

# Workers' Comp Legislative Activity

February 15, 2019 – April 1, 2019

## HAWAII

### HB 1534 - Relating to Workers' Compensation

**Issues:** Special Request, Workers' Compensation (Medical Marijuana)

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

**Outlook:** The House Labor & Public Employment Committee voted to defer this measure. This measure is unlikely to receive further consideration.

**Links:** [1/24/2019 Version](#)

#### Status History:

- **01/24/2019** - Introduced
- **01/28/2019** - Referred to House Labor and Public Employment Committee
- **03/07/2019** - Hearing held; Deferred

## ILLINOIS

### HB 2587 - An act concerning employment.

**Issues:** Workers' Compensation (Opioid Limits), Workers' Compensation (Prescription Drug Formulary)

**Summary for 2/4/19 Version:** This measure requires a recipient of certain pain management medication to sign a written agreement with the prescribing physician agreeing to comply with the conditions of the prescription. This measure prohibits additional prescriptions while the recipient is noncompliant. This measure limits the applicability of the lack of pain management as a consideration in awarding benefits. This measure provides for the disclosure of violations of the agreement upon request by the employer. This measure requires a prescribing physician to file quarterly reports to obtain payment.

**Outlook:** During the March 20 hearing in the House Workforce Development Subcommittee, no action was taken on this measure. This measure has been scheduled for an additional hearing on March 27. The hearing will be open to the public and testimony will be accepted at the discretion of the Chair. A vote may occur at the discretion of the Chair.

**Links:** [2/14/2019 Version](#)

#### Status History:

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- **02/14/2019** - Introduced
- **02/26/2019** - Referred to Labor & Commerce Committee
- **03/06/2019** - Hearing held
- **03/13/2019** - Hearing held
- **03/20/2019** - Hearing held
- **03/27/2019** - Hearing scheduled

## ILLINOIS

### HB 2792 - WORKERS COMP-FEE SCHEDULE

**Issues:** Workers' Compensation (General), Workers' Compensation (Pharmacy Fee Schedule)

**Summary for 2/14/19 Version:** This measure makes existing medical fee schedules inoperative after August 31, 2020 and stipulates that the Illinois Workers' Compensation Commission must establish new medical fee schedules applicable on and after September 1, 2020 in accordance with specified criteria. This measure provides for non-hospital fee schedules and hospital fee schedules applicable to different geographic areas of the State. The measure sets forth a procedure for petitioning the Commission if a maximum fee causes a significant limitation on access to quality health care in either a specific field of health care services or a specific geographic limitation on access to health care.

**Outlook:** During the March 20 hearing in the House Workforce Development Subcommittee, no action was taken on this measure. This measure has been scheduled for an additional hearing on March 27. The hearing will be open to the public and testimony will be accepted at the discretion of the Chair. A vote may occur at the discretion of the Chair.

**Links:** [2/14/2019 Version](#)

#### Status History:

- **02/14/2019** - Introduced
- **02/26/2019** - Referred to House Labor & Commerce Committee
- **03/06/2019** - Hearing held
- **03/13/2019** - Hearing held
- **03/20/2019** - Hearing held
- **03/27/2019** - Hearing scheduled

## ILLINOIS

### HB 2795 - AN ACT concerning employment.

**Issues:** Workers' Compensation (General), Workers' Compensation (Prescription Drug Formulary)

**Summary for 2/14/2019 Version:** This measure addresses a prescription drug formulary within the workers' compensation program. This measure stipulates, by September 1, 2020, the Workers' Compensation Commission, in consultation with the Workers' Compensation Medical Fee Advisory Board, must promulgate by rule an evidence-based drug formulary and any rules necessary for its

administration. Prescriptions prescribed for workers' compensation cases shall be limited to the prescription drugs and doses on the closed formulary.

**Outlook:** During the March 20 hearing in the Labor & Commerce Committee, no action was taken on this measure. This measure has been scheduled for an additional hearing on March 27 at 2:30 pm. The hearing will be open to the public and testimony will be accepted at the discretion of the Chair. A vote may occur at the discretion of the Chair.

