

# After Appalachian Hospitals Merged Into a Monopoly, Their ERs Slowed to a Crawl

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## HB 1059

Allows patients, if a hospital is not in compliance with hospital price transparency laws on the date that an elective procedure, test, or service is provided to a patient by the hospital, and the noncompliance is related to such elective procedure, test, or service, to bring an action, individually or jointly, against the hospital to recover payment of the price of the elective procedure, test, or service. Under the bill, if a hospital is found not in compliance with hospital price transparency laws under such circumstances, the hospital is liable for the price of the elective procedure, test, or service provided; an additional equal amount as liquidated damages; interest accruing from the date the elective procedure, test, or service was provided; and reasonable attorney fees and costs. If a hospital is found not in compliance with hospital price transparency laws under such circumstances, the hospital is liable for an amount equal to triple the amount of the price of the elective procedure, test, or service and reasonable attorney fees and costs.

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# **HB 1041**

Health insurance; cost-sharing, pharmacy benefits managers' compensation and duties, civil penalty.

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# **HB 1188**

Creates a three-phase process to eliminate the certificate of public need requirements for many categories of medical care facilities and projects.

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# **HB 570**

Establishes the Prescription Drug Affordability Board for the purpose of protecting the citizens of the Commonwealth and other stakeholders within the health care system from the high costs of prescription drug products.

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# **SB 274**

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## **SB 277**

Requires the Board of Health to promulgate regulations expanding the expedited application and review process for certificates of public need to numerous additional project types.

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## **HB 1134**

Requires that any provider contract between a carrier and a participating health care provider contain specific provisions that prohibit the carrier from revoking, limiting, conditioning, modifying, or restricting a prior authorization if such prior authorization request has been approved and services, drugs, or supplies have been provided or delivered to the patient consistent with such prior authorization unless there is evidence that the request was approved based on fraud or misinformation. The bill also extends from 30 days to 90 days the period of a member's prescription drug benefit coverage under a new health plan during which a carrier is required to honor a prior authorization by another carrier.

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## **SB 360**

Covenants not to compete; health care professionals; civil penalty. Adds health care professionals as a category of

employee with whom no employer shall enter into, enforce, or threaten to enforce a covenant not to compete. The bill defines “health care professional” as any physician, nurse, nurse practitioner, physician’s assistant, pharmacist, social worker, dietitian, physical and occupational therapist, professional counselor, behavior analyst, assistant behavior analyst, or medical technologist authorized to provide health care services in the Commonwealth. The bill provides that any employer that violates the prohibition against covenants not to compete with a health care professional is subject to the civil penalty in current law of \$10,000 for each violation.

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## **SB 98**

Requires that any provider contract between a carrier and a participating health care provider contain specific provisions that prohibit the carrier from revoking, limiting, conditioning, modifying, or restricting a prior authorization if such prior authorization request has been approved and services, drugs, or supplies have been provided or delivered to the patient consistent with such prior authorization unless there is evidence that the request was approved based on fraud or misinformation. The bill also extends from 30 days to 90 days the period of a member’s prescription drug benefit coverage under a new health plan during which a carrier is required to honor a prior authorization by another carrier.