Colorado Medical Society 2013 Legislative Bill Summaries

Medicaid Expansion (SB13-200 and companion legislation)

The governor this session signed into law SB13-200, which moves the eligibility for enrollment in Medicaid for childless Colorado adult citizens from 61% of the FPL to 133% of the FPL. This will extend health care coverage to an estimated 160,000 citizens of Colorado. Additionally, eligibility of parents and caretakers of Medicaid children is also raised from 61% of the FPL to 133% of the FPL.

Along with the Medicaid expansion, the legislature decided to approve an across the board 2% raise for Medicaid reimbursement rates for physicians. This is for all physicians that accept Medicaid patients, including specialists, and will help with access to needed services for all Colorado patients.

Other exciting developments regarding Medicaid this session include the addition of continuous eligibility for Medicaid children, which will help keep Colorado kids healthy and productive. Also, physicians got many protections concerning the investigation of fraud and abuse including physician education on billing as well as due process and appeal rights. All these developments are both exciting as well as beneficial to Colorado physicians, and will help to keep Colorado at the forefront of providing medical care to all our citizens.

SB 277 (Prior Authorization)

This bill provides that on or after January 1, 2015, Health Plans (HPs) or Pharmacy Benefit Management firms (PBMs) shall utilize the standardized Prior Authorization process adopted through rulemaking by the Division of Insurance (DOI).

By July 31, 2014, the DOI, through rules, shall develop a PA process that is made electronically available by the HPs or PBMs but that does not require the prescribing provider to submit a PA request electronically. The law defines electronically as submitting the request to the HPs or PBMs through a secure, web-based internet portal. The prescriber can continue to submit the requests by telephone, facsimile, or email. In addition to the PA process, the DOI shall develop, by rule, a standardized PA form not to exceed 2 pages in length for use in submitting electronic and non-electronic PA requests.

The PA standardized process will require that the HPs and PBMs make available and accessible in a centralized location on its web site the PA requirements and restrictions, including a list of drug that require PA, the written clinical criteria that are easily understandable that include the clinical criteria for reauthorization of a previously approved drug after the PA period has expired, and the standard form for submitting requests

The process needs to ensure that HPs and PBMs use evidence based guidelines when possible when making PA determinations, permits, but does not requires, a prescribing provider to submit a request electronically, and requires HPs and PBMs when notify prescribers of its decision to approve a request, to include in the note a unique PA number attributable to the request, specifications of the drug benefit approved, the next date for review of the drug benefit, and a link to current criteria that the prescriber will need to submit for re-approval of the PA.

Under this law, a PA request will be deemed granted if the HPs or PBMs fails to utilize the standardized PA process. For PAs submitted electronically, the PA will be deemed granted if the carrier or PBM fails to: notify the prescribing provider within 2 days that the request is approved, denied, or incomplete. If the request is incomplete, the HPs and PBMs must indicate the specific additional information that is consistent with criteria posted on their website that is required to process the request. Once the additional information is received, the HPs and PBMs must notify the prescribing provider within 2 days the request is approved or denied.

For non-urgent PA requests that are submitted by facsimile, telephone or email, the HPs and PBMs must notify the prescribing provider within 3 business days after receipt of the request that the request is approved or denied. For urgent PA requests the HPs and PBMs must notify the prescribing provider within one day after the request is received that the request is approved or denied.

The prescribing provider shall submit the additional information within 2 business days after receipt of the notice from the HP or PBM. If prescribing physician fails to do so, the request is not deemed granted.

Within 30 days of the effective date of this bill, the Commissioner shall establish a work group of representatives, including DORA, local and national carriers, captive and non-captive PBMs, providers-physicians, APNs, pharmacists, drug manufacturers, medical practice managers, and others deemed appropriate by the Commissioner. The workgroup shall assist the Commissioner in developing the PA process and shall submit its recommendations to the Commissioner no later than 6 months after the Commissioner appoints the work group members. Regardless of whether the work group submits recommendations to the Commissioner, the Commissioner shall not delay or extend the deadline for the adoption of rules creating the PA process.

