

MA-ACOG LEGISLATIVE UPDATE AUGUST, 2014

FORMAL STATE LEGISLATIVE SESSIONS DRAW TO A CLOSE

The 2013/14 formal state legislative session ended on Thursday July 31st. The House and Senate will continue meeting in informal sessions during which traditionally only non-controversial matters can be taken up, although the definition of “non-controversial” has shifted in recent years to include any legislation not objected to by any one legislator or agreed to by both the House and Senate.

SCOPE OF PRACTICE BILLS FAIL TO ADVANCE

In the face of significant opposition from the physician community, several bills that would have granted non-physicians greater independence and increased scope of practice did not advance by the close of formal sessions at the end of the month.

Following is the current status of legislation opposed by MA-ACOG as contrary to the physician led team based model of health care and a threat to patient safety:

H.939, “An Act Relative to Consumer Choice of Nurse Midwife Services” (Khan) would require all public and private health insurers to recognize nurse midwives as primary care providers, and would allow them to provide “primary care, intermediate care and inpatient care, including care provided in a hospital, clinic, professional office, home care setting, long-term care setting, mental health or substance abuse program, or any other setting.”

Status: Put into a study by the Financial Services Committee.

H.2008/S.1081, “An Act Relative to Certified Professional Midwives” (Khan/Moore) requires the Board of Registration in Medicine to establish a Committee on Midwifery to license and regulate Certified Professional Midwives (CPM’s). CPM’s would be allowed to order and interpret clinical tests and to obtain and administer certain medications. It is important to note that ACOG recognizes competences and educational rigor of training of CNMs and CMs but not CPMs, who have minimal educational requirements.

Status: Pending before House Ways and Means.

H.2009/S.1079, “An Act Improving the Quality of Health Care and Reducing Costs (Khan/Moore) This bill will allow all Advanced Practice Nurses (APN’s), including certified nurse midwives (CNM), clinical nurse specialists (CNS) certified registered nurse anesthetists (CRNA) and nurse practitioners (NPs) to practice independently. The bill would allow APN’s to order and interpret tests, and to prescribe, dispense, distribute and conduct research on controlled substances. No physician supervision. Regulations would be developed by Nursing Board, without input or oversight by the Board of Registration in Medicine.

Status: Put into a study by the Public Health Committee.

LEGISLATURE ACTS TO REDUCE OPIOID ADDICTION AND ABUSE.

Responding to the growing epidemic of prescription drug abuse and heroin deaths, the state legislature passed compromise bill to increase patients’ access to drug treatment services. Specifically, the legislation, which is expected to be supported by the Governor and signed into law shortly, would require public and private insurers to cover at least 14 days of inpatient detoxification and post-detox care, eliminate prior authorization and prohibit utilization review procedures from kicking in until 7 days after entering treatment. It also encourages the use of abuse-deterrent opioids by requiring pharmacists to substitute abuse-deterrent medications unless directed otherwise by a physician.

Here’s a link to the final bill:

<https://malegislature.gov/Bills/188/Senate/S2142/Amendment/Senate/1/Text>

RELEVANT HEALTH CARE BILLS SIGNED INTO LAW IN THE 2013/14 SESSION TO DATE

With the end of formal sessions, it is worthwhile to revisit the health care bills signed into law in this session. MA-ACOG will monitor regulations to implement all the following new laws closely:

Breast Cancer Early Detection - Chapter 150 of the Acts of 2014

Requires providers of mammography services to provide written notification to a patient whose mammogram reveals dense breast tissue, as determined by the interpreting physician based on standards promulgated by the American College of Radiology. The notification shall include, at minimum, the following information: the degree of density apparent and an explanation of that degree of density; that dense breast tissue is common and not abnormal but that dense breast tissue may increase the risk of breast cancer; and that additional testing may be needed and that the patient should discuss the results of the mammogram with their referring physician or primary care physician.

Fetal Oximetry Screenings – Chapter 42 of the Acts of 2014

Requires hospitals and birthing facilities to perform congenital heart defects screenings on all newborns through pulse oximetry testing.

Preventing Shackling and Promoting Safe Pregnancies for Female Inmates – Chapter 103 of the Acts of 2014

Improves the conditions for pregnant and postpartum inmates by requiring regular medical care, proper diet and exercise, counseling and discharge planning prior to release. The bill also prohibits the shackling of inmates in labor.

REGULATIONS TO IMPLEMENT MANDATORY USE OF THE PRESCRIPTION MONITORING PROGRAM PENDING BEFORE THE DEPARTMENT OF PUBLIC HEALTH

The regulations require utilizing the program prior to prescribing to a patient for the first time: a narcotic drug in Schedule II or III; a benzodiazepine; or a Schedule IV or V controlled substance, as designated in guidance to be issued by DPH. Prescribers, or an authorized delegate on behalf of the prescriber, must also access the PMP each time the a prescription is written to a patient for any drug in Schedule II or III “which has been determined by the Department to be commonly misused or abused and which has been designated as a drug that needs additional safeguards in guidance to be issued by the Department.” The DPH will likely bring final regulations to the Public Health Council for approval in September.