

## 21st Council Period (January 2015-December 2016)

**VICTORY: The Specialty Drug Copayment Limitation Act (B21-32).** The Medical Society led a two-year fight to pass this bill that stems the onerous and increasingly common health insurer practice of cost-shifting by limiting the out-of-pocket patient expense for certain specialty drugs to \$150 for a 30-day supply, and \$300 for a 90-day supply.

**VICTORY: Behavioral Health Coordination of Care Amendment Act of 2015 (B21-7).** Recognizing a critical gap in the District's mental health law and federal patient privacy protections, the Medical Society led a stakeholder group in overcoming a potential barrier to patient-care and secured legislation to allow for greater coordination of care.

**VICTORY: Access to Contraceptives Amendment Act of 2015 (B21-20).** The Medical Society strongly supported this legislation to support adherence to a treatment plan by requiring health care insurers to provide coverage for up to 12 months of a covered prescription contraceptive.

### **B21-5, Access to Emergency Epinephrine in Schools Act of 2015 (Official Law Went into Effect on March 9, 2016)**

**BILL SUMMARY** - As introduced, the bill directs the Office of the State Superintendent (OSSE) and the Department of Health (DOH) to issue rules requiring District schools, including private and public charter schools, to adopt and implement policies allowing for the possession and administration of epinephrine injectors. It requires that each District school adopt and implement training policies and procedures for the administration of an epinephrine injector by a school employee, or other person affiliated with a District school, by June 1, 2016. It requires that each District school possess epinephrine injectors, for emergency use during the school day or at a school affiliated event on school property, by August 1, 2016. It also exempts persons rendering emergency epinephrine in District schools from liability.

**MSDC ACTION:** Monitor/ No Position.

**STATUS:** The signed act, [A21-259](#), underwent Congressional review, and L21-77 went into effect on March 9, 2016.

### **B21-6, Healthy Hearts of Babies Act of 2015 (Official Law Went into Effect on September 17, 2015)**

**BILL SUMMARY** - As introduced, the bill mandates that the Department of Health require hospitals and maternity centers to perform congenital heart defect screening, using pulse oximetry, on every newborn born at its facility prior to discharge.

**MSDC ACTION:** Monitor/ No Position.

**FINAL STATUS:** [Signed into law](#) on June 17, 2015. The new law, L21-20, went into effect on September 15, 2015.

### **B21-7, Behavioral Health Coordination of Care Amendment Act of 2015 (Official Law Went into Effect December 15, 2015)**

**BILL SUMMARY** - As introduced, the bill permits the disclosing of a consumer's mental health information between mental health facilities and health professionals involved in caring for, treating, or rehabilitating the consumer for the purposes of coordinating care or treatment.

**MSDC ACTION:** Support with Amendments. The Medical Society convened a stakeholders group and [testified](#) at a [Public Hearing](#) on the bill which has been passed into law. Read about the [Medical Society's leadership](#) on this bill.

**FINAL STATUS:** This bill underwent Congressional review and the new law, L21-37, went into effect on December 15, 2015. Read the [Signed Act](#).

### **B21-16 Collaborative Reproduction Amendment Act of 2015 (Official Law Went Into Effect on April 7, 2017)**

**BILL SUMMARY** - As introduced, the bill permits and establishes requirements for surrogacy agreements and other specified collaborative reproduction arrangements. It establishes parental and children's rights between the intended parent and child and clarifies that a surrogate and her spouse or partner do not have any parental rights to the child. It also clarifies that a gamete or embryo donor, or his or her spouse or partner, shall not have any parental rights with respect to the child. It establishes eligibility requirements and procedures for filing a petition for parentage in DC Superior Court. It establishes the requirements for an enforceable surrogacy agreement and the conditions under which such an agreement may be dissolved.

**MSDC ACTION:** Monitor/ Support.

**STATUS:** This was referred to the Committee on Judiciary and was signed with Act Number A21-0672. The Law, L21-0255 went into effect on April 7, 2017. See the [Signed Law Notice](#).

### **B21-20, Access to Contraceptives Amendment Act of 2015 (Official Law Went Into Effect on September 17, 2015)**

**BILL SUMMARY** - As introduced, the bill would require health care insurers to provide coverage for up to 12 months of a covered prescription contraceptive.