In developing a uniform PA process Commissioner shall take into consideration the recommendation, if any, of the work group about the following: national standards pertaining to electronic PA, whether a PA process should require HPs and PBMs when reviewing PA requests to use clearly accessible, consistently applied and written clinical criteria based on medical necessity or the appropriateness of the drug benefit; whether the standardized PA process should require HPs and PBMs to take into account, in determining criteria for PAs, the Local Coverage Determinations, National Coverage Determinations and specialty society guidelines; and whether HPs and PBMs could use rules engine with criteria driven questions that lead to an immediate PA determination.

Importantly, upon approval by the HP or PBM, a PA is valid for at least 180 days after the date of approval. If as a result of the change in the HPs or PBMs formulary, the drug for which PA has been approved is removed from the formulary or moved to a less preferred their status, the change in the status of the previously approved drug does not affect a covered person, who received PA before the effective date of the change, for the remainder of the covered person's plan year. Nothing limits the ability of the HP or PBM to substitute a generic drug with the prescribing providers approval and patient consent for a previously approved brand name drug.

Advanced Directives (HB13-1202)

This bill allows for physicians to assist patients with advanced directives regarding end of life care, and bill for those services. This will help those individuals who need this service most by providing physicians assistance, and will help physicians get reimbursed for their time and assistance regarding this extremely important piece of an individuals life.

Clean Claims (SB13-166)

This bill extends the CMS sponsored clean claims task force, and adds an appropriation of $100,000 to help cover the costs of this very important work group. By funding this group, we can ensure that the task force can finish its work and provide a substantial, and relevant solution to this very complex issue.

Naloxone (SB13-014)

SB13-014 provides a "layperson" with the ability to both posses and administer an opiate antagonist to an individual who is experiencing an opioid overdose. This bill provides for immunity from civil or criminal prosecution for both providers and individuals as long as they act in good faith when prescribing or administering the opioid antagonist. It also encourages individuals who encounter an overdose victim to call 911 immediately. This bill will help save lives in Colorado, and does not add additional liability to health care providers in Colorado.

Outpatient Dialysis (SB13-046)

SB13-046 allows for individual who do not have end stage renal disease to be provided outpatient dialysis services. Currently, only those who have end stage renal disease are able to receive dialysis services in an out patient manner, and this bill will allow for all individuals to have access to these services. This will both help reduce health care costs as well as increase access to needed, valuable medical services.

CGIA (SB13-023)

Republican Minority Leader Senator Bill Cadman introduced SB13-023, raising the governmental immunity damage caps, during the 2013 legislative session. The bill was a response to the disastrous wildfires that plagued his district during the summer and caused millions of dollars in damages. The purpose behind the bill was to align damages awarded in government immunity cases with current economic values. The bill accomplished two things; first it raised the maximum allowable damages under a governmental immunity claim for a single instance (individual) from $150,000 to $350,000. For claims involving 2 or more persons in a single instance (multiple), the maximum damages raised from $600,000 to $990,000. The second part of the legislation places a conforming index into the calculation, which requires that every four years the maximum amounts set in the bill be adjusted for inflation tied to the consumer price index for the Denver-Boulder-Greeley area. This means that every four years, these amounts are subject to change, most likely a raise to adjust for inflation over the past four year cycle.

SB 255 (STEMI task force)

The introduced bill would have mandated the department of public health and environment to develop a system for designating hospitals, and requiring the department to identify a hospital as a STEMI receiving or referring center, if the hospital applies for the designation and is accredited as a STEMI receiving or referring center by the Society for Cardiovascular Patient Care, or is accredited throughout the American Heart Association, or by another nationally recognized organization. In addition, the introduced version of the bill also mandated that the department maintain a statewide STEMI heart attack database to compile information and statistics on heart attack care. T]he hospitals designated shall report to the STEMI database data.

As a result of our efforts, the bill was a "strike below" and was rewritten as a task force to study the issues. The final version of this bill creates a STEMI task force and a stroke task force that is appointed by the Governor. The STEMI task force was at issue because the new accreditation as a STEMI receiving center or STEMI referral center by the Society for Cardiovascular patient care is based on performance improvement measures and not quality outcomes. Moreover the ACC (American College of Cardiology) already collects this data.

