The AMA Year in Review: The Advocacy Resource Center

The 43rd Annual ASMAC Fall Conference
Kai Sternstein, JD
November 18, 2017

Your MISSION is Our MISSION
AMA Advocacy Resource Center: State Advocacy
AMA Advocacy Resource Center: State Advocacy

Uniquely positioned to assist states/specialties

- Advocacy resources
- Model state legislation recommended by the Council on Legislation & approved by AMA Board of Trustees

Coordination and consensus building

Result: Powerful advocacy

www.ama-assn.org/go/arc
2017 State-level Campaigns Include…

• Ending the Opioid Epidemic
• Scope of Practice / Physician-Led Teams
• Truth in Advertising
• Medical Liability Reform
• Private Payer Reform
• Improving the Business of Medicine
• Telemedicine & More
We have Enjoyed Great Success in 2017!
ARC Issue Coverage: ama-assn.org/go/arc

Staff directory

The American Medical Association Advocacy Resource Center is the AMA's state legislative advocacy unit that works hand-in-hand with state and national medical specialty societies on state-level issues important to physicians and their patients. The center's attorneys provide model legislative language, technical analysis and represent the AMA before numerous national policy-making organizations.

Kai Sternstein, JD
Vice president
(312) 464-5929
michaella.sternstein@ama-assn.org
- AMA Council on Legislation
- Develop and implement strategic focus
- Execute AMA State Advocacy Roundtable/State Legislative Strategy Conference
- Lead AMA Advocacy Resource Center Executive Committee
- Manage state-based initiatives
- Scope of Practice Partnership (SOPP)

Emily Carroll, JD
Senior legislative attorney
(312) 464-4965
emily.carroll@ama-assn.org
- Administrative simplification/utilization management
- Electronics health records/health information exchanges
- Health care data initiatives
- Patient costs/other patient issues
- Provider networks/out-of-network issues
- Quality and cost-of-care measurement
- State-based delivery and payment reform

Annalia Michelman, JD
Senior legislative attorney
(312) 464-4788
annalia.michelman@ama-assn.org
- AMA Economic Impact Study
- Health disparities and LGBT issues
- Medicaid/CHIP
- Patient-physician relationship issues
- Physician business issues
- Program integrity
- Public health improvement
- Public safety
- State budget issues/provider taxes
Health Insurance Mega-Mergers
Blocking Insurance Mega-Mergers

• The AMA convened a 17 state antitrust coalition, where members advocated to block mega-mergers between Aetna-Humana and Anthem-Cigna

• Federal judges cited AMA arguments in decisions to block mergers

• A big “win” for physicians and patients!

• Anthem-Cigna alone saved physicians $500M annually!!
What does the Future Look Like?
Some Lessons Learned….

• #1: A coordinated advocacy campaign by organized medicine can produce dramatic results

• #2: Current state statutory schemes are inadequate to protect consumers from anticompetitive mergers

• #3: Don’t be afraid to approach regulators, even push

• #4: Let the AMA play “the heavy”
…and a Few More

• #5: Physician surveys can be very powerful

• #6: Physicians are scared to take on health insurers and need protection

• #7: Health insurer regulators may be capture, but that should not discourage aggressive advocacy

• #8: Do your homework!

• #9: The ARC has extensive state legislative resources that medical societies can use to help protect physicians from the overwhelming market power of monopsonistic health insurers
Opioid Epidemic
Recommendations of the AMA Opioid Task Force

• Increase registration and use of PDMPs
• Ensure safe, evidence-based prescribing
• Support comprehensive pain care; reduce the stigma of pain
• Reduce the stigma of substance use disorder; increase access to treatment
• Increase access to naloxone to save lives from overdose; support broad Good Samaritan protections
• Promote safe storage and disposal of opioids and all medications
Ending the Nation’s Opioid Epidemic…

• Epidemic growing more severe
  • Deaths due to heroin and illicit fentanyl increasing at staggering rate

• AMA Opioid Task Force
  • Recommendations now aligned across nearly all stakeholders
...Ending the Nation’s Opioid Epidemic

AMA Advocacy
- Engagement with President, AG, Opioid Commission, Congress
- Urge health insurers to increase access to non-opioid, multimodal pain care; remove barriers to MAT
- President—Opioid epidemic is a public health emergency

AMA Recommending Solutions
- Stop prior authorization for medication assisted treatment
- Urge payers to increase access to non-opioid pain care
- Waive Medicaid’s 16-bed federal limit
- Remove barriers to providing buprenorphine
- Federal & state enforcement of existing substance use disorder parity laws
- Support implementation of the National Pain Strategy
- Reduce DEA barriers preventing further use of electronic prescribing of controlled substances
- Continue to improve access to Naloxone
- Support continued Medicaid coverage for treatment of opioid use disorders and pain management
Find out what you can do
Review and access the education and training resources for your state and specialty.

