

Workers' Comp Legislative Activity

July 15, 2019 – September 1, 2019

California

AB 1107 - Exemption from utilization review

Issues: Workers' Compensation (General)

Summary for 4/22/2019 Version: This measure clarifies the procedure for independent medical review decisions for workers' compensation. The measure makes a final determination of the Administrative Director of the Division of Workers' Compensation conclusive evidence that medical treatment was unreasonably delayed or denied.

Outlook: This measure has been referred to the Senate Labor, Public Employment, and Retirement Committee, which is chaired by Senator Jerry Hill (D). The measure is eligible for a hearing in the Committee. A timeline for further consideration has not yet been established.

Links:

- [4/22/2019 Version](#)
- [3/26/2019 Version](#)
- [2/21/2019 Version](#)

Status History:

- **02/21/2019** - Introduced
- **03/25/2019** - Referred to Assembly Insurance Committee
- **03/26/2019** - Amended
- **04/24/2019** - Hearing held; passed Committee
- **04/22/2019** - Amended
- **05/02/2019** - Passed Assembly
- **05/16/2019** - Referred to Senate Labor, Public Employment, and Retirement Committee

California

SB 537 - treatment and disability

Issues: Workers' Compensation (General)

Summary for 08/13/2019 Version: This measure requires the Administrative Director of the Division of Workers' Compensation to issue a report to the Legislature, on or before January 1, 2023, comparing potential payment alternatives for providers to the official medical fee schedule.

Note: This information is neither intended to be all-inclusive for the industry, nor for public redistribution. Please feel free to send your questions, comments, suggestions, and requests for further information to Coventry at Regulatory@cvt.com.

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This measure clarifies that an entity that provides physician network services or ancillary network services is prohibited from altering or amending a request for authorization for medical treatment from a physician or physical therapist before the submission of the request to the claim's administrator.

This measure requires an itemized request for payment for services provided on or after July 1, 2020, to be submitted to an employer with the provider physician's national provider identifier number.

This measure requires a contracting agent, employer, or carrier to provide a health care provider or health facility with a rate sheet if a contracted reimbursement rate is different from those in the official medical fee schedule.

This measure requires a contracting agent to provide a rate sheet to the employer, carrier, or entity for which the agent is acting if the contracted reimbursement rate is more than 15% below the official medical fee schedule.

Outlook: This measure has been scheduled for an August 21 hearing in the Assembly Appropriations Committee. The hearing will be open to the public and testimony will be accepted at the discretion of the Chair, Assembly Member Lorena Gonzalez (D). Written testimony should be submitted to the Committee in advance. A vote may occur at the discretion of the Chair.

Links:

- [8/13/2019 Version](#)
- [7/2/2019 Version](#)
- [4/11/2019 Version](#)
- [3/27/2019 Version](#)
- [2/21/2019 Version](#)

Status History:

- **02/21/2019** - Introduced
- **03/07/2019** - Referred to Senate Rules Committee
- **03/27/2019** - Amended
- **04/03/2019** - Referred to Senate Labor, Public Employment, and Retirement Committee
- **04/10/2019** - Hearing held; amended; passed; re-referred to Senate Appropriations Committee
- **04/29/2019** - Hearing held; placed on suspense file
- **04/11/2019** - Amendment read and released
- **05/16/2019** - Hearing held; passed Committee
- **05/21/2019** - Passed Senate
- **05/30/2019** - Referred to Assembly Insurance Committee
- **07/02/2019** - Amended
- **07/10/2019** - Hearing held; amended; passed; re-referred to Assembly Committee
- **08/13/2019** - Amendment read and released
- **08/21/2019** - Hearing scheduled

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Hawaii

HB 1534 - Relating to Workers' Compensation

Issues: Workers' Compensation (Medical Marijuana)

Summary for 1/24/19 Version: This measure allows for medical cannabis reimbursement by workers' compensation.

This measure allows for medical cannabis reimbursement by workers' compensation. This measure lays out reimbursement terms.

The measure stipulates that the maximum reimbursement for medical cannabis shall be determined by the method and amount set forth in the health care provider fee schedule. Medical cannabis must be reasonable and necessary medical treatment only where an authorized provider testifies that the benefits outweigh the health risks. At least one physician who certifies the worker for medical cannabis must be an authorized health care provider.

