HEALTH LAWS ENACTED IN 2015

PHYSICIAN MANDATES

Notice Mandates
The Governor has signed a bill that requires the Department of Health to prepare information on Down Syndrome for parents of newly diagnosed children. The physician mandate was added at the end of the legislative process and reads as follows: Any physician, health care provider, nurse midwife, or genetic counselor who renders prenatal care, postnatal care, or genetic counseling shall, upon receipt of a positive test result from a test for Down syndrome, provide the expectant or new parent with the information that is provided by the Department of Health under section 1 of this act. You can comply with the law by directing patients here: http://www.nj.gov/health/fhs/sch/down_syndrome.shtml.

In addition, a narrow notice mandate took effect in December. Any physician dispensing a controlled substance must provide information on medication disposal to reduce diversion. The mandate only applies to physicians dispensing controlled substances, not all physicians who prescribe them. Read more at msnj.org/drugabuse.

Education Mandates
A bill requiring increased focus on cardiac health for student athletes was signed into law in 2013. That law requires physicians performing student athlete physicals to increase their education on cardiac health by completing an online training module. More information can be found here: http://www.state.nj.us/education/nonpublic/memos/042914AthleteSafety.pdf

This module is now available online here: http://www.state.nj.us/education/students/safety/health/services/athlete/PDModule.shtml

The Governor also signed S471, which takes this new law further, by requiring questions about cardiac health to be asked in ALL youth physicals, not just for student athletes. The law requires all physicians, APNs and PAs who perform youth physicals to complete the same training module, expanding the pool of providers required to complete the training. MSNJ, along with specialty societies, expressed our opposition and successfully obtained amendments to narrow the bill and remove any requirement that licensure be tied to this education requirement. The training must only be completed once.

Prescription Mandate – Prescription Monitoring Program (PMP)
Legislation (S1998) requiring prescribers to check the database was signed on July 20, 2015. The mandates and other provisions below took effect on November 1, 2015. **Delegation will not be allowed until regulations are finalized.** MSNJ succeeded in narrowing the mandate to a great extent.

A prescriber will be required to consult the PMP when they prescribe a **Schedule II** controlled dangerous substance for the **first time** to a **new** patient for **acute or chronic pain**. A prescriber will be required to consult the PMP for any patient who continues a regimen of Schedule II medication for acute or chronic pain **quarterly** during the regimen.
Exemptions to the PMP consultation requirement (prescribers and scenarios):

1. a veterinarian;
2. a practitioner or the practitioner’s agent administering methadone, or another controlled dangerous substance designated by the director as appropriate for treatment of a patient with a substance abuse disorder, as interim treatment for a patient on a waiting list for admission to an authorized substance abuse treatment program;
3. a practitioner administering a controlled dangerous substance directly to a patient;
4. a practitioner prescribing a controlled dangerous substance to be dispensed by an institutional pharmacy (e.g. hospital or nursing home);
5. a practitioner prescribing a controlled dangerous substance in the emergency department of a general hospital, provided that the quantity prescribed does not exceed a five day supply of the substance;
6. a practitioner prescribing a controlled dangerous substance to a patient under the care of a hospice;
7. a situation in which it is not reasonably possible for the practitioner or pharmacist to access the Prescription Monitoring Program in a timely manner, no other individual authorized to access the Prescription Monitoring Program is reasonably available, and the quantity of controlled dangerous substance prescribed or dispensed does not exceed a five day supply of the substance;
8. a practitioner or pharmacist acting in compliance with regulations promulgated by the director as to circumstances under which consultation of the PMP would result in a patient's inability to obtain a prescription in a timely manner, thereby adversely impacting the medical condition of the patient;
9. a situation in which the Prescription Monitoring Program is not operational as determined by the division or where it cannot be accessed by the practitioner due to a temporary technological or electrical failure;
10. a practitioner or pharmacist who has been granted a waiver due to technological limitations that are not reasonably within the control of the practitioner or pharmacist, or other exceptional circumstances demonstrated by the practitioner or pharmacist; and
11. a practitioner who is prescribing a controlled dangerous substance to a patient immediately after the patient has undergone an operation, procedure, or treatment for acute trauma, when less than a 30-day supply is prescribed.

Other provisions of S1998:

- The bill will allow licensed prescribers to delegate access to license healthcare professions or certified medical assistants (not office staff).
  - Regulations are being drafted on this provision, with our input.
- The bill will allow the PMP to send unsolicited reports to prescribers.
- The bill will allow the state to engage with more states for interoperability of state databases, including Delaware, Connecticut, New York and Pennsylvania.
- The bill allows access to the PMP for a licensed mental health practitioner providing treatment for substance abuse to patients at a licensed residential or outpatient substance abuse treatment center, who furnishes the division with the written consent of the patient for the mental health practitioner to obtain prescription monitoring information about the patient.
- The bill allows patients to request their PMP profile from their prescribers.

Find registration instructions at msnj.org/drugabuse.
EXPANSION OF PHYSICIAN SCOPE

Epinephrine Administration
The Governor has signed the “Epinephrine Access and Emergency Treatment Act,” which facilitates access to epinephrine auto-injector devices, which may be used to treat symptoms of life-threatening allergic reactions, known as anaphylaxis, by persons who have completed and received a certificate of completion from an educational program approved by the Commissioner of Health. Health care professionals will be authorized to prescribe and dispense an epinephrine auto-injector device, either directly or through a standing order, to a person authorized to administer, maintain, and dispose of the device under the bill.

Nutritional Supplements
The Governor has signed a bill to permits physicians and podiatric physicians to dispense and charge for certain nutritional supplements, creating an exemption to the current restriction on physicians from dispensing more than a seven-day supply of most drugs, including nutritional supplements, and limits administrative charges to patients to 10 percent of a drug’s cost. MSNJ supported this bill.

EXPANSION OF NON-PHYSICIAN SCOPE

Physician Assistants
The Governor signed a bill modernizing the scope of practice for physician assistants. MSNJ and specialty societies worked very closely with the physician assistant society to craft the parameters of the bill and support the final version. The main change from current law is that a physician will now be allowed to execute an agreement with the PA to determine the scope of practice, if the physician chooses to allow the PA to perform functions beyond those enumerated in current statute.

Sexual Assault Examinations
The Governor signed a bill that allows health care professionals, other than physicians, to authorize services, including forensic sexual assault examinations and other medical care, if a minor appears to have been sexually assaulted, regardless of whether the minor’s parents or guardian have given consent. Current law only allows physicians and parents to waive consent. MSNJ was neutral on this bill.

Death Diagnoses
The Governor signed S1152/A1319, which allows APNs to diagnose death and complete certifications under limited circumstances. MSNJ, along with specialty societies, had opposed this bill for a few years. Due to our opposition, the circumstances under which an APN could make the diagnosis were narrowed as follows: if he is the patient's primary caregiver and if the physician is unavailable. This basically narrows the circumstances to in-home hospice.

PHARMACEUTICALS

Biologic Drugs
The Governor has signed legislation that would regulate the dispensing of biosimilars, which are the "generic" equivalents of biologic drugs. MSNJ was neutral about the legislation, which allows pharmacists to dispense biosimilars if the prescriber is advised about the substitution. Read more here: http://njbmagazine.com/njb-news-now/christie-approves-biosimilars-legislation/