarding [Pandemic Flu](#). Legislation focused on emergency preparedness and response appeared in 2006 with more expected in 2007. Family medicine can play a key leadership role in planning and response. Chapters are encouraged to become involved in the process.

The AAFP reconsidered whether pharmacists are an appropriate provider of influenza vaccine. Prior policy stated that pharmacists should not administer immunizations. The new policy, approved by the Congress of Delegates in 2005, clearly acknowledges that the old policy is short-sighted from a public health perspective and may conflict with state laws permitting pharmacists to provide immunizations. The new policy remains focused on the concept of a medical home provided by a family physician.

"The AAFP believes that the interests of patients are best served when their care is provided in their personal medical home by a physician or through an integrated practice supervised by a physician (see AAFP Integrated Practice Policy). Realizing however that immunizations are sometimes administered outside of the patient's primary care physician's office, the AAFP policy charges any entity providing immunizations to provide appropriate documentation and instruction to patients to share the information with their primary care physician in a timely fashion."

The AAFP signed on to a [group letter](#) comprised of 22 organizations that was to all members of Congress on April 3, 2006, stating, "...our opposition to all legislative efforts at the federal and state levels to restrict access to vaccines containing thimerosal..." Legislation banning thimerosal:

1. perpetuates false and misleading information that vaccines are not safe
2. potentially results in ongoing vaccine shortages
3. limits ability to quickly administer influenza vaccine
4. leads to increased costs
5. adds more complexity to the present vaccine delivery system and
6. profoundly affects global immunization programs

The AAFP encourages states to review such legislation and the context in which it is presented. Click here to view the [AAFP Clinical Policies on Immunization](#)



AK S 30

TITLE: Postsecondary Student Immunizations

DISPOSITION: Failed - Adjourned

SUMMARY:

Relates to immunization of postsecondary students for meningitis.



- FL H 127 COMPARE: FL S 1160, FL S 2688
 TITLE: Immunizations for Meningococcal Disease
 DISPOSITION: Enacted
 CHAPTER: 2006-246
 SUMMARY:
 Relates to immunizations; requires certain assisted living facilities to implement a program to offer residents immunizations against influenza viruses and pneumococcal bacteria; requires each district school board and governing authority of each private school to provide information to parents concerning meningococcal disease and the vaccine; requires the Department of Health to adopt rules specifying age or grade level of students; relates to school entry requirements.
- FL H 141 COMPARE: FL S 346
 TITLE: First Responders Workers' Compensation
 DISPOSITION: Failed
 SUMMARY:
 Relates to workers' compensation for first responders; provides definition of term first responder; provides standard of proof for first responders with injury or disease caused by exposure to toxic substance; provides that any adverse result or complication regarding smallpox vaccinations is injury by accident arising out of employment for first responders; provides for continuation of permanent total supplemental benefits after age 62, as specified.
- FL H 491 COMPARE: FL S 82
 TITLE: Immunizations Vaccines with Mercury
 DISPOSITION: Failed
 SUMMARY:
 Relates to immunizations and vaccines with mercury; prohibits vaccinating woman who is knowingly pregnant or child who is younger than specified age with vaccine that contains any mercury or injecting such woman or child with product that contains more than specified amount of mercury; provides for State Health Officer to authorize use of vaccines that contain greater amount of mercury than is otherwise allowed if Secretary declares public health emergency.
- FL S 82 COMPARE: FL H 491
 TITLE: Immunizations
 DISPOSITION: Failed
 SUMMARY:
 Relates to immunizations; prohibits vaccinating a woman who is knowingly pregnant or a child who is younger than a specified age with a vaccine that contains any mercury or injecting such woman or child with a product that contains more than a specified amount of mercury; provides for the State Health Officer to authorize use of vaccines that contain a greater amount of mercury if the Health Secretary declares a public health emergency.
- FL S 570 TITLE: Pharmacists Flu Virus Immunizations
 DISPOSITION: Failed
 SUMMARY:
 Relates to pharmacists' flu virus immunizations; redefines term practice of profession of pharmacy to include administering of influenza virus immunizations to adults by pharmacist within established protocol and under supervisory practitioner who is licensed physician or by written agreement with county health department;



requires professional liability insurance, training and certification in immunization, and employer approval before entering in protocol.