**MSDC ACTION:** Support. See the Medical Society's [letter of support](#). The bill passed the Council and the [Signed Act](#) has been transmitted to Congress, with a Projected Law Date of August 19, 2015

**FINAL STATUS:** This bill has passed into law. See the [Signed Act](#).

#### **B21-32, Specialty Drug Copayment Limitation Amendment Act of 2015**

**BILL SUMMARY** - As introduced, this bill imposes a limit on the amount that a person must pay, in copayment or coinsurance, through a health benefit plan, for a prescription for a specialty drug. The copayment shall not exceed \$150 per month for up to a 30-day supply of the specialty drug. A specialty drug includes a prescription drug prescribed for a condition that may have no known cure, is progressive, or can be debilitating or fatal if left untreated, and affects fewer than 200,000 persons in the United States. It also provides that a health benefit plan or its representative may request that a non-preferred drug be covered under the cost sharing applicable for preferred drugs if the prescribing physician determines that the preferred drug, available for treatment of the same condition, either would not be as effective for the individual or would have adverse effects for the individual. Non-preferred drugs are specialty drug formulary classifications that are subject to limits on eligibility for coverage or subject to higher cost-sharing amounts than preferred specialty drugs.

**MSDC ACTION:** Support (High Priority). MSDC Board Member Angus Worthing, MD, presented the Medical Society's [testimony](#) at the Public Hearing. An MSDC-led coalition developed a [one-pager](#) and initiated a [grassroots advocacy campaign](#).

**STATUS:** The bill was referred to the Committee on Business, Consumer, and Regulatory Affairs. After almost two full years of ongoing and vigorous advocacy by the Medical Society and a stakeholder coalition. Mayor Bowser signed the bill on February 10, 2017, and on April 7, 2017, [Congress allowed the Act to become law](#). See the [Signed law Notice](#).

#### **B21-38, Death with Dignity Act of 2015**

**BILL SUMMARY** - As introduced, this bill establishes procedures and safeguards regarding the request for and dispensation of covered medications to qualified patients who are terminally ill and wish to die in a humane and dignified manner. The bill establishes dispensation and reporting requirements for physicians and the Department of Health. The legislation also defines its effect on contracts, wills, insurance and annuity policies and requires that they not be conditioned upon or affected by the making or rescinding of a request for medication or by a patient ingesting covered medication. It establishes terms for immunity from criminal and civil liabilities, establishes penalties and provides an opt-out provision for health care providers. It also provides for claims by the government for costs incurred from a patient terminating his or her life pursuant to the legislation in a public place.

**MSDC ACTION:** The Board found that physician-assisted suicide and end-of-life care are complex issues with no clear consensus. The Board recognized the AMA position on physician-assisted suicide. The Board took no position on the bill.

#### **B21-125, Clinical Right to Try Act of 2015**

**BILL SUMMARY** - As introduced, the bill intends to provide patients with an advanced illness access to investigational products that have not been approved by the Federal Food and Drug Administration that other patients have access to when they participate in clinical trials; to authorize provision of certain pharmaceutical and therapeutic products by manufacturers; to specify that gratuitous provision and insurance coverage of certain treatments are not required; and to prohibit actions against licenses of physicians in specific instances.

**STATUS:** A Public Hearing on the bill was held on July 8, 2015. The bill was referred to the Committee on Health and Human Services. No further action was taken.

#### **B21-129, Nurse Safe Staffing Act of 2015**

**BILL SUMMARY:** As introduced, this bill requires each hospital in the District to establish a nurse staffing committee (Committee) to develop a hospital-wide staffing plan. This staffing plan shall require that an appropriate number of registered nurses provide direct patient care in each unit of the hospital. The Committee shall among other things be responsible for monitoring and evaluation of the staffing plan. The bill also establishes reporting and record keeping requirements of staffing information for hospitals; provides refusal rights for nurses, whistleblower protections and private rights of action for hospital employees and patients.

**MSDC ACTION:** Monitor. Read MSDC's [letter on legislation from the prior Council period](#).

#### **B21-132, Safe Working Conditions for Healthcare Workers Amendment Act of 2015**

**BILL SUMMARY** - As introduced, this bill requires that acute care hospitals, special hospitals, or psychiatric hospitals submit a staffing plan to the Department of Health within one year of the effective date. It requires these medical facilities to establish and implement an acuity system to determine the level of nurse staffing necessary. Acuity staffing models determine a shift's staffing needs based on the complexity of the patients' level of care. The legislation requires that the Department of Health set minimum levels of nurse staffing and registered nurse staff ratios for schools. Among other things, this bill also provides an enforcement mechanism; whistleblower and patient

protection rights and private causes of action; for efforts by UDC-CC to increase the number of nursing graduates and seek funding to develop nurse training opportunities.