The measure stipulates that the worker should be reimbursed under the following circumstances: (i) out of pocket costs for medical cannabis (ii) worker shall submit an itemized receipt issued by the licensed provider (iii) the reimbursement shall be set by the fee schedule (iv) reimbursements will be made for pre-filled and sealed containers rather than paraphernalia (v) reimbursements will not be made for expenses related to personal production or cannabis from sources other than a licensed producer.

Outlook: This measure is eligible to be carried over to the 2020 Legislative Session. In Hawaii, the Legislature's rules allow for measures to be carried over from the first to the second regular session and to any extraordinary session of the same general assembly. The status of each bill and resolution will be the same at the beginning of each second session as it was immediately before adjournment of the previous regular or extraordinary session. The Hawaii Legislature is expected to convene for the 2020 Legislative Session January 15, 2020.

Links:

- [1/24/2019 Version](#)

Status History:

- **01/24/2019** - Introduced
- **01/28/2019** - Referred to House Labor, Public Employment & House Finance Committee
- **02/07/2019** - Hearing held; Deferred
- **03/07/2019** - Failed to meet crossover deadline
- **05/02/2019** - Carried over to 2020 session

Hawaii

SB1523 – Relating to Workers' Compensation

Issues: Workers' Compensation (Medical Marijuana)

Summary for 1/24/19 Version: This measure allows for medical cannabis reimbursement by workers' compensation. This measure allows for medical cannabis reimbursement by workers' compensation. This measure lays out reimbursement terms.

Outlook: This measure is eligible to be carried over to the 2020 Legislative Session.

In Hawaii, the Legislature's rules allow for measures to be carried over from the first to the second regular session and to any extraordinary session of the same general assembly. The status of each bill and resolution will be the same at the beginning of each second session as it was immediately before adjournment of the previous regular or extraordinary session. The Hawaii Legislature is expected to convene for the 2020 Legislative Session January 15, 2020.

Links:

- [1/24/2019 Version](#)

Status History:

- **01/24/2019** - Introduced
- **01/28/2019** - Referred to Senate Committee on Commerce, Consumer Protection, and Health; Referred to Senate Labor Culture, and the Arts Committee
- **02/06/2019** - Hearing held; Deferred by Committees
- **03/07/2019** - Failed to meet crossover deadline
- **05/02/2019** - Carried over to 2020 session

Illinois

HB 269 - Relating to workers' compensation and the ability to pay

Issues: Workers' Compensation (General)

Summary for 5/16/2019 Version: This measure amends the Workers' Compensation Act. Specifically, this measure permits a single commissioner to approve of enforcement actions under provisions of the Act concerning ensuring an employer's ability to pay compensation, replacing the current requirement of a panel of 3 commissioners. This measure permits the Illinois Workers' Compensation Commission to, if an employer's business is declared to be extra hazardous, issue a work-stop order while awaiting a ruling from the Commission or while awaiting proof of insurance by the employer. This measure provides that investigative actions must be acted upon within 90 days of the issuance of a complaint. Raises the maximum allowable penalty for noncompliance with certain insurance requirements from \$2,000 to \$10,000. Doubles the maximum allowable penalties, to \$1,000 per day, with a minimum penalty of \$20,000, for employers found to be in noncompliance more than

once. This measure provides that an employer with 2 or more violations may no longer self-insure or purchase an insurance policy from a private broker for one year or until all penalties are paid, during which time the employer must purchase insurance from the Assigned Risk Pool through the National Council on Compensation Insurance.

Outlook: This measure has been signed by Governor J.B. Pritzker (D). This measure is effective January 1, 2020.

