**Medical Professionals Legislative Update**

**Rep. Chris Sainato**

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Email: csainato@pahouse.net • Website: www.pahouse.com/Sainato

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The law, which was eight years in the making, does not preclude a lawsuit from being filed. An apology has proven to be effective in resolving conflict. In 2001, the University of Michigan began encouraging staff to apologize when mistakes occurred. As a result, lawsuits have decreased about 50 percent. Thirty-six states and the District of Columbia have laws to allow medical professionals to make apologies or sympathetic gestures.

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Under Act 53, Pennsylvania now has a way to eliminate smurfing, a practice in which individuals make purchases at multiple stores to acquire illegal quantities of PSE.

The law requires pharmacists to enter information about the purchase into the NPLEx database so real-time information is available to other pharmacists and law enforcement.

**Jameson Hospital’s annual Run For Your Heart 5K is a great community event that inspires heart-health competition and promotes awareness of lifestyle choices to prevent heart disease – our region’s number one killer. It was my pleasure to speak with the many volunteers who make the event a success, as well as hospital President Doug Danko.**

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More health screenings for newborns?

The House Human Services Committee reported out three bills that would expand newborn health screenings in Pennsylvania.

H.B. 1654, which was approved unanimously by the committee, would add Krabbe disease and five other lysosomal storage disorders to the list of diseases for which Pennsylvania hospitals must screen newborns.

Infants born with Krabbe appear normal at birth, but symptoms that include irritability, excessive crying, fever, limb stiffness, seizures, feeding difficulties, vomiting, and slowing of mental and motor development, begin to show between 3 months and 6 months. A recent study by the Mayo Clinic found that treating for Krabbe disease before symptoms begin may actually delay its onset.

NHL Hall of Fame quarterback Jim Kelly and his wife, Jill, established the Hunter’s Hope Foundation in 1997 after their infant son, Hunter, was diagnosed with Krabbe leukodystrophy. Kelly spoke at a news conference in the Capitol in October in support of the legislation.

The House Human Services Committee voted out two additional newborn screening bills. H.B. 1334 would establish the Newborn Child Screening Program Account in the State Treasury and H.B. 1420 would require birthing facilities to screen all newborn children for congenital heart disease using pulse oximetry.

The bill would require drug dispensers to provide detailed information about prescriptions of controlled substances such as oxycodone and amphetamines. The information would include the names of the prescribing physician and patient, the name of the pharmacist or other dispenser, the drug dosage and the source of payment.

The goal of the legislation is to identify addicts who need treatment and aid law-enforcement agencies trying to stop the illegal diversion of the drugs.

H.B. 1694 is awaiting consideration in the Senate Public Health and Welfare Committee.

Nurse-to-patient bills in the House, Senate

Nurse-to-patient ratios remain a concern among our nursing professionals. To address this concern, several bills have been reintroduced in the House and Senate to set guidelines for a minimum number of registered nurses to patients at Pennsylvania hospitals.

Under H.B. 923 and S.B. 637, the ratio would vary depending on the nature of the care.

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Legislation aims to curb workforce violence in health care sector

Unfortunately, the health care sector is the leading industry for workplace violence and the number of attacks on health care professionals is alarming.

From 2003 to 2009, eight registered nurses were fatally injured at work nationwide. In 2009, there were 2,050 assaults and violent acts reported by registered nurses.

Legislation introduced in the House would take a proactive approach to prevent violent acts against nurses and other health care workers in health care settings.

H.B. 1746 would require each health care facility in the state to form a Workplace Violence Prevention Committee to establish, review and administer workplace violence prevention programs.

Eight states already have laws in place to provide for a workforce violence prevention program, study of the issue, or reporting of violence in the health care setting. Twelve states have laws that create tougher penalties for violence against nurses in the workplace.

Children’s Health Insurance Program improved and extended

There is no longer a mandatory waiting period for parents to enroll their uninsured children in Pennsylvania’s Children’s Health Insurance Program (CHIP). Previously, children had to be without insurance for six months before qualifying for enrollment in CHIP, but that requirement was waived under a new law, which I supported.

In addition to eliminating the six-month waiting period, the law also extends the program through December 2015.

CHIP is available to any child in Pennsylvania whose family earns too much to qualify for Medicaid, but can’t afford to purchase private insurance or isn’t covered by an employer.

CHIP covers immunizations, wellness checkups, prescriptions, dental, vision and hearing services, diagnostic testing, emergency care, mental health benefits and hospitalization, as well as substance abuse rehabilitation and other services. The cost of insurance under CHIP is based on family income.

Pa. considering regulations over biosimilar medication

Generic prescription drugs have been common for decades. However, some medicines used to treat diseases such as cancer, are made from living material, like blood and proteins, and have no generic equivalents.

Pennsylvania has joined a growing number of states that are considering legislation to allow pharmacists to substitute biosimilar medications, if certain criteria are met, including a determination by the United States Food and Drug Administration (FDA) that the prescribed product and the biosimilar product are interchangeable.

While, the FDA has yet to approve a biosimilar medication, there is a growing interest in developing them, largely due to the fact that many of the best-selling pharmaceuticals are biologics.

H.B. 746 and S.B. 405 would require a set of criteria to be met before a pharmacist may substitute a biosimilar product for a prescribed biological product. In addition to the biosimilar product being determined by the FDA to be interchangeable, the person presenting a prescription would have to consent in writing to the substitution; the pharmacist would have to notify the prescriber in writing within 72 hours of dispensing the medication; and the pharmacy and prescriber would have to keep a written record of the substitution for at least five years.

Pennsylvania’s law on generics, which does not address biosimilars, requires pharmacists to notify a purchaser, but does not ask for their written consent. Physicians can note that a brand-name drug must be dispensed as prescribed.

The legislation aims to identify addicts who need treatment and aid law-enforcement agencies trying to stop the illegal diversion of the drugs.

H.B. 1694 is awaiting consideration in the Senate Public Health and Welfare Committee.

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Prescription drug abuse has been described by the Office of Drug Control Policy as our country’s fastest-growing drug problem, with prescription drug overdoses claiming more lives than heroin and cocaine overdoses.

To combat this problem, the House overwhelmingly passed legislation that would create a confidential statewide database for monitoring the use and abuse of prescription drugs.

The bill would require drug dispensers to provide detailed information about prescriptions of controlled substances such as oxycodone and amphetamines. The information would include the names of the prescribing physician and patient, the name of the pharmacist or other dispenser, the drug dosage and the source of payment.

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