

2016 UMA Legislative Update

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Key Players

- ◆ Jim Antinori – Chair UMA Legislative Committee
- ◆ Mark Brinton – Director of Government Affairs
- ◆ Michelle McComber – UMA CEO

Issues That Had The Most Press

- ◆ “Medical Marijuana”
- ◆ Anesthesia for Abortions
- ◆ Medicaid Expansion

Two Bills

- ◆ SB 73 – Senator Madsen – opposed by UMA
- ◆ can use any part or all, ingested or inhaled
- ◆ indications include HIV/AIDS, Alzheimers Dz, ALS, cancer, any chronic wasting disease, malnutrition, nausea, Crohn's or other GI disease, epilepsy or seizures, MS or muscle spasms, PTSD, chronic pain, other as determined individually
- ◆ If caught with cannabis in system, a legal defense is “ingested in a state where it is legal.”
- ◆ widespread growing, processing, and dispensing
- ◆ Passed Senate, died in committee in House

- ◆ SB 89 – Senator Vickers – UMA supported
- ◆ Only included cannabidiol (<10% THC)
- ◆ Indications TBD by Controlled Substances Advisory Board
- ◆ Very limited growing and distribution
- ◆ Required research
- ◆ Amended at last minute to include more than 50% THC in “cannabis-based medicine,” grown anywhere, even imported
 - ◆ Expanded indications to include HIV/AIDS wasting syndrome or neuropathy, cancer, hospice, catastrophic or rare condition, MS, any seizures, ALS, peripheral neuropathy, chronic pain, intractable nausea
 - ◆ Included use by children (under 18)
 - ◆ No research required

Anesthesia for abortions

- ◆ SB 234 – Senator Bramble – extensive work by UMA
- ◆ Originally said you'd have to tell a patient that “substantial medical evidence from studies concludes that an unborn child who is at least 20 weeks gestational age is capable of experiencing pain during an abortion”
- ◆ Would have required anesthesia for the unborn 20 weeks old (therefore also the mother), even if mother's health at risk, or non-viable fetus.
- ◆ As passed, you may tell patient the fetus *may* experience pain, and you must provide anesthesia or analgesia for an elective abortion
- ◆ Exceptions for mother's health at risk, or non-viable fetus restored.

Medicaid expansion HB 437

- ◆ Utahns send tens of millions to Feds each year for Medicaid. Governor would like to get more back. Currently Feds pay 70% of Medicaid. Affordable Care Act (Obamacare) allows up to 100% Fed payment with *qualified* Medicaid expansion, phased out over several years.
- ◆ Previously died because of unpredictable numbers and unrestrained upward cost. Interim last fall suggested physician tax, and was defeated.
- ◆ Expanded to about 17,000 more of the poor in the gap between traditional Medicaid and qualifying for credits and subsidies under Obamacare. This expansion only qualifies for the 70% Federal pay.
- ◆ Includes better access to mental health care for this population

Less public press but very important

- ◆ Medical malpractice bill
- ◆ Immunization of students
- ◆ Access to Controlled Substance Database in EHR
- ◆ Nurse Practitioner Amendments
- ◆ Prescription Drug Abuse
- ◆ Assisted Suicide
- ◆ Volunteer Healthcare for CME

Non-patient cause of action (medical malpractice bill) - HB 79

- ◆ Completes correction of Utah Supreme Court decision allowing a non-patient plaintiff injured by a patient to sue the doctor for malpractice
- ◆ Sets a clear high standard “knowing and reckless indifference” to the injured party
- ◆ Unique coalition with lawyers both defense and plaintiffs

Immunization of students HB - 221

- ◆ Losing herd immunity
- ◆ Would have required some education of parents before opting out
- ◆ Last minute amended to make it easier to opt out than currently. Bill was held by sponsor.
- ◆ Need to get more of community to buy in, form a coalition

Access to Controlled Substance Database in EHR HB 239

- ◆ DOPL to have in place by Jan. 1, 2017

Nurse Practitioner Amendments - SB 58

- ◆ Incremental increase in scope of practice
- ◆ Can prescribe Schedule II and III after 2 years or 2000 hours of practice, without a consultation and referral plan
- ◆ Defines a pain clinic, which does require a consultation agreement

Prescription Drug Abuse Amendments – HB375

- ◆ Would have required a database check every opioid prescription
- ◆ Amended to check database “as necessary in the prescriber’s professional judgment”
- ◆ The more you check, the less numbers of education hours are needed for licensure renewal (of the 3.5 currently required)
- ◆ Includes new liability protection for prescribers

Volunteer Healthcare for CME - HB 186

- ◆ Can get up to 6 hours of CME credit every 2 years by providing volunteer healthcare treatment
- ◆ 1 hour of credit for every 4 hours of service

Physician Assisted Suicide - HB 264

- ◆ An attempt to have physicians prescribe oral medications to cause overdose death
- ◆ Had no traction in legislature – failed in committee

What are we likely to see next session?

- ◆ Medical marijuana
- ◆ Attempts to reduce opioid overdose and more controlled opioid prescribing. There is an opioid summit scheduled in Sept. to discuss options
- ◆ Scope of practice bills

*Thanks for your
involvement and
support!*