Links:

- [5/16/2019 Enrolled Version](#)
- [4/11/2019 House Engrossed Version](#)
- [1/10/2019 Version](#)

Status History:

- **01/10/2019** - Introduced
- **01/29/2019** - Referred to House Labor & Commerce Committee
- **02/06/2019** - Hearing held
- **02/13/2019** - Hearing held
- **02/20/2019** - Hearing held
- **02/27/2019** - Hearing held
- **03/06/2019** - Hearing held
- **03/13/2019** - Hearing held
- **03/27/2019** - Hearing held; Passed House Labor & Commerce Committee
- **04/03/2019** - House Floor Amendment No. 1 Filed
- **04/09/2019** - House Amendment No. 1 referred to Labor & Commerce Committee
- **04/10/2019** - Amendment No. 1 adopted by House Committee on Labor & Commerce
- **04/11/2019** - Passed House
- **04/24/2019** - Referred to Senate Judiciary Committee
- **05/07/2019** - Hearing held; Passed Senate Judiciary Committee
- **05/16/2019** - Passed Senate
- **06/14/2019** - Sent to Governor
- **07/12/2019** - Signed by Governor

Louisiana

SB 41 - Relating to regulation of pharmacy benefit managers

Issues: Workers' Compensation (Pharmacy Fee Schedule)

Summary for 6/1/2019 Version: This measure establishes provisions relating to the regulation of pharmacy benefit managers.

Pharmacy Benefit Manager Licensure: This measure no longer requires pharmacy benefit managers to be licensed by the Louisiana Board of Medical Examiners and licensed by the Louisianan Board of

Pharmacy. The measure requires that pharmacy benefit managers will be licensed by the Department of Insurance, as required in present law, in addition to the general requirement that pharmacy benefit managers operating in this state be registered with the Louisiana secretary of state to do business in Louisiana, and may require permitting by the Louisiana Board of Pharmacy if the pharmacy benefit manager performs services that include: (1) Adjudication of appeals or grievances related to prescription drug coverage; (2) Disease management programs; (3) Drug formularies; (4) Drug regimen reviews; (5) Prescription drug management programs; (6) Processing of prior authorization requests; (7) Quality care dosing services; (8) Step therapy procedures; (9) Utilization management and utilization reviews; or (10) any other act or service relating to the compounding, filing, dispensing, exchanging, giving, offering for sale, or selling of drugs, medicines, poisons, or devices in this state by a pharmacist or pharmacy.

The measure states that the Commissioner of Insurance and the Louisiana Board of Pharmacy will be responsible for investigation and enforcement of present law within the Louisiana Insurance Code and applicable provisions of proposed law and present rule relative to pharmacy benefit managers. The measure requires that the Commissioner refer any complaint they believe to be outside of his jurisdiction to the Louisiana Board of Pharmacy or the Louisiana Department of Justice Consumer Affairs Division for review, investigation, and action. Furthermore, the bill authorizes the Commissioner of Insurance to suspend or revoke a pharmacy benefit manager's permit, license, or registration in accordance with present law and present rule relative to pharmacy benefit managers. The measure further states that instead of authorizing the attorney general to penalize a pharmacy benefit manager for certain violations of proposed law by suspending or revoking any license or permit issued by the Commissioner or the Board, the attorney general may suspend, revoke, or place on probation any permit or license issued to the pharmacy benefit manager or any entity in which the pharmacy benefit manager has an ownership or controlling interest. Additionally, this measure establishes a pharmacy benefit manager monitoring advisory council, and provides guidelines concerning membership and function of such council. Furthermore, this measure removes provisions authorizing the Board of Pharmacy to assess fees of up to \$5,000 per violation for pharmacy benefit managers who operate in this state after filing an attestation without first obtaining a permit.

Maximum Allowable Cost (MAC): This measure mandates that a pharmacy will not fail to honor maximum allowable cost prices as set forth in the National Drug Code. The measure clarifies that "maximum allowable cost" shall include any term that a pharmacy benefit manager or a healthcare insurer may use to establish reimbursement rates for generic and multi-source brand drugs to a pharmacist or pharmacy for pharmacist services. This measure also mandates that the term "maximum allowable cost list" will not include any rate mutually agreed to and set forth in writing in the contract between the pharmacy benefit manager and the pharmacy or include the National Average Drug Acquisition Cost.

