

Jan. 15, 2021: Advocacy Update spotlight on why physician advocacy at all levels will be key in 2021

Before issues such as surprise medical billing and prior authorization reform were taken up by Congress, physician advocates were engaged in these debates at the state level and this experience has proven to be beneficial when these concerns were elevated to a national forum.

"State legislative developments and regulatory experiences informed federal legislation and regulatory efforts as never before," said Russ Kridel, MD, chair of the AMA Board of Trustees, who moderated a panel discussion with AMA leaders on the growing overlap between state and federal laws and regulations during the 2021 AMA State Advocacy Summit, held virtually this year because of the pandemic.

Surprise medical billing is an example of an issue that has been debated in the states, was addressed by Congress in 2020, and is expected to resurface in the states in 2021.

"Over the last several years, state legislatures have seen intense battles over surprise medical billing and during this time the AMA worked closely with many state medical associations and national medical specialty societies to develop sound policy solutions to address surprise medical billing and its drivers," said panelist Marilyn J. Heine, MD, chair of the AMA Council on Legislation.

The AMA's existing policies and previous advocacy efforts on surprise billing were helpful during the year-long debate at the federal level.

"We emphasized that insurers fundamentally drive surprise billing through narrow networks, through take-it-or-leave-it contracts that stem from insurer-market dominance, and as patients face unexpected cost sharing through benefit design such as high-deductible health plans," said Dr. Heine, a hematologist-oncologist and emergency physician in southeast Pennsylvania.

To effectively advocate for a solution to surprise billing, the AMA also actively promotes that patients should receive fair coverage when they purchase health insurance and opposes proposals that would undercut fair-contracting efforts or reduce incentives for plans to create adequate networks.

The AMA expects that state-level controversies over surprise billing will be fewer in 2021 in the wake of the federal law, but legislative efforts to supplement the act with laws applicable to state-regulated

plans and private health insurer practices that impact physician networks, patient out-of-pocket costs, access and comprehensive coverage will continue to be a focus in many states.

"The AMA will also be working with states to determine where state laws end and the federal law begins," Dr. Heine said. "The AMA has a wealth of advocacy resources and extensive experience when it comes to taking on unfair insurer practices and we are well-poised to help our Federation partners this year."

Many state responses to the COVID-19 pandemic were carried out as executive orders from governors rather than through the legislature. As a result, AMA advocacy efforts were also directed toward policymaking organizations such as the National Governors Association, National Association of Insurance Commissioners, and the National Council of Insurance Legislators.

AMA President Susan R. Bailey, MD, was also on the panel and she predicted that scope-of-practice debates would emerge in practically every state legislature in the country as nurse practitioners and physician assistants seek to practice with little or no physician supervision and pharmacists seek to administer vaccines and to prescribe medications for "minor conditions, so called" such as strep throat.

She noted that the AMA successfully defeated scope-expansion efforts in Mississippi and Nebraska in 2020.

Early in the pandemic, insurers relaxed many utilization-management requirements such as prior authorization and step therapy. Dr. Heine said the AMA advocates making these measures permanent by "highlighting to policymakers that, in such an emergency, even the payers recognize that prior authorization is a barrier to timely care."

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