**Links:** [2/14/2019 Version](#)

**Status History:**

- **02/14/2019** - Introduced
- **02/26/2019** - Referred to House Labor & Commerce Committee
- **03/06/2019** - Hearing held
- **03/13/2019** - Hearing held
- **03/20/2019** - Hearing held
- **03/27/2019** - Hearing scheduled

## MARYLAND

### HB 1288 - Relating to physicians dispensing permit exceptions

**Issues:** Physician Dispensing, Special Request, Workers' Compensation (Compounded Drug Limits)

**Summary for 3/16/2019 Version:** This measure provides guidelines relating to certain prepackaged topicals administered by a physician. Specifically, this measure provides guidelines for circumstances in which a licensed physician shall be authorized to personally prepare and dispense topical medication. The measure provides clarifying language that only a licensed physician who complies with the requirements outlined in this Act may administer a topical treatment and clarifies that the topical treatment shall only be for the treatment of hypotichosis. Further, it clarifies that the administration of a topical treatment shall only occur in the instance that the prescription for such is written by: (1) A physician assistant in accordance with a delegation agreement as outlined in this Act, (2) a nurse practitioner who is authorized to practice and is working with the physician in the same office setting, and (3) a hospital-based clinic dispensing prescriptions to its patients. Additionally, the amendment authorizes the Board of Physicians to issue a special class of written permits for physicians issuing topical medication and provides that no such physician shall issue this medication without a permit from the Board. The measure also requires such physicians to complete 1 hour of continuing medical education per year on the dispensing of topical medications developed by an ACCME-accredited Maryland nonprofit of governmental entity and pay the board a \$100 permit fee.

**Outlook:** This measure was favorably recommended for passage from the House Health and Government Operations Committee. This measure passed the House by a vote 138-0, and was subsequently referred to the Senate Education, Health, and Environmental Affairs Committee, chaired by Senator Paul Pinsky (D). This measure awaits consideration from the Chair.

Links: [3/16/2019 Version](#) and [2/11/2019 Version](#)

**Status History:**

- **02/11/2019** - Introduced; Referred to House Rules and Executive Nominations Committee
- **03/13/2019** - Hearing held
- **03/14/2019** - Hearing held
- **03/16/2019** - Amended; Passed Committee
- **03/18/2019** - Passed House; Referred to Senate Education, Health, and Environmental Affairs Committee
- **03/08/2019** - Rereferred to House Health and Government Operations Committee

## NEBRASKA

### LB 316 - Adopt the Pharmacy Benefit Fairness and Transparency Act

**Issues:** Workers' Compensation (Pharmacy Fee Schedule)

**Summary for 03/25/2019:** This measure relates to pharmacy benefit managers. 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 placed on the General File on March 19. An amendment to this measure was adopted on March 25. This remains on the General File and is eligible for advancement to the Select File.

Links: [3/25/2019 Adopted amendment](#) and [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** - Amendment adopted

## OKLAHOMA

### HB 2315 - Professions and occupations; Patient's Right to Pharmacy Choice Act; providing compliance standards; establishing Right to Patient Choice Advisory Committee

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**Issues:** Any Willing Provider, Network Adequacy, Workers' Compensation (Pharmacy Fee Schedule)

**Summary for 1/18/2019 Version:** This measure is the Patient's Rights to Pharmacy Choice Act. This measure requires pharmacy benefit managers and benefit plans to invite all health care providers, including pharmacies, physicians, and clinics to join their networks. The measure also requires the pharmacy benefit managers and benefit plans to allow all patients to use any health care provider, in or out of network, as long as the provider accepts the network conditions. The measure prohibits a pharmacy benefit manager or benefit plan from requiring patients to use pharmacies owned by or working in conjunction with the pharmacy benefit manager or benefit plan. The measure prohibits a pharmacy benefit manager from reimbursing a pharmacy or pharmacist less than it reimburses a pharmacy owned or under common ownership with the PBM for the same service. The measure also prohibits a PBM from denying a pharmacy the opportunity to participate in any other pharmacy networks.