The STEMI task force will study and make recommendations for developing a statewide plan to improve quality of care to STEMI patients. The STEMI task force will study the following areas:

1. Access to aggregated STEMI data from a state database that may be developed or from a nationally recognized organization.
2. Creation of a statewide database or registry consisting of data on STEMI care that mirrors the data hospitals submit to nationally recognized organizations
3. A plan that would encourage rural and urban hospitals to coordinate services for the necessary referral or receipt of patients requiring STEMI care
4. The criteria used by nationally recognized bodies for designating a hospital in STEMI care and whether a designation is appropriate or needed to assure access to the best quality care for STEMI events.

The task force, by January 13, 2014, shall submit an initial report to the Senate and House Health Committees and the department of public health and environment and a final report to the same by July 31, 2015.

The bill further provides that a hospital that has as accreditation, certification, or designation in STEMI care from a nationally recognized accrediting body, including an accreditation as a STEMI receiving center or STEMI referral center by the society for cardiovascular patient care may send information and supporting documentation to the department. The department shall make a hospital's national accreditation, certification or designation available to the public.

The department shall deem a hospital that is currently accredited, certified or designated by a nationally recognized accrediting body as satisfying the requirements for recognition and publication by the department.

HB13-1296 – Involuntary Civil Commitments

This bill creates the "civil commitment statute review task force" which shall meet during the interim after the first regular session of the 69th general assembly. The task force shall study and prepare recommendations concerning the implementation of the consolidation of the mental health, alcohol and substance use disorder statutes related to civil commitments.

Task Force

The task force shall study and make recommendations on the following issues:

- The method by which the mental health, alcohol, and substance use disorder statutes related to civil commitment can be consolidated, including potential changes to statutory language and the promulgation of rules

- The effect on detoxification facilities and emergency holds by the consolidation of the mental health, alcohol, and substance use disorder statutes related to civil commitment

- Involuntary commitment for treatment

- Alignment of the civil commitment statutes with the statewide behavioral health crisis services delivery system

- The need to clarify and codify definitions in the behavioral health statutes, including but not limited to advanced directives for persons with behavioral health illnesses, and as they relate to substance use disorders, the terms danger to self or others, and gravely disabled

- The length of emergency and long term commitments
- Patients rights and advocacy resources
- And other issues the task force deems relevant

The task force shall study the definition of "danger to self or others" as set forth in statute, and shall consider the civil liberties and public safety concerns of that definition. Upon a majority of the task force members voting to ratify the definition set forth in statute, the task force shall submit a letter stating as such to the executive director no later than November 1, 2013.

The task force shall consist of 30 members to be appointed by the executive director of the department of human services or his or her designee. The appointees shall include:

- One member who represents a statewide organization of licensed psychiatrists
- One member who represents a statewide organization of physicians

The task force shall submit a written report of its recommendations to the executive director and tot the health and human services committee of the Senate and Public Health Care and Human Services committee of the House of Representatives

The first meeting of the task force must occur no later than July 15, 2013.

The task force may solicit and accept reports and public testimony and may request other sources to provide testimony, written comments, and other relevant data to the task force

Definitions

The bill amends the following definitions as stated:

- "Danger to self or others" means with respect to an individual, that the individual poses a substantial risk of physical harm to himself or herself as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm to himself or herself.
- With respect to other persons, that the individual poses a substantial risk of physical harm to another person or persons as manifested by evidence of recent homicidal or other violent behavior by the person in question, or by evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them, as evidenced by a recent overt act, attempt, or threat to do serious physical harm by the person in question
- Gravely disabled means a condition in which a person, as a result of a mental health disorder, is incapable of making informed decisions about, or providing for, his or her essential needs without significant supervision and assistance from other people. As a result of being incapable of making these informed decisions, a person who is gravely disabled is at risk of substantial bodily harm, dangerous worsening of any concomitant serious physical illness, significant psychiatric deterioration, or substantial bodily harm. A person of any age may be gravely disabled, but such term does not include a person whose decision making capabilities are limited solely by his or her developmental disability.

SB 215 (Jahn, Ginal) The Colorado Natural Health Consumer Protection Act

Carve out for alternative health care practitioners to practice and enforcement with the Consumer Protection Act.

Not required to be licensed, registered or certified by the state.

Definitions:

"Complementary and alternative health care practitioner" means a person who provides complementary and alternative health care services in accordance with this section and who is not licensed, certified, or registered by the state as a health care professional.

"Complementary and alternative health care services" means advice and services: within the broad domain of health care and healing arts therapies and methods that are based on complementary and alternative theories of health and wellness, including those that are traditional, cultural, religious, or integrative; and that are not prohibited by this article.