AMA CME on opioids
“A Primer on the Opioid Morbidity and Mortality Crisis: What Every Prescriber Should Know,” shows steps physicians can take to promote the safe use of opioids.
READ MORE>

The JAMA Network - opioids
Explore the latest in opioid use disorders from The JAMA Network, including recent advances in opioid rehabilitation programs, treatments, and public health interventions.
READ MORE>
Physicians' progress to reverse the nation's opioid epidemic

- 118,000+ physicians taking opioid-related education
- 32,000+ naloxone Rx dispensed Jan-Feb 2017
- More physicians trained to treat substance use disorders
- 13,000+ physicians became certified to provide buprenorphine in past year
Opioid Epidemic: More 2017 Activity

• 15 state victories to date
  • Relating to PDMPs, partial fill, prescribing and naloxone/Good Samaritan protections
  • Includes 10 states enacted or enhanced naloxone access laws as well as Good Samaritan statutes.
    • All 50 states plus D.C. now have a naloxone law; 40 have Good Samaritan laws

• Collaborated with numerous states to enact laws or defeat/mitigate bad legislation

• Opioid educational toolboxes released as part of a SAMSHA grant (AL&RI)
  • IN and OR coming soon!

• New AMA Opioid Task Force recommendation on safe storage & disposal
Medicaid
Medicaid: 2017 Activity

• AR reauthorized its Medicaid expansion program.

• CA passed a state budget with rate increases for physicians funded by a tobacco tax increase

• GA appropriated money to enhance primary care reimbursement rates

• CA extended Medicaid coverage to include the Diabetes Prevention Program

• CO revised legislation that would have imposed overly strict and burdensome program integrity requirements on Medicaid providers

• OH defeated legislation that would have frozen enrollment in the states’ expansion program
Scope of Practice & Physician-led Teams
Scope of Practice & Physician-led Teams: 2017 Activity

• Collaborated with 35 states and directly involved in 24 victories.

• Scope of Practice Partnership (SOPP)

• Major SOPP projects:
  • AMA Health Workforce Mapper
  • Geographic Mapping Initiative
  • Truth in Advertising Campaign
  • Scope of Practice Data Series
  • Physician-led Team Campaign

• Tracking thousands of bills, including nearly 700 scope bills, including:
  • APRN – 177 bills
  • Chiropractor – 100 bills
  • Lay midwifery – 33 bills
  • Naturopath – 28 bills
  • Optometrist – 27 bills
  • Pharmacist – 65 bills
  • Physician assistant – 93 bills
  • Podiatrist – 26 bills
  • Psychologist – 24 bills
AMA Scope of Practice Partnership/SOPP

• Created in January 2006

• Goal: To protect the health and safety of patients whose well-being may be threatened by health care practitioners who lack the education, training, or experience to perform procedures for which they seek licensure/recognition.

• Membership:
  • 49 state medical associations + D.C.
  • 34 state osteopathic medical associations
  • 14 national medical specialty societies
  • 2 national medical associations (AMA, AOA)

• Led by 23-member Steering Committee
SOPP Grants to Date: Nearly $1.5 MILLION
SOP Data Series Modules

Updated modules!
- Naturopaths
- Optometrists
- Podiatrists
- Nurse anesthetists

Coming soon!
- Nurse practitioners
- Psychologists
- Certified professional midwives
- Oral and maxillofacial surgeons
- Physician assistants (NEW)
“Know Your Doctor” Wheels
Geographic Mapping Initiative

Anesthesiologists & Pain Medicine Physicians to CRNA's

Facial Surgeons & Otolaryngologists to OMS

Primary Care Physicians (PCPs) to Nurse Practitioners

OBGYNs & PCPs to Nurse Midwives

Ophthalmologists to Optometrists

Orthopaedic Surgeons to Podiatrists

Otolaryngologists & PCPs to Audiologists

Physical Medicine Rehabilitation, Sports Medicine Physicians & Orthopaedic Surgeons to PTs