- FL S 706 COMPARE: FL H 311
TITLE: Vaccine Production Facilities
DISPOSITION: Failed
SUMMARY:
Relates to vaccine production facilities; provides incentives for vaccine production facilities to produce certain vaccines; exempts certain business entities from liability under certain circumstances; establishes a loan and loan guarantee program; requires Department of Health to purchase portion of vaccines produced in state for a specified period of time.
- KS S 537 TITLE: Vaccinations
DISPOSITION: Failed - Adjourned
SUMMARY:
Concerns public health; relates to vaccinations.
- MI H 5162 TITLE: Immunizing Agents
DISPOSITION: Pending
SUMMARY:
Prohibits immunizing agents that contain more than 1 microgram of mercury or compounds of mercury.
- MI H 5325 TITLE: Influenza Vaccine
DISPOSITION: Pending
SUMMARY:
Requires health facilities to provide elderly persons with influenza vaccine under certain circumstances.
- MI H 5630 TITLE: Pandemic Influenza Plan
DISPOSITION: Enacted
PUBLIC ACT: 163
SUMMARY:
Establishes a pandemic influenza immunization preparedness and response plan.
- MI H 5631 TITLE: Bird Flu Pandemic Plan
DISPOSITION: Enacted
PUBLIC ACT: 157
SUMMARY:
Provides that upon the request of the Director, Department of Agriculture shall assist the Department of Community Health in preparation of the pandemic influenza plan and response to epidemics including animal-borne diseases.
- MI S 585 TITLE: Meningitis Vaccination
DISPOSITION: Pending
SUMMARY:
Requires proof of a meningitis vaccination for enrollment in college or university.
- MI S 720 TITLE: Immunizations
DISPOSITION: Pending
SUMMARY:
Bans more than one microgram of mercury or mercury compounds in vaccines.





MI S 728	<p>TITLE: Care Improvement DISPOSITION: Enacted PUBLIC ACT: 91 SUMMARY: Revises reference of Childhood Immunizations Registry to Michigan Care Improvement Registry; provides, upon written request, that immunization information for specified persons shall be inaccessible; provides for the expansion of the registry to include the reporting and recording of additional information such as lead screening performed on children.</p>
MO H 1071	<p>TITLE: Immunization Of Children DISPOSITION: Failed - Adjourned SUMMARY: Modifies the requirements for immunization of children.</p>
NH LSR 2591	<p>TITLE: Vaccines By Pharmacists DISPOSITION: Failed SUMMARY: Relates to the administration of vaccines by pharmacists.</p>
NY A 5543	<p>SAME AS: NY S 2707 TITLE: No Use of Vaccine With Mercury DISPOSITION: Pending SUMMARY: Prohibits the administration of any vaccine or immunization that contains mercury.</p>
NY S 2707	<p>SAME AS: NY A 5543 TITLE: Immunizations with Products Containing Mercury DISPOSITION: Enacted CHAPTER: 603 SUMMARY: Provides that, with exceptions, no person under three years of age or a woman who knows she is pregnant shall be vaccinated with a vaccine that contains more than a specified amount of mercury per dose; provides the maximum allowed dosage of mercury in vaccinations for such persons; authorizes the vaccination of such persons with informed consent.</p>
OH H 257	<p>TITLE: Flu Vaccinations for Nursing Home Residents DISPOSITION: Enacted SESSION LAW: 77 SUMMARY: Requires nursing homes and other homes for the elderly to offer residents vaccinations against influenza and pneumonia; requires hospitals to offer certain patients vaccinations against influenza and pneumonia; provides for patient guidelines.</p>
OH H 264	<p>TITLE: Workers Compensation for Smallpox Vaccination Reaction DISPOSITION: Pending SUMMARY: Grants Workers' Compensation benefits to an employee who suffers an adverse medical condition as a result of receiving a smallpox vaccination as part of homeland security measures.</p>





OH S 49	TITLE: Vaccines DISPOSITION: Pending SUMMARY: Limits the use of vaccines containing mercury.
PA H 302	PN: 323 TITLE: Long Term Care Resident Immunization DISPOSITION: Pending SUMMARY: Amends the Long-Term Care Resident and Employee Immunization Code of 2001. Further provides for resident immunization.
PA H 1162	PN: 1368 TITLE: Childhood Immunization Insurance Act DISPOSITION: Pending SUMMARY: Amends the Childhood Immunization Insurance Act of 1992. Further provides for definitions. Provides for mercury-free vaccines.
PA H 1633	PN: 2018 TITLE: Influenza Virus Immunization DISPOSITION: Pending SUMMARY: Provides for immunization against the influenza virus.
PA S 391	PN: 426 TITLE: Childhood Immunization Insurance Act DISPOSITION: Pending SUMMARY: Amends the Childhood Immunization Insurance Act of 1992. Provides that a person who is knowingly pregnant or who is under three years of age shall not be vaccinated with a mercury-containing vaccine or injected with a mercury-containing product. Provides for an exception from the prohibition of a mercury-containing vaccine if an actual or potential bioterrorist incident makes necessary the administration of a vaccine containing mercury.
RI H 5473	TITLE: Immunization Programs DISPOSITION: Failed - Adjourned SUMMARY: Would provide that the Department of Health include in the Department's immunization program those vaccines for routine adult influenza vaccination as recommended by the Advisory Committee for Immunization Practices (ACIP) to the extent permitted by available funds. This act would take effect upon passage.