"Complementary and alternative health care services" include: healing practices using food; food extracts; dietary supplements, as defined in the federal "dietary supplement health and education act of 1994", pub.l. 103-417; nutrients; homeopathic remedies and preparations; and the physical forces of heat, cold, water, touch, sound, and light; stress reduction healing practices; and mind-body and energetic healing practices.

"Health care professional" means a person engaged in a health care profession for which the state requires the person to obtain a license, certification, or registration under title 12, C.R.S., in order to engage in the health care profession.

Enforcement

A complementary and alternative health care practitioner who engages in an activity prohibited by this section or fails to disclose pursuant to this section is subject to the enforcement provisions, civil penalties, and damages specified in part 1 of this article, is no longer exempt from laws regulating the practice of health care professionals under title 12, C.R.S., and may be subject to penalties for unauthorized practice of a state-regulated health care profession.

Prohibitions

A complementary and alternative health care practitioner providing complementary and alternative health care services under this section who is not licensed, certified, or registered by the state shall not:

- Perform surgery or any invasive procedure, including a procedure that requires entry into the body through skin, puncture, mucosa, incision, or other intrusive method, except colonics;
- Administer or prescribe x ray radiation to another person;
- Prescribe, administer, inject, dispense, suggest, or recommend a prescription or legend drug or a controlled substance or device identified in the federal "controlled substances act", 21 u.s.c. sec. 801 et seq., as amended;

- Use general or spinal anesthetics, other than topical anesthetics;

- Administer ionizing radioactive substances for therapeutic purposes;

- Use a laser device that punctures the skin, incises the body, or is otherwise used as an invasive instrument. If a complementary and alternative health care practitioner uses a laser device as a noninvasive instrument, the laser device must be cleared by the federal food and drug administration for over-the-counter use.

- Perform enemas or colonic irrigation unless the complementary and alternative health care practitioner:
  Maintains board certification through the international association of colon hydrotherapy or the national board for colon hydrotherapy or their successor entities;

- Discloses that he or she is not a physician licensed pursuant to article 36 of title 12, C.R.S.; and

- Recommends that the client have a relationship with a licensed physician;

- Practice midwifery;

- Practice psychotherapy, 1 as defined in section 12-43-201(9), c.r.s.;

- Perform spinal adjustment, manipulation, or mobilization;

- Provide optometric procedures or interventions that constitute the practice of optometry, as defined in article 40 of title 12, c.r.s.;

- Directly administer medical protocols to a pregnant woman or to a client who has cancer;

- Treat a child who is under two years of age;

- Treat a child who is two years of age or older but less than eight years of age unless the complementary and alternative health care practitioner:
  - Obtains the written, signed consent of the child's parent or legal guardian;
  - Discloses that he or she is not a physician licensed pursuant to article 36 of title 12, C.R.S.;
  - Recommends that the child have a relationship with a licensed pediatric health care provider; and
  - Requests permission from the parent or legal guardian for the complementary and alternative health care practitioner to attempt to develop and maintain a collaborative relationship with the child's licensed pediatric health care provider, if the child has a relationship with a licensed pediatric health care provider;

- Provide dental procedures or interventions that constitute the practice of dentistry, as defined in article 35 of title 12, c.r.s.;

- Set fractures;

- Practice or represent that he or she is practicing massage therapy, which, for purposes of this section:
    - includes practices where the primary purpose is to provide deep stroking muscle tissue massage of the human body; and excludes:
    - stroking of the hands, feet, or ears; or the use of touch, words, and directed movement of a healing art within the bodywork community, including healing touch, mind-body centering, orthobionomy, reflexology, rolfing, reiki, qigong, muscle activation techniques, and practices with the primary purpose of affecting energy systems of the human body;

- Provide a conventional medical disease diagnosis to a client;

- Recommend the discontinuation of a course of care, including a prescription drug, that was recommended or prescribed by a health care professional; or

- Hold oneself out as, state, indicate, advertise, or imply to a client or prospective client that he or she is a physician, surgeon, or both, or that he or she is a health care professional who is licensed, certified, or registered by the state.