Spread Pricing: This measure removes the prohibition of mass marketing directed at a beneficiary of a health plan being administered by the pharmacy benefit manager. Instead, the measure prohibits a pharmacy benefit manager from conducting or participating in spread pricing without providing written disclosure and receiving acknowledgement from the patient. Furthermore, this measure requires that such disclosure shall explain that the pharmacy benefit manager has an ownership interest in the pharmacy, and that the patient has the right to use any alternate pharmacy that they choose. The

pharmacy benefit manager is prohibited from retaliation or further attempts to influence the patient or treat the patient or patient's claim any differently if he or she chooses to use an alternate pharmacy. Moreover, this measure changes the definition of "spread pricing" to mean any amount a pharmacy benefit manager charges or claims from a health plan provider or managed care organization for payment of a prescription or for pharmacy services that is different than, rather than in excess of, the amount the pharmacy benefit manager paid to the pharmacist or pharmacy who filled the prescription or provided the pharmacy services.

Pharmacy Reimbursement: This measure prohibits a pharmacy benefit manager from retroactively denying or reducing a claim of a pharmacist or pharmacy for payment, or demanding repayment of all or part of a claim, after the claim has been approved by the pharmacy benefit manager. Additionally, this measure prohibits discrimination against any pharmacist or pharmacy in reimbursing the pharmacy for dispensing a drug, device, or service for less than the amount paid to any other pharmacist or pharmacy for the same drug, device, or service. This measure makes reimbursement parity applicable to local pharmacies. Further, this measure adds a provision which dictates that no pharmacy benefit manager shall charge or pay anyone a fee or surcharge for paying any sales tax or remitting any sales tax proceeds to a pharmacist or pharmacy if that fee or surcharge would be imposed directly or indirectly on the pharmacist or pharmacy. Accordingly, this measure lays out that state and local sales taxes and other applicable state-imposed taxes or fees will be considered as part of the allowable cost and will be included in the claim submitted by a pharmacist or pharmacy.

Step Therapy: This measure prohibits a PBM from requiring a beneficiary to follow a plan's step therapy protocol if the prescribed drug is on the health plan's prescription drug formulary, the beneficiary has tried the step therapy required prescription drug while under his or her current or previous health plan, the provider has submitted a justification and supporting clinical documentation that such prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse effect or event.

Prior Authorization: Additionally, this measure adds a provision detailing that a pharmacy benefit manager shall not delay the decision on a request for authorization to dispense a prescription drug for more than seventy-two hours, or twenty-four hours in exigent circumstances in which the patient, in the opinion of the prescribing provider, pharmacy, or pharmacist submitting the authorization request, is suffering from a health condition that may seriously jeopardize the patient's life, health, or ability to regain maximum function. This measure mandates that a request for authorization will include relevant data or appropriate documentation to render a decision on a request for authorization.

Mail Order Pharmacy: Further, this measure prohibits a pharmacy benefit manager that owns or controls a mail-order pharmacy from allowing a mail-order pharmacy to repackage drugs and sell the repackaged items at higher prices than the original average wholesale price unless beneficiaries who may buy the repackaged drugs are informed in writing that the drugs have been repackaged and are being sold at the higher price. Further, this measure dictates that a pharmacy benefit manager shall not reimburse a local pharmacist or local pharmacy less than the amount it reimburses chain pharmacies, mail-order pharmacies, specialty pharmacies, or affiliates of the pharmacy service in this state.

Additionally, this measure removes the imposition of a fine, to stipulate that the Commissioner of Insurance and the Louisiana Board of Pharmacy will be able to recommend to the Attorney General that either no action be taken against a PBM, or recommend the probation, suspension, or revocation of a license or permit if a PBM is found to be in violation of this Act upon completion of a compliance audit or complaint investigation.

Outlook: This measure has been signed by Governor John Bel Edwards (D). Section 5 of this measure is effective August 1, 2019. All other sections are effective July 1, 2020.