Universal Health Coverage

Massachusetts

Seeking to solve the problem of the uninsured, Massachusetts legislators in the House and Senate, as well as Governor Mitt Romney, offered competing proposals to address the issue. The Senate passed its version, the House passed its, and both contained a few of the ideas put forward by the governor. After two months in an often contentious conference committee, negotiators reached a compromise that both chambers promptly passed. Governor Romney, as expected, signed the bill. Somewhat unexpectedly, he used his line item veto power to strike several provisions. However, the House and Senate overrode overwhelmingly all of the governor's vetoes.

The bill aims to cover some 90 to 95 percent of the state's 500,000 to 600,000 uninsured (which, at 10.8 percent of the population, is among the nation's lowest). It hopes to achieve this goal without a new tax or large budget expansion, relying mainly on existing funds in the budget (both state and federal) and fees levied on businesses.

Precise details of how the plan will roll out are not included in the bill's language. The legislature is leaving the hammering out of finer details to regulators, meaning that while this hurdle was leapt finally, a good number remain in the path.

What's in it for physicians?

Roughly 15 percent of the funds in the bill are marked for physician payment. With some estimates placing the price tag of the bill as high as nearly \$2 billion over the next three years, this is no small amount of money. However, the vast majority of that amount is tied to pay-for-performance. The bill does not explicitly mention quality measures, except for reductions in racial and ethnic disparities.

Pay-for-performance measures will be determined by the Health Care Cost and Quality Council established by the bill. The Council will not have a seat for medicine, but will have an advisory board with two seats for medicine (one specifically slated for primary care). Information gathered on providers, insurers and facilities will be made publicly-available on a web site to be established. The data will include performance and cost measures.

The Council is expected to consider reports from three other commissions (two newly formed, one reorganized) by the bill. The MassHealth Payment Policy Advisory Board will examine provider payment issues around MassHealth (the umbrella name for Massachusetts' health programs, including Medicaid and SCHIP). The new Racial and Ethnic Disparities Council will examine the



eponymous issues and make recommendations on improving towards the goal of elimination of disparities. The bill reorganizes the Public Health Council and includes two physician seats (one specifically for primary care).

What's in it for patients?

If the bill achieves its goals, access. The bill provides new and expands existing coverage options for patients. Among the notable provisions:

- Expanding MassHealth coverage to 300 percent of the Federal Poverty Level
- Offering state-subsidized, waived-premium basic health plans to those below 100 percent FPL.
- Offering state-subsidized plans with premiums on a sliding scale to those between 101 percent and 300 percent FPL.
- Reducing premiums through greater availability of low-cost plans in the market; in other words, making more plans available at cheaper prices for those above 301 percent of poverty. (The latest estimate is that premiums for individual coverage will be about \$325/month, double for families.)

The new Commonwealth Health Insurance Connector is established in the bill to help connect individuals and small businesses to affordable insurance products. The Connector will allow portability of insurance, as well as the opportunity for more than one employer to contribute toward premiums.

What's in it for business?

For business, the catch-phrase throughout media reporting on the bill has been “a level playing field.” The Uncompensated Care Pool will be phased out and replaced with the new Safety Net Care Pool. Business contributions will decline during the phase-down period. Business hopes the bill will lead to a slower rate of increase in premiums, if not a leveling off outright.

The Commonwealth Health Insurance Connector, as with the individual market, will help link small businesses to affordable plans. Determinations of what “affordable” and “adequate benefits plans” are made by the Connector.

What if business, patients and physicians do not comply?

The bill, as some summarize it, makes it illegal to not have health insurance. This is not to say that Bay State police will knock on your door and ask to see a BC/BS card and take you away if you don't have one. What the bill does do is set penalties on businesses and individuals for not offering or having insurance.

Businesses—with more than 10 employees—that do not offer insurance will be assessed a \$295 per employee fee. The moneys collected by the fee go into the aforementioned Safety Net Care Pool that helps subsidize the low-cost plans.



This “no-offerings” fee in spirit is akin to the “Wal-Mart/Pay-to-Play/Fair Share” bills that have popped up around the country in the past few months.