The measure requires retail pharmacy networks to comply with the following access standards: (i) At least 90% of covered individuals in the benefit plan's urban service area live within two miles of a retail pharmacy participating in the benefit plan's retail pharmacy network; (ii) At least 90% of covered individuals in the benefit plan's urban service area live within five miles of a retail pharmacy designated as a preferred participating pharmacy in the benefit plan's retail pharmacy network; (iii) At least 90% of covered individuals in the benefit plan's suburban service area live within five miles of a retail pharmacy participating in the benefit plan's retail pharmacy network; (iv) At least 90% of covered individuals in the benefit plan's suburban service area live within seven miles of a retail pharmacy designated as a preferred participating pharmacy in the benefit plan's retail pharmacy network; (v) At least 70% of covered individuals in the benefit plan's rural service area live within fifteen miles of a retail pharmacy participating in the benefit plan's retail pharmacy network; and (vi) At least 70% of covered individuals in the benefit plan's rural service area live within eighteen miles of a retail pharmacy designated as a preferred participating pharmacy in the benefit plan's retail pharmacy network.

**Outlook:** This measure has been referred to the House Business and Commerce Committee, which is chaired by Representative Ryan Martinez (R). This measure is eligible for a hearing in the Committee.

**Links:** [1/18/2019 Version](#)

**Status History:**

- **01/18/2019** - Prefilled
- **02/04/2019** - Introduced
- **02/05/2019** - Referred to House Business and Commerce Committee

## OKLAHOMA

### HB 2367 - Workers' compensation; amending various statutes relating to workers' compensation

**Issues:** Workers' Compensation (General), Workers' Compensation (Pharmacy Fee Schedule)

**Summary for 03/13/2019 Version:** This measure amends the Administrative Workers' Compensation Act.

This measure provides an employer or insurance carrier the right to audit or question the reasonableness and necessity of medical treatment contained in a bill for treatment covered by the stop-loss provision. The measure also increases charges for prescription drugs and compounded medications dispensed by a pharmacy to up to 125% of the reimbursement rate established by the Centers for Medicare and Medicaid Services (pgs. 100-102). The measure establishes the payment for compounded medications or repackaged drugs on a sum of the allowable fee for each ingredient plus a dispensing fee of five dollars per prescription (pg. 104). The measure excludes from the definition of a compensable injury an accident caused by the use of an illegal drug or prescription drugs used in contravention of a physician's orders (pg. 10). The measure requires every employer to pay or provide benefits for the accidental injury or death of an employee arising out of their employment, without regard to fault for such injury, if the employee's contract of employment was made or if the injury occurred within the state (pgs. 29-30). The measure establishes mental injury or illness as a compensable injury for a law enforcement officer, firefighter, emergency medical technician, or any other employee of an emergency services who is likely to be among the first to arrive at and assist at the scene of an emergency and suffers a mental injury related to their duties (pg. 46). The measure also increases the maximum weekly wage for a covered employee to \$391.00 (pg. 77). The measure allows an administrative law judge to order an employer to provide detoxification treatment for employees who are prescribed opioids or other narcotics (pg. 97). The measure includes mental injury in the definition of a compensable injury (pg. 9). The measure requires compensation for cumulative trauma to be paid by the last employer whose employment the employee was last injured under (pg. 15). The measure establishes the Official Disability Guidelines - Treatment in Workers' Compensation to be mandatory in determining the frequency and extent of services presumed to be medically necessary and appropriate for compensable injuries (pg. 48).

**Outlook:** On March 13, the House of Representatives amended, struck the title of, and passed this measure with a vote of 95 - 2. This measure is eligible for consideration by the Senate.

**Links:** [3/13/2019 Version](#) and [2/26/2019 Version](#) and [2/4/2019 Version](#)

**Status History:**

- **02/04/2019** - Introduced
- **02/05/2019** - Referred to House Judiciary Committee
- **02/12/2019** - Hearing held
- **02/19/2019** - Hearing held
- **02/26/2019** - Hearing held; substituted; passed Committee
- **03/13/2019** - Amended; title stricken; passed House

**OKLAHOMA**

**HB 2631 - Workers' compensation; providing for modification of fee schedule**

**Issues:** Workers' Compensation (General), Workers' Compensation (Pharmacy Fee Schedule)

**Summary for 2/4/2019 Version:** This measure relates to workers' compensation fee schedules. This measure requires the fee schedule to be revised in 2019 to provide a 3% increase in the maximum rate of reimbursement to physicians and hospitals for a period of three years.

**Outlook:** On March 12, the House of Representatives passed this measure with a vote of 93 - 0. This measure is now eligible for consideration by the Senate.