Links:

- [5/22/2019 House Legislative Bureau Amendments](#)
- [5/21/2019 House Committee Amendments](#)
- [5/30/2019 House Floor Amendments #3247](#)
- [5/30/2019 House Floor Amendments #3455](#)
- [6/1/2019 Enrolled Version](#)
- [5/8/2019 Senate Re-engrossed Version](#)
- [4/25/2019 Senate Engrossed Version](#)
- [3/22/2019 Version](#)

Status History:

- **03/22/2019** – Pre-filed
- **04/08/2019** - Referred to Senate Committee on Health and Welfare
- **04/24/2019** - Hearing held; Amended; Passed Senate Committee on Health and Welfare
- **05/08/2019** - Amended; Passed Senate
- **05/13/2019** - Referred to House Committee on Health and Welfare
- **05/21/2019** - Hearing held; Amended; Passed House Committee on Health and Welfare
- **05/30/2019** - Amended; Passed House
- **05/31/2019** - Senate Concurred with House Amendments
- **06/04/2019** - Sent to Governor John Bel Edwards (D)
- **05/22/2019** - Amended by House Legislative Bureau
- **06/06/2019** - Signed by Governor John Bel Edwards (D)

Montana

SB 83 - Relating to establishing allowable and prohibited practices for pharmacy benefit managers.

Issues: Workers' Compensation (Prescription Drug Formulary)

Summary for 3/8/2019 Version: A measure relating to pharmacy benefit manager or third-party payer fees, co-payment limitations, and prohibitions for pharmacists and pharmacies.

This measure dictates that a pharmacy benefit manager or third-party payer may not directly or indirectly charge or hold a pharmacy responsible for a fee related to a claim:

- (a) if the fee is not apparent at the time the claim is processed;
- (b) if the fee is not reported on the remittance advice of an adjudicated claim;
- (c) after the initial claim is adjudicated; or

This measure also dictates that a pharmacy benefit manager or third-party payer may collect a performance-based fee from a pharmacy only if the pharmacy fails to meet the criteria established by a pharmacy performance measurement entity. The fee may be applied only to the professional dispensing fee outlined in the contract with the pharmacy and may not be imposed on the cost of goods sold by a pharmacy. For this purpose, only criteria established by a pharmacy performance measurement entity may be used to measure a pharmacy's performance.

This measure places limitations on co-payments, enforcing that a pharmacy benefit manager or third-party payer may not charge a patient a copayment that exceeds the cost of the prescription drug. This measure also outlines what a pharmacy benefit managers or third-party payer may not that may not prohibit a pharmacist or pharmacy from doing.

Outlook: This measure has been signed by Governor Steve Bullock (D). This measure is effective January 1, 2020.

Links:

- [3/8/2019 Final version](#)
- [01/08/2019 Version](#)

Status History:

- **01/08/2019** - Introduced; Referred to Senate Committee Business, Labor, and Economic Affairs
- **01/16/2019** - Hearing held
- **01/22/2019** - Passed Committee
- **01/28/2019** - Passed Senate
- **01/30/2019** - Referred to House Business and Labor Committee
- **02/07/2019** - Hearing held
- **02/15/2019** - Passed Committee
- **02/21/2019** - Passed House
- **02/26/2019** - Sent to Governor Steve Bullock (D)
- **03/08/2019** - Returned with Governor's proposed amendments
- **03/14/2019** - Senate adopts Governor's Amendments
- **03/18/2019** - House adopts Governor's amendments
- **03/20/2019** - Re-sent to Governor Steve Bullock (D)
- **03/21/2019** - Signed by Governor Steve Bullock (D)

Montana

SB 265 - Revises laws regarding Medical Marijuana.

Issues: Workers' Compensation (Medical Marijuana)

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Summary for 5/3/2019 Version: This measure generally revises laws regarding Medical Marijuana. This measure temporarily increases the gross sales tax to 4%. This measure establishes requirements for issuance of registry ID cards and licenses. This measure establishes requirements for testing labs and establishes canopy tiers and licensing fees. This measure allows for the use of telemedicine for written certifications.

Outlook: This measure has been signed by Governor Steve Bullock (D).

Except as provided, this measure is effective October 1, 2019. [Sections 30 and 31] are effective July 1, 2019. Sections 16 and 32 are effective January 1, 2020. Sections 4, 6, 7(1)(b), 9, 11, 13, 19, 25, and 29 are effective on the earlier of July 1, 2020, or the date that the department of public health and human services certifies to the Code Commissioner that the seed-to-sale tracking system is able to: (a) track a registered cardholder's purchases of marijuana and marijuana-infused products from any provider or marijuana-infused products provider, not just the provider that the cardholder has named in the cardholder's applications for a registry identification card; (b) alert all providers and marijuana-infused products providers that a registered cardholder has reached the maximum daily or monthly purchase limit; and (c) prevent additional sales to a cardholder who has reached the daily or monthly maximum purchase limit. Sections 2; 3; 5(4)(c), (5)(d), (6), (9)(c), and (9)(d); 8(1)(i) and (7)(b); 10(1)(a)(vi), (6)(d), (7), (9)(c), and (9)(d); 12; 20; 22; 23(8) through (10); 24(8); 28(1)(f); and 33 through 39] are effective immediately.

