



Highlights from the Hill

May 2016

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Op-ed Against Discrimination in ACA Health Plans Published in Newsweek

On May 12, Newsweek published an op-ed by our Chief Operating Officer and Vice President Public Policy, Angela Ostrom, calling for stronger rules against discrimination in health plans being offered in the Marketplaces created by the Affordable Care Act (ACA). The ACA bans insurers from refusing to cover people with pre-existing conditions, like epilepsy, but insurance companies have found other ways to discriminate against people with chronic conditions. Many plans are designed so that medications for conditions like epilepsy are on the highest tier of their formulary, or off formulary altogether, making them unaffordable and difficult to obtain. You can read the full piece at <http://bit.ly/EFAONW>.

The Department of Health and Human Services (HHS) released the nondiscrimination final rule on May 13. We are disappointed that HHS did not do a better job at specifically defining discrimination in plan benefit design. However, we are pleased that HHS reiterated they will review plans for discriminatory practices on a case-by-case basis through their enforcement activities, and identified a number of examples of possible discriminatory plan design. We urge the Administration to rigorously use their oversight and enforcement tools. You can read our press release at www.epilepsy.com/aca.

Epilepsy Community Opposes Medicare Proposal that would Jeopardize Access to Care

On May 10, the Partnership to Improve Patient Care (PIPC), of which the Epilepsy Foundation is a Steering Committee member, sent a letter to the Centers for Medicare and Medicaid Services (CMS) expressing concern about a proposal that would limit a physician's ability to determine the best medication and treatment for his/her patient, by allowing the government to determine

the value of a treatment using cost-effectiveness data. The proposal not only threatens access to care for those living with disabilities and chronic conditions like epilepsy who rely on Medicare, but also would set a troubling precedent that extends beyond Medicare. The letter was signed by more than 80 groups, including the Epilepsy Foundation and 25 Epilepsy Foundation affiliates. You can read the full letter at www.epilepsy.com/Medicare and urge your members of Congress to reject this proposal at <http://bit.ly/PIPCCMS>.

Senate Considers Package of Bills to Accelerate New Treatments

The Senate is considering a bipartisan Innovation for Healthier Americans package of bills which would accelerate the discovery, development, and delivery of lifesaving medical treatments by bringing the nation's health care innovation infrastructure into the 21st Century. Many of the proposals in the package mirror those in the 21st Century Cures Act that passed the House last year. Included in this important package is the *Advancing Research for Neurological Diseases Act* (S. 849) which would establish a data collection system to help provide more information to researchers working on new treatments and cures for neurological conditions and diseases.

This innovation package would ensure that government agencies charged with researching and regulating new treatments and therapies can keep pace with new and innovative therapies that emerge in the coming years, and S. 849 would help researchers around the country develop these treatments and cures. Urge your senators to support this important package at <http://bit.ly/HELPInnov>.

Bill to Help Emergency Responders Introduced in Senate

Senator Bill Cassidy introduced the *Protecting Patient Access to Emergency Medications Act of 2016* (S. 2932). This bill would amend the Controlled Substances Act (CSA) to ensure that emergency medical services (EMS) personnel can continue to administer controlled substances, including emergency seizure medications, under standing orders. The Drug Enforcement Agency has raised concerns regarding EMS personnel administering controlled substances under current law. Taking away the ability of EMS to administer controlled substances would prevent them from quickly and effectively providing necessary treatments to some in emergency situations, including individuals with epilepsy or someone having a first time seizure. Take a moment to urge your Senators to support S. 2932 at <http://bit.ly/EFS2932>.

In The States

Connecticut Bill to Improve Access to Medications Heads to Governor

The Connecticut legislature recently passed a bill, HB 5053, which would lessen reporting requirements for some scheduled medications and improve timely access to epilepsy medications for people living with epilepsy. The bill would require that a prescriber check the prescription drug monitoring program when they write the first prescription and then annually after that,

instead of every 90 days. While we strongly support exempting Schedule V non-opioid drugs, which are epilepsy medications, from the state's drug monitoring program, we believe HB 5053 is a step in the right direction. Together, with the Epilepsy Foundation of Connecticut, we sent a letter to Governor Malloy urging him to sign this important bill. You can read the full letter at www.cqrcengage.com/efa/Connecticut.

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