The bill also includes what is called the “Free Rider” surcharge. If an employee uses free care more than three times in a year, or all employees use free care more than five times in a year, the employer will be responsible for 10 percent to 100 percent of the services’ costs. The state will exempt the first \$50,000 per employer, though.

Individuals are required to accept the coverage their employer offers, to prevent crowd-out. However, waivers are available should the offered coverage be unaffordable for the employee. If an individual does not have coverage through their employer, has not gained it through the market and has not gained it through the state program, the state will withhold the first \$150 of any yearly tax refund. Habitual “free-riders” will find penalties increasing in the second year without insurance to half the monthly premium of “affordable” insurance.

Physicians, finally, are required to comply with reporting requirements set by the Health Care Cost and Quality Council. Those refusing to comply with reporting requirements will be fined \$1,000 per week, up to \$50,000.

What’s Next?

As currently written—following gubernatorial vetoes and the subsequent legislative overrides of those vetoes—the new law will be implemented in phases with all portions in effect on January 1, 2008. The majority of the coverage provisions, though, will go into effect July 1, 2007.

Vermont

The Vermont Legislature passed—and Governor Jim Douglas quickly signed—a bill aiming to lessen the number of uninsured in the state. The plan contains many components now familiar from the Massachusetts “universal” coverage bill. Among these are an employer assessment for not offering health coverage and a new mechanism to connect the uninsured to lower-cost private insurance.

Additionally, the plan calls for a strong focus on primary care and chronic condition management. Green Mountain state policymakers feel that this will reduce costs and help control premiums in the long run.

Unlike Massachusetts, this program is voluntary. Of the 60,000 projected to qualify for Catamount, 25,000 are expected to enroll.

What’s in it for physicians?

- Medicaid will now pay 100 percent of the 2006 Medicare rate for all E/M codes.



- Catamount will pay 110 percent of the 2006 Medicare rate for all E/M codes.
- Increase in all Medicaid CPT codes, starting with the lowest.
- Incentives and payment restructuring for providers participating in care coordination program.
- Pay-for-performance will be implemented in 2008.
 - Administration will recommend measures and payments.
 - Legislature will approve and appropriate funds for P4P measures.



What's in it for patients?

- Public program beneficiaries will receive significantly reduced premiums.
- Catamount enrollees will pay premiums on a sliding scale.

MA H 4479 AUTHOR: House Floor
 TITLE: Health Care Access
 LOCATION: Chaptered

SUMMARY:

Creates a Care Health Insurance Program; establishes a health insurance connector; authorizes a surcharge on all health benefit plans; establishes the Care Trust Fund, the Essential Community Provider Trust Fund, the Medical Assistance Trust Fund and the Health Safety Net Trust Fund; requires a database of health plan members; relates to pre-existing conditions, small businesses, independent contractors, disclosure, income tax penalties and hospital surcharges to the Uncompensated Care Trust Fund.

NH LSR 2475 AUTHOR: Morris [R]
 TITLE: Healthcare Services
 DISPOSITION: Failed - Adjourned

SUMMARY:

Establishes a committee to study affordable and accessible healthcare services for all uninsured citizens of New Hampshire.

OH H 263 TITLE: Ohio Health Care Plan
 DISPOSITION: Pending

SUMMARY:

Establishes and operates the Ohio Health Care Plan to provide universal health care coverage to all Ohio residents.

OH S 68 SPONSOR: Hagan [D]
 TITLE: Ohio Health Care Plan
 DISPOSITION: Pending

SUMMARY:

Establishes and operates the Ohio Health Care Plan to provide universal health care coverage to all Ohio residents.

VT H 861 TITLE: Preventive and Chronic Care
 DISPOSITION: Enacted
 ACT: 191

SUMMARY:

Relates to health care affordability; proposes to enhance and improve the delivery of chronic care to Vermonters by codifying the blueprint for health chronic care prevention and management plan, unifying the chronic care efforts within the state, and initiating chronic care prevention and management in Medicaid and catamount health; establishes catamount health, a comprehensive health benefits plan for uninsured Vermonters.

Amended by VT H 865



VT H 895

AUTHOR: Tracy [D]
TITLE: Catamount Health
DISPOSITION: Enacted
ACT: 190

SUMMARY:

Allows the commissioner of banking, insurance, securities, and health care administration to require hospitals, medical service corporations, and nonprofit health maintenance organizations to provide Catamount Health; requires the commission on health care reform to evaluate the Catamount Health market to determine whether it is a cost-effective method of providing health care coverage to uninsured Vermonters.