Links:

- [5/3/2019 Final Version](#)
- [2/14/2019 Version](#)

Status History:

- **11/14/2018** – Pre-filed
- **02/14/2019** - Introduced; Referred to Senate Taxation Committee
- **02/22/2019** - Hearing held
- **03/27/2019** - Amended; Passed Senate Taxation Committee
- **04/01/2019** - Passed Senate
- **04/02/2019** - Referred to House Taxation Committee
- **04/09/2019** - Hearing held
- **04/12/2019** - Amended; Passed House Taxation Committee
- **04/15/2019** - Referred to House Appropriations; Hearing held; Passed Appropriations
- **04/16/2019** - Passed House
- **04/18/2019** - Senate concurred with House amendments
- **04/29/2019** - Sent to Governor
- **05/03/2019** - Signed by Governor Steve Bullock (D)

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Nebraska

LB 316 - Adopt the Pharmacy Benefit Fairness and Transparency Act

Issues: Workers' Compensation (Pharmacy Fee Schedule)

Summary for 04/24/2019 Version: This measure prohibits a pharmacy benefit manager from subjecting a pharmacist or contracted pharmacy to penalties or removal from a network or plan for sharing information regarding the cost, price, or copayment of a prescription drug with a covered individual or a covered individual's caregiver. The measure also prohibits a pharmacy benefit manager from prohibiting or inhibiting a pharmacist or contracted pharmacy from discussing any such information or selling a more affordable alternative to a covered individual or a covered individual's caregiver.

The measure prohibits an insurer that covers prescription drugs from requiring a covered individual to make a payment for a prescription drug at the point of sale in an amount that exceeds the lesser of: (i) the covered individual's copayment, deductible, or coinsurance for such prescription drug; or (ii) the amount any individual would pay for such prescription drug if that individual paid in cash.

Outlook: This measure was signed by Governor Pete Ricketts (R) on April 24. This measure will become effective immediately.

Links:

- [4/24/2019 Final Version](#)
- [4/15/2019 Version](#)
- [4/10/2019 Kolterman AM1187 Amendment](#)
- [4/10/2019 Enrollment and Review ER59 Amendment](#)
- [3/25/2019 Adopted Amendment](#)
- [1/16/2019 Version](#)

Status History:

- **01/16/2019** - Introduced
- **01/18/2019** - Referred to the Senate Banking, Commerce and Insurance Committee
- **03/04/2019** - Hearing held
- **03/19/2019** - Placed on General File
- **03/25/2019** - Amended; advanced to Enrollment and Review Initial
- **03/27/2019** - Placed on Select File
- **04/10/2019** - Amended; advanced to Enrollment and Review for Engrossment
- **04/15/2019** - Placed on Final Reading
- **04/18/2019** - Passed Final Reading; sent to Governor Pete Ricketts (R)
- **04/24/2019** - Signed by Governor Pete Ricketts (R)

Nebraska

LB 487 - Require the Nebraska Workers' Compensation Court to adopt an evidence-based drug formulary

Issues: Workers' Compensation (Prescription Drug Formulary)

Summary for 1/22/2019 Version: This measure establishes a formulary for workers' compensation drugs. This measure permits the Nebraska Workers' Compensation Court to adopt an evidence-based drug formulary consisting of prescription drugs listed in Schedules II, III, IV and V. The formulary will apply to prescription drugs that are prescribed and dispensed for outpatient use in connection with workers' compensation claims with a date of injury on or after January 1, 2018.

A prescription drug included in the formulary adopted by the compensation court and recommended may be prescribed and dispensed without obtaining prior authorization from the workers' compensation insurer, risk management pool or self-insured employer.

