

## **Attachment on State Codes:**

*This material is provided as a resource to our ATS members and International Conference attendees. It is not intended to be legal advice. The ATS gratefully acknowledges the work of the Rockpointe Group ([www.policymed.com](http://www.policymed.com)) for compiling excellent summaries of current state laws for medical societies to share with their constituents.*

**California:** California requires companies to adopt a compliance program in accordance with the U.S. Department of Health and Human Service's Compliance Program Guidance for Pharmaceutical Manufacturers. A company's program must have policies for compliance with the PhRMA Code on Interactions with Health Care Professionals.

Each company sets annual (fiscal year) limit on meals and educational items to any California physician per year.

California law: <[http://www.leginfo.ca.gov/pub/03-04/bill/sen/sb\\_1751-1800/sb\\_1765\\_bill\\_20040930\\_chaptered.pdf](http://www.leginfo.ca.gov/pub/03-04/bill/sen/sb_1751-1800/sb_1765_bill_20040930_chaptered.pdf)>

**Connecticut:** Connecticut requires companies to adopt policies consistent with the PhRMA Code or AdvaMed's "Code of Ethics on Interactions with Health Care Professionals."

Connecticut law: <<http://www.cga.ct.gov/2010/ACT/PA/2010PA-00117-ROOSB-00428-PA.htm>>

**District of Columbia:** Covered recipients: All licensed health care providers (nurses, CDEs, registered dietitians; licensed nutritionists; radiology technologists, etc.); all licensed health care facilities (hospice, LTC, dialysis, etc.)

Reportable activities: All activities for additional covered recipients; employee costs (salaries/overhead); all print and media advertising, but only within DC.

Other considerations: Reporting not required under de minimus threshold of \$25 per covered recipient per day.

District of Columbia law: <http://doh.dc.gov/publication/accessrx-act-2004>

**Louisiana:** Reportable activities: \$50 limit on meals and educational items to any state employee, per year (Note: Most hospitals are state-owned.).

**Massachusetts:** Covered recipients: Everyone from Federal Sunshine Act; residents; physician assistants; nurse practitioners; pharmacists; employees of prescribers; non-teaching hospitals/clinics; nursing homes.

Reportable activities: Everything from Federal Sunshine Act; accredited CME; anatomical models and charts.

Other considerations: Reporting not required under de minimus threshold of \$50 per covered recipient event. Note that MA allows “modest” out-of-office meals for health care providers. MA requires a separate report mainly for the additional covered recipients.

Massachusetts law explicitly states that reporting applies to medical device companies as well as pharmaceutical companies.

Massachusetts law: <http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111N>

**Minnesota:** Covered recipients: Everyone from Federal Sunshine Act; not pharmacists. According to the new law in Minnesota (page 189 of the PDF; 9535 of the bill), “practitioner” means a licensed doctor of medicine, licensed doctor of osteopathy, licensed doctor of dentistry, licensed doctor of optometry, licensed podiatrist, or licensed veterinarian. The statute now states that for purposes of the disclosure law, “practitioner” is redefined to include a physician assistant authorized to prescribe, dispense, and administer under chapter 147A; or an advanced practice nurse authorized to prescribe, dispense, and administer under section 148.235; and dental therapist authorized to dispense and administer under chapter 150A.

Reportable activities: Everything from the Federal Sunshine Act. The state law requires that drug manufacturers must file an annual report identifying all payments, honoraria, reimbursement, or other compensation paid to practitioners in Minnesota during the preceding calendar year. The report must identify the nature and value of any payments totaling \$100 or more to a particular practitioner during the year and must identify the practitioner.

Other considerations: There is a \$50 limit on meals and physician education per prescriber, per year.

Minnesota Law:

<https://www.revisor.leg.state.mn.us/laws/?doctype=Chapter&year=1993&type=0&id=345>

Minnesota Law: <https://www.revisor.mn.gov/statutes/?id=151.252>

**Nevada:** Drug companies must adopt general compliance programs in accordance with the Code on Interactions with Healthcare Professionals (<http://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec616>), and follow through with training and auditing procedure. Companies must submit an annual report, including a certification that an annual audit has been conducted and that the certifying entity is in compliance with its code of conduct.

Nevada law: [http://www.leg.state.nv.us/statutes/74th/Stats200715.html#CHz409\\_zABz128](http://www.leg.state.nv.us/statutes/74th/Stats200715.html#CHz409_zABz128)

**Vermont:** Covered recipients: Everyone from Federal Sunshine Act; residents; physician assistants; nurse practitioners; pharmacists; employees of prescribers; non-teaching hospitals/clinics; health plans; pharmacies; universities; non-profit foundations; patient advocacy associations; professional associations.

Reportable activities: Everything from Federal Sunshine Act; samples, includes OTC drugs and devices; demo units like placebo inhalers; coupons, vouchers, co-pay cards; patient starter kits; accredited CME; patient education and disease management materials; anatomical models and charts- Textbooks and reprints are considered by federal rules to benefit doctors and are reportable, but models and charts are not. In this state, these are considered “gifts.”

Other considerations: VT still has the only total ban on food for their prescribers if they “regularly practice in Vermont,” which is subject to some interpretation. It becomes difficult to know whether a doctor licensed in Vermont is practicing in a surrounding state.

Also, companies will have to pay extra attention to their federal reports with respect to Vermont doctors. Doctors are only allowed to partake in a meal if they are paid as a speaker or consultant. Vermont will likely focus on the doctors in the federal report from VT if they see meals to doctors without fees or other expenses attached.

Vermont law explicitly states that reporting applies to medical device companies as well as pharmaceutical companies.

Vermont law: <http://www.leg.state.vt.us/docs/2010/bills/Passed/S-048.pdf>

**West Virginia:** Covered recipients: Everyone from Federal Sunshine Act; residents; physician assistants; nurse practitioners; not pharmacists.

Reportable activities: All activities for additional covered recipients; all national and print media advertising divided by the population of WV.

Other considerations: Reporting is aggregated by buckets of spending; de minimus threshold of \$100 per covered recipient.

West Virginia law:

[http://www.legis.state.wv.us/Bill\\_Text\\_HTML/2004\\_SESSIONS/RS/Bills/hb4084%20intr.htm](http://www.legis.state.wv.us/Bill_Text_HTML/2004_SESSIONS/RS/Bills/hb4084%20intr.htm)