**MSDC ACTION:** Oppose. Read [MSDC's letter of opposition](#).

**STATUS:** Committee Report was filed on July 13, 2015. No further action was taken.

**B21-152, Prohibition Against Selling Tobacco Products to Individuals Under 21 Amendment Act of 2015 (Official Law Went into Effect in 2017)**

**BILL SUMMARY** - As introduced, this bill amends District law to prohibit the sale of cigarettes to those under 21 years of age. Presently, the law prohibits the sale of cigarettes to those under 18 years of age.

**MSDC ACTION:** Support.

**STATUS:** The bill was referred to the Committee on Health and Human Services and a Public Hearing was held on July 7, 2016. The act was signed into law in as [L21-191](#).

**B21-168, LGBTQ Cultural Competency Continuing Education Amendment Act of 2015 (Official Law Went Into Effect April 6, 2016)**

**BILL SUMMARY** - As introduced, this bill makes changes to the continuing education requirements for health professionals seeking the maintenance of their professional license, registration or certification. It specifies that two (2) credits of instruction pertinent to cultural competency or specialized clinical training that focuses on LGBTQ patients must be included as part of the continuing education requirements for any license, registration, or certification.

**MSDC ACTION:** Oppose. Read [MSDC's letter opposing content-specific CME](#).

**STATUS:** A Public Hearing was held on October 28, 2015. This bill underwent Congressional Review and L21-95 went into effect on April 6, 2016. Read the [Signed Act](#).

**B21-171, Health Care Decisions Act of 2015 (Official Law Went into Effect February 27, 2016)**

**BILL SUMMARY** - As introduced, this bill creates a Medical Orders for Scopes of Treatment Form (MOST) to document patients' wishes for medical intervention. The bill also outlines who is authorized to give consent to a MOST. It requires that the Department of Health (DOH) establish a MOST Advisory Committee. It requires that the MOST form be designed to provide information regarding the patient's care and medical condition. The MOST form must be kept in a prominent manner in a patient's records in paper and electronic form.

**MSDC ACTION:** Support. MSDC submitted a letter of support for the public record.

**STATUS:** The bill underwent Congressional Review and L21-72 went into effect on February 27, 2016. Read the [Signed Act](#).

**B21-415, Universal Paid Leave Act of 2015**

**BILL SUMMARY** - As introduced, this bill establishes a paid leave system for all District residents and for workers who are employed in the District of Columbia. It allows for up to 16 weeks of paid family and medical leave and exempts federal government employees. A qualifying individual is one who becomes unable to perform their job functions because of a serious health condition, or an individual who is caring for a family member with a serious health condition, or other requirements as defined by the bill. It establishes the Family and Medical Leave Fund which includes funding from covered employers, the District government, eligible individuals, and interest earned on the money from the fund.

**B21-602, Substance Abuse and Opioid Overdose Prevention Amendment Act of 2016 (Official Law Went into effect in 2017)**

**BILL SUMMARY** - As introduced, this bill protects health care professionals from criminal or civil liability when prescribing or distributing an opioid antagonist to an overdose victim or a third party, unless the health professional's actions constituted recklessness, gross negligence, or intentional misconduct.

**MSDC ACTION:** Support. MSDC recommends the deletion of an expanded scope of practice for pharmacists in the legislation.

**STATUS:** A Public Hearing on the bill was held March 23, 2016. The bill passed into law with Law Number [L21-0186](#).

**B21-707, Access to Contraceptives Amendment Act of 2016**

**BILL SUMMARY:** As introduced, this bill clarifies that pharmacists may dispense certain contraceptives, including self-administered hormonal contraceptives pursuant to established protocols. It also requires health benefit plans and health insurers offering coverage for prescription drugs and coverage through Medicaid to cover self-administered hormonal contraceptives dispensed by a pharmacist.

**MSDC ACTION:** Support. MSDC submitted a [letter for the public record](#) for the Public Hearing on July 13, 2016.

**STATUS:** A Public Hearing on the bill was held July 13, 2016.