Disclosures:

Any person providing complementary and alternative health care services in this state who is not licensed, certified, or registered by the state as a health care professional, is not regulated by a professional board or the division of professions and occupations in the department of regulatory agencies pursuant to title 12, C.R.S., and is advertising or charging a fee for health care services shall provide to each client during the initial client contact the following information in a plainly worded written statement:

The complementary and alternative health care practitioner's name, business address, telephone number, and any other contact information for the practitioner;

The fact that the complementary and alternative health care practitioner is not licensed, certified, or registered by the state as a health care professional;

The nature of the complementary and alternative health care services to be provided;

A listing of any degrees, training, experience, credentials, or other qualifications the person holds regarding the complementary and alternative health care services he or she provides;

A statement that the client should discuss any recommendations made by the complementary and alternative health care practitioner with the client's primary care physician, obstetrician, gynecologist, oncologist, cardiologist, pediatrician, or other board-certified physician; and

A statement indicating whether or not the complementary and alternative health care practitioner is covered by liability insurance applicable to any injury caused by an act or omission of the complementary and alternative health care practitioner in providing complementary and alternative health care services pursuant to this section.

Written Acknowledgement

Before a complementary and alternative health care practitioner provides complementary and alternative health care services for the first time to a client, the complementary and alternative health care practitioner shall obtain a written, signed acknowledgment from the client stating that the client has received the information described above. The complementary and alternative health care practitioner shall give a copy of the acknowledgment to the client and shall retain the original or a copy of the acknowledgment for at least two years after the last date of service.

Deceptive Act

A complementary and alternative health care practitioner shall not represent in any advertisement for complementary and alternative health care services that the complementary and alternative health care practitioner is licensed, certified, or registered by the state as a health care
Professional.

Practice of Medicine Prohibition

A complementary and alternative health care practitioner who renders complementary and alternative health care services consistent with this section is not engaging in the practice of medicine, as defined in article 36 of title 12, C.R.S., and is not violating the "Colorado medical practice act", article 36 of title 12, C.R.S., as long as the complementary and alternative health care practitioner does not engage in any prohibited acts as set forth herein. Nothing otherwise authorizes a complementary and alternative health care practitioner practicing within the scope of practice in this section to engage in the practice of medicine.

HB 1111- Regulation of Naturopathic Doctors (Ginal, Newell)

Naturopath doctors (NDs): 4 year post graduate degree in naturopathy, registration model with advisory group to director of DORA. The advisory group will have 3 physicians, 3 naturopaths, 2 public members and 1 pharmacist.

Definitions

"Natural health care" means healing practices using food; food extracts; over-the-counter dietary supplements, including vitamins, herbs, minerals, and enzymes, nutrients, homeopathic remedies and preparations; and the physical forces of heat, cold, water, touch, sound, and light; and mind-body and energetic healing practices; education, counseling, or advice regarding healing practices described above and their effects on the structure and functions of the human body; and services or care as may be further defined by the Director (DORA) by rule.

"Naturopathic formulary" means the list of nonprescription classes of medicines determined by the director that naturopathic doctors use in the practice of naturopathic medicine.

"Naturopathic medicine", as performed by a naturopathic doctor, means a system of health care for the prevention, diagnosis, evaluation, and treatment of injuries, diseases and conditions of the human body through the use of education, nutrition, naturopathic preparations, natural medicines and other therapies, and other modalities that are designed to support or supplement the human body's own natural self-healing processes. "Naturopathic medicine" includes naturopathic physical medicine, which consists of naturopathic manual therapy, the therapeutic use of the physical agents of air,

water, heat, cold, sound, light, touch, and electromagnetic nonionizing radiation, and the physical modalities of electrotherapy, diathermy, ultraviolet light, ultrasound, hydrotherapy, and exercise.

"Minor office procedures" means the repair, care, and suturing of superficial lacerations and abrasions; the removal of foreign bodies located in superficial tissue, excluding the ear or eye; and the use of antiseptics and local anesthetics in connection with a procedure described herein.

Scope of practice of NDs:

The practice of naturopathic medicine by a naturopathic doctor includes the following:

- The prevention and treatment of human injury, disease, or conditions through education or dietary or nutritional advice, and the promotion of healthy ways of living;

- The use of physical examinations and the ordering of clinical, laboratory, and radiological diagnostic procedures from licensed or certified health care facilities or laboratories for the purpose of diagnosing and evaluating injuries, diseases, and conditions in the human body;

- Dispensing, administering, ordering, and prescribing medicines listed in the naturopathic formulary, including: epinephrine to treat anaphylaxis, and barrier contraceptives, excluding intrauterine devices; and

- Performing minor office procedures.