A prescription drug not included in the formulary adopted by the compensation court or that is included but not recommended is presumed to be reasonable if prior authorization for such drugs is obtained from the workers' compensation insurer, risk management pool or self-insured employer.

The measure requires the compensation court to consult with stakeholders regarding the adoption of a drug formulary. The stakeholders should include employers, insurers, private sector employee representatives, public sector employee representatives, treating physicians actively practicing medicine, pharmacists, and attorneys representing injured workers or employers.

Any party may request a finding by an independent medical examiner if the workers' compensation insurer, risk management pool or self-insured employer denies payment for a prescription drug that is not included in the formulary adopted by the compensation court or that is included but not recommended in such formulary or if prior authorization is denied.

The compensation court may adopt and promulgate rules and regulations necessary to implement this provision.

Outlook: This measure is eligible to be carried over to the 2020 Legislative Session. In Nebraska, all bills on which no final action has been taken by the time of adjournment of the regular session in odd-numbered years shall be held over for consideration at the regular session convening in even-numbered years.

Links:

- [1/22/2019 Version](#)

Status History:

- **01/22/2019** - Introduced

- **01/24/2019** - Referred to Business and Labor Committee
- **03/04/2019** - Hearing held
- **05/31/2019** - Carried over to 2020 Legislative Session

New Jersey

AB 4097 - Provides for workers' compensation reimbursement for medical marijuana.

Issues: Workers' Compensation (Medical Marijuana)

Summary for 6/4/2018: This measure relates to reimbursement for costs associated with the medical use of marijuana. This measure provides that nothing in current law precludes any employer or workers' compensation insurer from reimbursing a person for costs associated with the medical use of marijuana.

Outlook: This measure has been referred to the Assembly Labor Committee, chaired by Assembly member Joseph Egan (D). The sponsor does not serve on the committee of referral. This measure awaits a hearing. The hearing, if scheduled, will be open to the public, testimony will be accepted, and a vote may occur at the discretion of the Chair.

Links:

- [06/04/2018 Version](#)

Status History:

- **06/04/2018** - Introduced; referred to Assembly Labor Committee

New York

AB 2005 - Enacts into Law Major Components of Legislation Necessary to Implement the State Public Protection and General Government Budget For the 2019-2020 State Fiscal Year

Issues: Workers' Compensation (General)

Summary for 3/28/2019 version: This measure was amended into scope on March 28. This measure has amended the Workers' Compensation law. Please see summary for current version below.

This measure amends the Workers' Compensation law, to define "provider" as a duly licensed acupuncturist, chiropractor, nurse practitioner, occupational therapist, physical therapist, physician, physician assistant, podiatrist, psychologist, or social worker authorized by the chair of the board established in the Workers' Compensation Law. (Page 16)

This measure allows any provider to provide medical care and treatment in the state of New York in an emergency hospital or urgent care setting providing emergency treatment. (Page 17)

This measure requires that where any care or treatment is rendered, records of the patient's condition and progress, together with records of instruction for treatment, if any, are maintained by the physical therapist, occupational therapist or acupuncturist rendering treatment and by the referring physician, physician assistant, podiatrist, or nurse practitioner. (Page 18)

The list of pre-authorized procedures, under the Workers' Compensation law, is required to be issued and maintained for the purpose of expediting authorization of treatment of injured workers. Such list of pre-authorized procedures will not prohibit varied treatment when the treating provider demonstrates the appropriateness and medical necessity of such treatment. (Page 31)

This measure prohibits an employer, carrier, or third-party administrator from interfering or attempting to interfere with the selection of treatment by an authorized medical provider, including directing or attempting to direct that the injured employee seek treatment from a specific provider or type of provider selected by the employer, carrier, or third-party administrator. It shall not constitute improper interference under this paragraph if the direction or attempt to direct the injured employee to receive treatment from a specific provider or type of provider originates from the authorized medical provider while in the course of providing treatment to the injured employee. (Page 31)

Outlook: This measure was substituted by SB 1505 on March 31. This measure was amended on March 28, to reflect the version agreed to by the General Conference Committee. The negotiating process during the last weeks has included Senate and House leadership as well as the Governor's office, as they try to reach an agreement before the start of the fiscal year, April 1.

