

Pennsylvania Chiropractic Association

Senate Bill 936 (SB 936) Summary (1-26-18)

What Will SB 936 Do?

SB 936 allows care by a PA-licensed doctor to be compromised by decisions made by an unaccountable drug formulary designed to increase profits for WC insurers and decrease access to care for injured WC patients.

SB 936 mandates that all prescriptions written to treat Workers' Compensation injuries adhere to a drug formulary. A drug formulary is a list of preapproved medications for use in treating certain injuries and ailments. If a patient's prescribed medication (or its form, dosage, or duration) is not approved by the formulary, it is not compensable under Workers' Comp (WC). In short, doctors would no longer have the final word in an injured worker's care, because of corporate greed and a misdirected and unneeded "solution" to a poorly defined and arguably non-existent problem.

SB 936 also requires national certification of Utilization Review Organizations (UROs). UROs determine if a doctor's prescribed treatment is "reasonable and necessary." If treatment isn't reasonable or necessary, a URO will deny the prescribed treatment.

While national certification of UROs may sound like a good thing (despite there being absolutely no evidence that the current system isn't working), in reality this certification is nothing more than insurance carriers attempting to control the outcomes of what is supposed to be a neutral, patient-centric decision-making process.

The Reality of SB 936

1. Insurers practice medicine: SB 936 makes it harder for doctors to treat their patients, by controlling what medications they can and cannot prescribe and by subjecting them to a lengthy and costly URO appeals process should the medication they prescribe be denied by the drug formulary.
2. Limits treatment options: SB 936 decreases the range of treatment options available to doctors for people injured on the job.
3. Increases profits for insurers: SB 936 will allow insurers to charge the same or higher rates while hiding behind a drug formulary's denial of coverage.
4. No guarantees for your health: SB 936 sidesteps the issue of making sure that a drug formulary will provide important and needed medications for those in need, as determined by their treating doctor:
 - a. Do we know the formulary will provide medicine for policemen, EMTs or firefighters who have been exposed to hepatitis, HIV, or other harmful viruses or diseases? NO.
 - b. What guarantees do employees have that treatment for occupational diseases like asbestosis or black lung disease will be compensated if SB 936 becomes law?
ABSOLUTELY NONE.

5. Major legislative overreach: SB 936 affects the entire range of medications for which an injured worker may be treated – not just opioids. Opioids, while a substantial minority of the medications prescribed, are not the entire universe of medications that are used in treating injured workers. SB 936 disregards the treating doctor’s professional opinion and clinical expertise, including limiting the entire gamut of medications on the market.
6. Denies access to medications being used in drug studies: Pennsylvania is home to some of the finest medical centers in the world. If a doctor wants to prescribe a medicine that is being studied to an injured worker, that medicine will be denied by the drug formulary. Medicine included in a drug study will not likely have been through a peer review process and thus will most likely not be approved for use by the drug formulary.

What SB 936 Does NOT Do

1. Reducing pharmaceutical costs: SB 936 does nothing to reign in the often unjustified and ever-increasing costs of pharmaceuticals.
2. No accountability: SB 936 does nothing to hold pharmaceutical manufacturers, pharmacists or prescribing doctors accountable for the drug dependency crisis they have created and perpetuated to this day.
3. More employees suffering: SB 936 does nothing to help people restore their functionality and to get their lives back after incurring a workplace injury.