Prohibitions:

A naturopathic doctor shall not:

- Prescribe, dispense, administer, or inject a controlled substance or device identified in the federal "controlled substances act", 21 U.S.C. sec. 801 et seq., as amended.

- Perform surgical procedures, including surgical procedures using a laser device;

- Use general or spinal anesthetics, other than topical anesthetics;

- Administer ionizing radioactive substances for therapeutic purposes;

- Treat a child who is less than two years of age;

- Treat a child who is two years of age or older but less than eight years of age, unless the naturopathic doctor:

    - Provides to the parent or legal guardian of the child a copy of the most recent immunizations schedule recommended by the advisory committee on immunization practices to the centers for disease control and prevention in the federal department of health and human services and recommends that the parent or legal guardian follow the immunizations schedule;

    - Demonstrates successful completion of three hours per year of education or practicum training solely related to pediatrics in accordance with continuing professional competency requirements approved by the Director; and

  - Requires the child's parent or legal guardian to sign an informed consent that:
    - Discloses that the naturopathic doctor is registered;
    - Discloses that the naturopathic doctor is not physician;
    - Recommends that the child have a relationship with a licensed pediatric health care provider; and
    - If the child has a relationship with a licensed pediatric health care provider, requests permission from the parent or legal guardian for the naturopathic doctor to attempt to develop and maintain a collaborative relationship with the licensed pediatric health care provider.

- Engage in or perform the practice of medicine, surgery, or any other form of healing except as authorized by this article;

- Practice obstetrics;

- Perform spinal adjustment, manipulation, or mobilization, but this does not prohibit a naturopathic doctor from practicing naturopathic physical medicine as described herein;

- Recommend the discontinuation of, or counsel against, a course of care, including a prescription drug that was recommended or prescribed by another health care practitioner licensed in this state, unless the naturopathic doctor consults with the health care practitioner who recommended the course of care.

Reporting requirements:

A naturopathic doctor has the same authority and is subject to the same responsibilities as a licensed physician under public health laws pertaining to reportable diseases and conditions, communicable disease control and prevention, and recording of vital statistics and health and physical examinations, subject to the limitations of the scope of practice of a naturopathic doctor as specified in this article.

Disclosures:

Before conducting an initial examination of a patient, a naturopathic doctor shall obtain the patient's informed consent to the examination, evidenced by a written statement in a form prescribed by the director and signed by both the patient and the naturopathic doctor. The statement must:

- Disclose that the naturopathic doctor is not a medical doctor or physician licensed under article 36 of this title;

- Recommend that the patient have a relationship with a licensed physician; and

- Indicate that the naturopathic doctor will attempt to develop and maintain a collaborative relationship with the patient's physician, if the patient has a relationship with a licensed physician.

The ND shall provide the following information in writing to each patient:

- The ND's name, business address and telephone number;
- The nature of the services to be provided;
- A statement that the ND is registered;
- The prohibitions described above;

- The state in which the ND hold an active license or registration;
- How to file a complaint against a ND.

The ND shall obtain a written acknowledgement from each patient stating that the patient has been provided this information. The written acknowledgement shall be retained for 7 years after the date on which the last services were provided.

If the ND treats any patient who is seeking treatment for Cancer, the ND shall recommend that the patient consult with a licensed physician specializing in oncology and document that in writing.

Coordinated care:

A naturopathic doctor shall communicate and cooperate with a patient's other health care providers, if any, to ensure that the patient receives coordinated care.

A naturopathic doctor shall refer a patient to another health care professional if the patient's needs are beyond the naturopathic doctor's scope of knowledge and practice.

Use of Term "Physician"

An ND shall not use the term "physician", the abbreviations NMD, or the term "naturopathic medical doctor".

Professional Liability Insurance

Requires NDs to have $1 million or more in coverage.

Medical Records

Each ND shall develop a written plan to ensure the security of patient records, and attest to the Director re same. An ND shall inform each patient in writing of the method by which the patient may access or obtain his medical records.

Skolnik:

Applies

Repeal:

The article is repealed effective 9/1/2017, with sunset review.