



Medical Professionals Legislative Update

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New law streamlines hospital accreditation

A newly enacted state law will cut costs for hospitals and the state by ending duplicative licensing inspections.

Act 60 allows the use of a “deemed status” process to exempt hospitals from routine licensure renewal surveys conducted by the Pennsylvania Department of Health.

The Health Department now recognizes the reports of national accreditation organizations for meeting its licensure requirements, as long as the organization’s standards are equal to or more stringent than the state’s. Hospitals not meeting national accreditation criteria are still subject to the current licensing requirements by the department.

This was the first update in 30 years to the state’s hospital inspection process.

The law also contains a provision that allows hospitals to exceed bed limits in their licenses during natural disasters, acts of bioterrorism, epidemics and other emergencies.

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.



Benevolent Gesture law

A new state law allows health care professionals to apologize to patients without fear of reprisal.

Act 79, the Benevolent Gesture Medical Professional Liability Act, allows health care professionals to have a conversation with a patient after a bad outcome without fear that every statement will be used against them in a lawsuit.

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.

More health screenings for newborns?

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

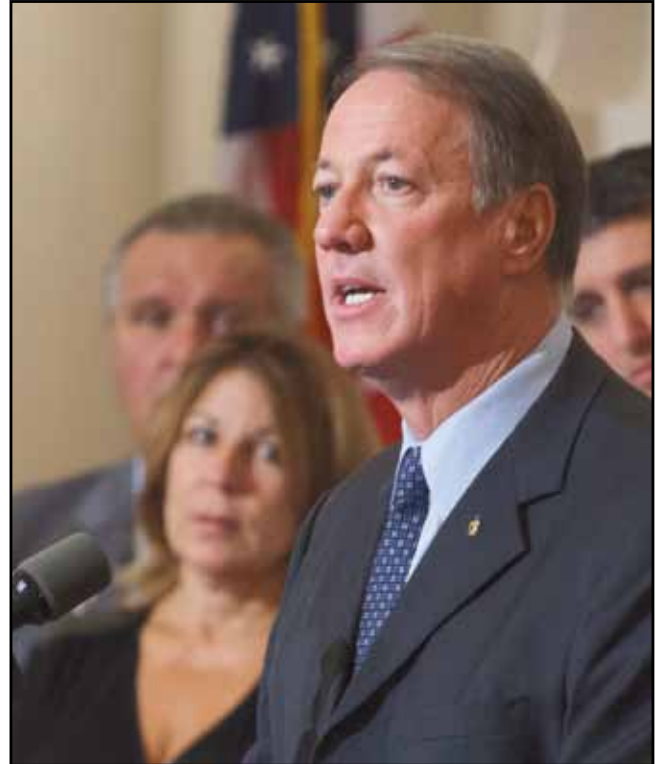
H.B. 1654, which was approved unanimously by the committee, would add Krabbe disease and five other lysosomal storage disorders to the list of diseases for which Pennsylvania hospitals must screen newborns.

Infants born with Krabbe appear normal at birth, but symptoms that include irritability, excessive crying, fevers, 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.

NFL 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.

Both bills are awaiting consideration by the full House of Representatives.



Hall of Fame NFL quarterback Jim Kelly speaks in support of legislation that would expand health screening of newborns in Pennsylvania.

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.



Type of Unit	Minimum Standard
Operating room Trauma emergency room Active labor patient Conscious sedation	1 RN : 1 Patient
Critical care in the ER Critical care Intensive care Neonatal intensive care Labor and delivery Burn unit Post anesthesia	1 RN : 2 Patients
Antepartum Emergency room Pediatrics Step-down Telemetry	1 RN : 3 Patients
Medical/Surgical Other specialty units Pre-surgery, admissions units, ambulatory surgical units Psychiatric	1 RN : 4 Patients
Rehabilitation or skilled nursing facility	1 RN : 5 Patients
Postpartum	1 RN : 6 Patients (3 Couplets) 1 RN : 2 Immediate Postpartum
Well-baby nursery	1 RN : 5 Patients 1 RN : 4 Recently Born

PSNA at the Capitol

The Pennsylvania State Nurses Association Legislative Day will be held on Monday, March 31 at the Capitol. I look forward to hearing from members of The Long White Line!

Legislation Aims To Curb Prescription Drug Abuse

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.

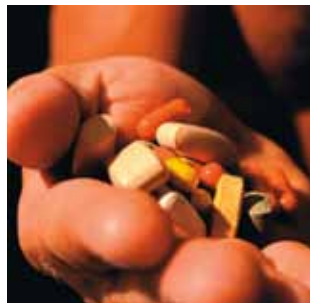
To combat this problem, the House overwhelmingly passed legislation that would create a confidential statewide database for monitoring the use and abuse of prescription drugs.

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.

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.

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 House Health Committee has not yet voted on either bill. However, the committee held a hearing on the issue this summer.

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.

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.



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MY OFFICE CAN HELP YOU!

- Car registrations, special tags, disability placards, titles and driver's license applications
- Information on financial assistance for higher education
- Assistance in obtaining and completing state forms of all kinds
- Voter registration and absentee ballot applications
- Unemployment compensation, disability and workers' compensation
- Birth and death certificates
- Problems with the Department of Public Welfare (food stamps, medical and income assistance)
- Pennsylvania income tax questions or problems
- Requests for literature of all kinds – bills, regulations, statutes, Pennsylvania maps, senior citizen information
- Citations from the Pennsylvania House of Representatives for outstanding accomplishments and family milestones
- Complaints and problems with insurance companies
- Property Tax/Rent Rebate problems or questions
- Problems or questions about the state lottery
- PACE cards for senior citizens
- Consumer complaints
- Liquor Control Board concerns or questions
- Tours of the State Capitol for individuals or groups

Pa. now tracks purchases of non-prescription pseudoephedrine in real time

Pennsylvania has joined the National Precursor Log Exchange (NPLEx) program to help prevent the manufacturing of methamphetamines and other illegal drugs.

The NPLEx program is a multi-state electronic sales tracking and blocking system funded by the manufacturers of medicines containing pseudoephedrine (PSE), which is used to make methamphetamine. The system allows law enforcement to track purchases made in Pennsylvania and other participating states in order to limit/prohibit people who make methamphetamine from crossing state lines to make their purchases.

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.

