

WOEMA Legislative Update – 9/17/15

(as provided by WOEMA Legislative Co-Chairs, Drs. Bob Blink, MD, MPH, FACOEM, Constantine Gean, MD, MBA, MS, FACOEM and WOEMA Lobbyist, Don Schinske)

California:

There is a lot to be concerned about in Sacramento and WOEMA's Legislative Committee is deeply involved in representing WOEMA Occupational Medicine physicians' and affiliated members' voices in current legislation impacting medical practice.

One "hot" issue we are now working on is to urge the California Department of Workers' Compensation (DWC) to adopt appropriate prescribing practices in California's Workers Compensation system. There's a lot of confusion out there: Pharmaceutical issues now account for more than **40%** of Independent Medical Review appeals filed after utilization review (UR) denials. Another issue we are working on is the huge concern that remains over opioid prescribing practices, including both whether opioids are prescribed too long or too often, and also whether knowledgeable, responsible physicians have the latitude to adequately treat chronic pain.

This summer, the DWC aired its long-awaited Chronic Pain and Opioid guidelines to be incorporated into the Medical Treatment Utilization Schedule (MTUS). WOEMA physicians on the Legislative Committee this month provided feedback to DWC on the Opioid proposals, including technical comments and more general concerns about the practicality of adding many hundreds of pages of regulations to the information that busy clinicians are required to have at their fingertips.

Meanwhile, DWC on September 8 convened an initial workgroup to discuss the development of formulary, which is being called for in legislation this year (AB 1124 - Perea). Formularies are not undesirable –they are a standard feature of many government and private health programs, as well of other states' Workers' Compensation programs. But the key to making a formulary work successfully is in the details. Legislative Co-Chair Bob Blink took part in the DWC's first formulary work group, and presented some baseline requirements for a formulary, including:

- Smooth implementation is critical for providers and patients
- Adequate transition for patients already on drug regimes, if they must transition to alternative or generics
- A reasonable process to handle outliers
- The ability to dispense from the office for a short but reasonable time following injury, as a matter of patient convenience and better outcomes.

WOEMA is engaging in these venues to ensure the resulting guidance and requirements of the MTUS, the formulary, and recent Medical Board of California guidelines on opioid prescribing is consistent, justified by the science, understandable by patients, and user-friendly for the physicians and practitioners who are trying to deliver the best care they can.

To aid in this effort --- and to serve as a monitor of the 2013 SB 863 Workers' Compensation reforms -- the Legislative Committee will be launching a campaign to collect member anecdotes and stories about their experiences with the California Utilization Review process, including prescribing issues.

The Legislative Committee also continues its work on smaller but important policy bills that surface in California and the four other WOEMA states (AZ, HI, NV and UT). For example, this year, WOEMA is opposing legislation (SB 305) that would prohibit apportionment of permanent disability (PD) based on gender-related conditions or characteristics. We are also supporting legislation (SB 792) that would require day care workers to be immunized, as well as legislation (SB 27, now a two-year bill) to more tightly control the use of anti-microbial drugs on livestock, given the higher incidence of multidrug-resistant (MDR) infections among farm workers.

Other states:

The state of Nevada (with representation on our committee from Col. Troy Ross, MD) adopted its own piece of opioid-control legislation this year (AB 279), which requires prescriber participation in the state's Prescription Drug Monitoring Program (PDMP). The bill, backed by Governor Sandoval, sailed easily through the Nevada Legislative process (NV legislators meet part-time every other year). Similar legislation in California – SB 482, requiring physician participation in the CURES program – moved quickly through the California Capitol this year but is being held until next spring pending scheduled improvements to California's PDMP, the CURES database, which is currently performing poorly.

WOEMA's Legislative Committee meets weekly by phone to keep abreast of legislative and regulatory developments. The committee develops positions and comments, and deploys its members and its lobbyist Don Schinske to important meetings and hearings. It recently has celebrated the appointment of co-chair Bob Blink to the Cal/OSHA Standards Board, and the publication by member Steve Feinberg's of his free book, *Getting to Yes with UR & IMR*, which helps physicians make better use of the MTUS.

The WOEMA Legislative Committee is a busy, committed group – and we are always looking for new members. If you might be interested in joining – or simply want to sit-in on a weekly

meeting to see how we work and what's going on with current legislation in the 5 WOEMA states– please contact co-chairs Bob Blink, rblink@worksite-occmed.com or Constantine Gean, cgean@earthlink.net

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