SB 1505 is eligible to be sent to Governor Andrew Cuomo (D), who must request that measure be sent to him. Since the Legislature is in session, the Governor has 10 days, excluding Sundays, to sign or veto this measure. If the Governor does not sign this measure, this measure will be enacted without a signature. If the Governor vetoes this measure, this measure will be sent back to its chamber of origin with a message explaining the Governor's objections and recommendations which will remove such objections. The Legislature can overturn the Governor's veto with a 2/3 majority vote in both legislative chambers.

Links:

- [3/28/2019 Version](#)
- [3/11/2019 Version](#)
- [2/19/2019 Version](#)
- [01/18/2019 Version](#)

Status History:

- **01/18/2019** - Introduced, referred to Assembly Ways and Means Committee
- **01/29/2019** - Joint Legislative Budget Committee hearing held
- **02/11/2019** - Joint Legislative Budget Committee hearing held
- **02/14/2019** - Amended by Governor
- **03/11/2019** - Amended by Legislature

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- **03/28/2019** - Amended (Conference Committee recommendations)
- **03/31/2019** - Substituted by SB 1505

New York

SB 1505 - Enacts into law major components of legislation necessary to implement the state public protection and general government budget for the 2019-2020 state fiscal year

Issues: Workers' Compensation (Utilization Review and Appeals)

Summary for 3/28/2019 version: This measure was amended into scope on March 28. This measure amends the Workers' Compensation law. Please see summary for current version below.

This measure amends the Workers' Compensation law, to define "provider" as a licensed acupuncturist, chiropractor, nurse practitioner, occupational therapist, physical therapist, physician, physician assistant, podiatrist, psychologist, or social worker authorized by the chair of the board established in the Workers' Compensation Law. (Page 16)

This measure allows any provider to provide medical care and treatment in the state of New York in an emergency hospital or urgent care setting providing emergency treatment. (Page 17)

This measure requires that where any care or treatment is rendered, records of the patient's condition and progress, together with records of instruction for treatment, if any, are maintained by the physical therapist, occupational therapist or acupuncturist rendering treatment and by the referring physician, physician assistant, podiatrist, or nurse practitioner. (Page 18)

The list of pre-authorized procedures, under the Workers' Compensation law, is required to be issued and maintained for the purpose of expediting authorization of treatment of injured workers. Such list of pre-authorized procedures will not prohibit varied treatment when the treating provider demonstrates the appropriateness and medical necessity of such treatment. (Page 31)

This measure prohibits an employer, carrier, or third-party administrator from interfering or attempting to interfere with the selection of treatment by an authorized medical provider, including directing or attempting to direct that the injured employee seek treatment from a specific provider or type of provider selected by the employer, carrier, or third-party administrator. It shall not constitute improper interference under this paragraph if the direction or attempt to direct the injured employee to receive treatment from a specific provider or type of provider originates from the authorized medical provider while in the course of providing treatment to the injured employee. (Page 31)

These provisions are effective on January 1, 2020. (page 32)

Outlook: This measure was signed by Governor Andrew Cuomo (D) on April 12. As previously reported, this measure was sent to Governor Andrew Cuomo (D) on April 1. This measure was amended on March 28 to reflect amendments approved by the General Conference Committee. This measure subsequently passed the Senate Finance Committee, the full Senate, the House Ways and Means Committee and the

full House on March 31. This measure is effective April 12; however, please note that the effective date for specific provisions may vary by section.

Links:

- [3/28/2019 Version](#)
- [3/13/2019 Version](#)
- [2/19/2019 Version](#)
- [01/18/2019 Version](#)

Status History:

- **01/18/2019** - Introduced, referred to Senate Finance Committee
- **01/29/2019** - Joint Legislative Budget Committee hearing held
- **02/14/2019** - Amended by Governor
- **02/11/2019** - Joint Legislative Budget Committee hearing held
- **03/13/2019** - Amended by Senate Finance Committee
- **03/28/2019** - Amended (Conference Committee recommendations)
- **03/31/2019** - Passed Senate Finance Committee; Assembly Ways and Means; Assembly
- **04/01/2019** - Sent to Governor
- **04/12/2019** - Signed by Governor Andrew Cuomo (D)

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