

## 2018 Legislative Summary

The CT General Assembly concluded its business last week and for the second year in a row, they passed a bipartisan budget. Once again, the Governor was not part of the discussion or any of the negotiations that eventually decided the package that was voted on. For the first time in approximately 8 years, revenue surpassed what was estimated by the Office of Fiscal Analysis and the Governor's budget office, leaving the General Assembly with more money than they anticipated. Because it is an election year, members did not want to make cuts, nor did they want to tax so they used the excess revenue and part of the rainy-day fund to pass a budget that increased spending by 197 million. They restored aid for towns and reversed healthcare cuts for the elderly (Medicare Savings Program), poor and disabled (HUSKY A) and deferred transportation costs for those using the bus service. Although CT is expected to have more than 2-billion-dollar deficit in 2020 the General Assembly has deferred dealing with the financial crisis until next year. All items that would have raised revenue (Casino Gambling, Tolls, Legalization of Marijuana) were all left for another day. 2020 will be a long session and leaders will have to make very difficult choices in terms of the State's finances. With potentially new leadership in each branch of government, 2020 is shaping up to be a wild ride.

Although not as many bills passed the General Assembly this year, healthcare is a realm that never ceases to be eventful. Pharmaceuticals and pricing took center stage with the Comptroller Kevin Limbo sponsoring a bill to curtail prescription drug costs at the manufacturer and PBM level. A bill on biologic/biosimilar drugs also passed the General Assembly. This bill safeguards patients who are prescribed biologics or biosimilars and how they are ultimately dispensed and delivered to the patient. Another bill prohibits the certain medications from being dispensed using auto refill programs. DSS will be making recommendations via the Pharmacy and Therapeutics Committee to determine which drugs would be excluded due to concerns regarding adherence with life threatening conditions. A bill on telehealth also passed. This bill allows physicians to prescribe schedule II, III, IV, and V drugs via telehealth, after an in-person visit. If a physician prescribes a schedule II or III medication they must submit it electronically to the pharmacy, no paper scripts would be allowed. Another bill that passed that requires the public health and consumer protection commissioners to review pharmacists' and prescribing practitioners' compliance with the electronic Prescription Drug Monitoring Program (PMP). By current law prescribers or their designees must consult the PMP before issuing certain prescriptions for controlled substances. Outpatient clinics, urgent care centers and free-standing emergency departments were also further regulated. For patient benefit, they must clearly identify themselves by posting signs identifying whether the facility is an urgent care or primary care center or free-standing emergency department. In addition, governing changes were made to the Office of Health Strategy with the purpose of increasing reporting requirements to certain governmental agencies.

Several bills that failed to pass were regarding medical assistants and their ability to administer vaccines and nebulizer treatments, truth in advertising by Medical Doctors and Doctor of Osteopathic Medicine, as well as a bill that established a working group to enhance physician recruitment in the State.

Legislators now move into full campaign mode. With over twenty sitting legislators either retiring or seeking higher office, the face of the legislature will look very different. We urge you to get involved with your local House and Senate races, meet the candidates and establish relationships with them. 2020 will be a big education year with so many new faces and the medical community does not want to be left behind!