PCPs to Naturopaths

Psychiatrists to Psychologists
Health Workforce Mapper

• Online tool for mapping physician and non-physician practice locations
  • create a comprehensive picture of health workforce
  • identify priority areas for workforce expansion
• Includes supplemental health data (hospitals, rural health clinics, etc.)
• ama-assn.org/go/healthworkforcemapper
Physician-led Team Campaign

Ninety-one percent of respondents said that a physician’s years of education and training are vital to optimal patient care, especially in the event of a complication or medical emergency.

Eighty-six percent of respondents said that patients with one or more chronic conditions benefit when a physician leads the primary health care team.

Four out of five patients prefer a physician to have primary responsibility for leading and coordinating their health care.

Three out of four patients prefer to be treated by a physician …

- Even if it takes longer to get an appointment
- Even if it costs more
Truth in Advertising

• Clinicians must:
  • Wear a name tag during all patient encounters that clearly identifies their type of license.
    • Exceptions include solo practitioners, concern for safety (e.g. mental health facilities), and surgical settings
  • Display in offices a writing that clearly identifies their license.
  • Identify their license in ads for health care services.
• Ads must be free from deceptive or misleading information

= Bill passed
= Bill introduced
Side Note: Recently Added Board Certification

A physician may not hold oneself out to the public in any manner as being certified by a public or private board including but not limited to a multidisciplinary board or "board certified," unless:

• The advertisement states the full name of the certifying board; and

• The board either:
  • Is a member board of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA); or
  • Is a non-ABMS or non-AOA board that requires as prerequisites for issuing certification:
    • successful completion of a postgraduate training program approved by the ACGME or the AOA that provides complete training in the specialty or subspecialty certified by the non-ABMS or non-AOA board;
    • certification by an ABMS or AOA board covering that training field that provides complete ACGME or AOA-accredited training in the specialty or subspecialty certified by the non-ABMS or non-AOA board; and
    • successful passage of examination in the specialty or subspecialty certified by the non-ABMS or non-AOA board.
Private Payer Reform
Private Payer Reform: 2017 Activity

- TN enacted “Physician Stability Act,” to ensure minimal contract changes throughout the year – based on AMA model bill
- CO enacted legislation based on AMA model bill requiring insurer transparency of network selection/deselection criteria
- CO enacted legislation based on AMA model bill addressing insurer retaliation
- CO, GA, ID, NV, UT, AZ defeated problematic balance billing legislation
- GA introduced medical-society backed balance billing legislation that incorporated fair payment standards
- Involved with NCOIL as it finalizes model balance billing bill with comments submitted in September
- Participating in NAIC redraft of PBM model bill
- Engaged with consumers to push NAIC to support appropriate regulation of PBMs and utilization management practices
Prior Authorization

Began the year with the release of the Prior Authorization and Utilization Management Reform Principles

The AMA lead multi-stakeholder prior authorization workgroup assembled to develop consensus solutions, principles and joint advocacy

Now over 100 supporting organizations – creating momentum behind legislative efforts on prior authorization and step-therapy

The AMA model bill is serving as a template for state legislation

PA has a active prior authorization effort underway, with a bill that is based on the AMA’s model legislation.

AR, IA, IN, MD and WV enacted prior authorization or step-therapy legislation this year
Applying Pressure: AMA Model State Legislation

- Require payers and vendors to offer ePA;
- Payers must display current PA requirements, including clinical criteria, on websites and make information available to all stakeholders;
- Payers must provide physicians 60 days notice before implementing new PA requirements or amending current requirements;
- Statistical information regarding PA approvals and denials must be displayed on payers website;
- Payers must respond to PA requests in two business days for non-urgent services; one business day for urgent services and sixty minutes for post evaluation or post-stabilization services following emergency care (no PA for emergency care);
- Payers must provide coverage for emergency services necessary to screen and stabilize the patient, regardless of the network status of the provider; and
- Stop payers from revoking or restricting a PA for a period of 45 working days from the date the health care provider received the PA.
State of the States – Prior Authorization Laws
Medical Liability Reform
Medical Liability Reform: 2017 Activity