**Links:** [2/4/2019 Version](#)

**Status History:**

- **02/04/2019** - Introduced
- **02/05/2019** - Referred to House Judiciary Committee
- **02/12/2019** - Hearing held
- **02/19/2019** - Hearing held; passed Committee
- **03/12/2019** - Passed House

## RHODE ISLAND

### HB 5537 - Opioid Prescribing Guidelines

**Issues:** Opioid Prescribing Guidelines (General)

**Summary for 2/27/19 Version:** This measure prohibits a practitioner from issuing a prescription for a minor or an adult for the first time for an opiate for more than a seven-day supply. This measure authorizes a practitioner to issue a prescription for more than a seven day supply of an opiate if, in the professional medical judgment of the practitioner, the opiate prescription is required to treat the adult or minor patient's acute medical condition or is necessary for the treatment of chronic pain management, intractable pain treatment, pain associated with a cancer diagnosis or for palliative care.

**Outlook:** This measure has been introduced and referred to the House Health, Education, and Welfare Committee, chaired by Representative Joseph McNamara (D). This measure is eligible for a hearing in the House Health, Education, and Welfare Committee.

**Links:** [3/6/2019 Version](#)

**Status History:**

- **02/27/2019** - Introduced

## TEXAS

**HB 3826 - AN ACT relating to authorizing the possession, use, cultivation, distribution, transportation, and delivery of medical cannabis for medical use in lieu of an opioid by patients with acute or chronic pain and the licensing of medical cannabis dispensing organizations; authorizing fees.**

**Issues:** Workers' Compensation (Medical Marijuana)

**Summary for 3/7/2019 Version:** This measure addresses the delivery of medical cannabis for medical use in lieu of an opioid by patients with acute or chronic pain and the licensing of medical cannabis dispensing organizations. This measure stipulates prescriber, other than a veterinarian, who issues a prescription for

an opioid for acute or chronic pain, on issuance of the initial prescription and on issuance of the second prescription for the same substance, shall discuss with the patient and, if the patient is a minor, the patient's parent, conservator, or guardian, or other person authorized to consent to the minor's medical treatment: (1) The risk of addiction associated with the drug prescribed, including any risk of developing a physical or psychological dependence on the drug; (2) The risk of taking the drug in a dosage greater than the dosage prescribed; (3) The danger of taking the drug with benzodiazepines, alcohol, or other central nervous system depressants; and the availability of medical cannabis, and any other alternative drugs or treatments available for the acute or chronic pain. This measure stipulates a physician may recommend medical use of marijuana for a patient with acute or chronic pain.

**Outlook:** This measure has been referred to House Public Health Committee, chaired by Representative Senfronia Thompson (D). This measure awaits a hearing. If scheduled, the hearing will be open to the public and testimony will be accepted at the discretion of the Chair.

**Links:** [3/7/2019 Version](#)

**Status History:**

- **03/07/2019** - Filed
- **03/19/2019** - Referred to House Public Health Committee

## VERMONT

### HB 14 - An act relating to workers' compensation.

**Issues:** Workers' Compensation (Medical Marijuana)

**Summary for 1/9/19 Version:** This bill proposes to extend benefit payments in workers' compensation insurance claims to the prescription of medical marijuana. This measure dictates that an employer shall be subject to furnish an injured employee reasonable marijuana for symptom relief in workers' compensation claims. Disputes regarding payment of a medical bill maybe filed with the Commissioner by the injured employee, the healthcare provider, or the dispensary. Medical bills shall also be paid within in a contract between the aforementioned parties. An employer or insurance carrier shall not impose on any health care provider or dispensary any retrospective denial of a previously paid medical bill or any part of that previously paid medical bill, unless the employer or insurance carrier has provided at least 30 days' notice of any retrospective denial or overpayment recovery to the health care provider or dispensary.


**Outlook:** During the March 21 hearing in the House Committee on Commerce and Economic Development, no action was taken on this measure. This measure has been scheduled for an additional hearing on March 28. The hearing will be open to the public and testimony will be accepted at the discretion of the Chair. A vote may occur at the discretion of the Chair.

**Links:** [01/09/2019 Version](#)

**Status History:**



- **01/10/2019** - Introduced; Referred to House Committee on Commerce and Economic Development
- **03/21/2019** - Hearing held
- **03/28/2019** - Hearing scheduled

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