- New AMA model bills
  - Phantom Damages Elimination Act
- Highlights of legislative success
  - IA passed comprehensive MICRA-based law, incl. $250,000 cap
  - KY enacted medical review panel system after multi-year effort
  - MD defeated effort to raise cap
Telemedicine
Telemedicine: 2017 Activity

• Coverage parity laws enacted in seven states (AR, CO, IN, MD, ND, NE, UT)

• Laws allowing formation of the patient-physician relationship via telemedicine enacted in 4 states (MN, OR, TX, WA)
  • One state (WY) directed state medical board to modernize regulations on the issue
  • TX legislation deserves particular attention:
    • Capped decade of litigation between Teladoc and Texas Medical Board
    • Conditions a physician’s use of telemedicine on the physician having relevant clinical information that would be required in accordance with the standard of care
Note: Center for Connected Health Policy Study

• Studied impact of private payer laws of 31 states and DC

• Found all payers had telemedicine reimbursement policies, but many limit services in some way

• Recommended that language on payment, modalities, and site of service be as clear and explicit as possible

• Also recommended that licensing board regulations, lack of appropriate billing codes, burdensome regulations governing payment, and lack of consumer awareness about telemedicine and coverage of telemedicine may be contributing to limited utilization

• Study will help drive new and stronger coverage parity laws
Sanctity of the Patient-Physician Relationship
Protecting the Sanctity of the Patient-Physician Relationship: 2017 Activity

- IA, IN, OK and TX defeated legislation that would have restricted physician counseling on gun safety
- DE became the 1st state to enact legislation legalizing access to abortion in statute (to preserve access should *Roe v. Wade* ever be overturned)
- WY worked to change legislative language to mitigate harmful impact of abortion bill
- IA and MS defeated anti-vaccine legislation
- CT, NM, NV and NY enacted bans on conversion therapy
Economic Impact Study – Coming Soon!
AMA 2011 & 2014 Economic Impact Study: 2017 COMING SOON!

PHYSICIANS BOOST THE ECONOMY.

$9.9 MILLION JOBS
$775.5 BILLION IN WAGES & BENEFITS
$1.6 TRILLION IN SALES REVENUE
$65.2 BILLION IN STATE & LOCAL TAX REVENUES

Check to see how Washington, D.C., benefits.

The American Medical Association (AMA) Economic Impact Study, completed in conjunction with the Medical Society of the District of Columbia, shows that office-based physicians in Washington, D.C., helped give our economy a big boost by contributing:

- $3.8 billion in sales revenue
- $2.8 billion in wages and benefits
- More than 16,000 jobs
- $1.222 billion in state and local tax revenue

Want to see the impact physicians make on the economy? View the national report from the AMA Advocacy Resource Center and highlight from Washington, D.C.’s study.

www.ama-assn.org/go/eis
## 2017 AMA Economic Impact Study

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<tr>
<th>Economic Measure</th>
<th>Total</th>
<th>Per Physician</th>
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<td>Output</td>
<td>$2.3 trillion</td>
<td>$3.2 million</td>
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<td>Jobs</td>
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<td>Wages &amp; Benefits</td>
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<tr>
<td>State &amp; Local Tax Revenue</td>
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## 2014 AMA Economic Impact Study

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<th>Total</th>
<th>Per Physician</th>
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<tr>
<td>Output</td>
<td>$1.6 trillion</td>
<td>$2.2 million</td>
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<tr>
<td>Jobs</td>
<td>9.9 million</td>
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<td>Wages &amp; Benefits</td>
<td>$775.5 billion</td>
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<tr>
<td>State &amp; Local Tax Revenue</td>
<td>$65.2 billion</td>
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Almost Over!
2017 State Legislative Strategy Conference

- January 4-6, 2018
- Sanibel Harbour Marriott, Fort Myers, FL
- Register on the AMA’s ARC web site

www.ama-assn.org/go/arc
Now it’s your Turn….Any Questions?

ARE THERE ANY QUESTIONS? FEEL FREE TO ASK ANYTHING AT ALL.

WHY DO GHOSTS HAVE CLOTHES?

IF SOMEONE GIVES YOU A WEDGIE AT THE MOMENT YOU DIE, WILL YOU HAVE IT FOR ETERNITY?