

AMA model bills

The model bill process

The AMA Advocacy Resource Center (ARC) develops model legislation on timely issues, as directed by the AMA House of Delegates and Council on Legislation (COL). These model bills address emerging issues—such as new insurer practices, health care innovations and threats to patient care—and further physicians' interests in state legislatures across the country.

The COL works closely with ARC staff in the development of these model bills, providing input and expertise. With the COL's recommendation, all model bills are reviewed and approved by the AMA Board of Trustees. Once finalized, model bills are made available as a resource to the Federation of Medicine.

Most requested and used model state bills

Please contact the Advocacy Resource Center at arc@ama-assn.org for more information or with any questions regarding the model bills listed below or for model bills on other topics/issues.

Drugs and pharmacy

An Act to Increase Drug Cost Transparency and Protect Patients from Surprise Drug Cost Increases During the Plan Year provides patients with relevant, accurate information about the manufacturing, production, advertising and other associated costs relating to their prescription medications. The model bill also protects patients from surprise decisions of health insurers and pharmaceutical benefit management companies to shift costs on consumers by ensuring that co-pays, co-insurance, or utilization management requirements will not change during the plan year after a patient purchases a health plan.

Help Save Lives from Overdose increases access to naloxone, the opioid-related overdose reversal medication. The model bill provides for liability protections to health care professionals prescribing naloxone as well as authorizing third-party prescriptions and standing orders to allow persons without a prescription to obtain naloxone from a pharmacy. It also includes broad Good Samaritan protections that provide extensive protections for civil and criminal penalties, including parole violations.

Ensuring Access to Medication Assisted Treatment helps to increase access to medication assisted treatment (MAT) for persons with a substance use disorder. The model bill prohibits utilization management barriers, including step therapy and prior authorization for MAT, as well as requiring health insurance companies and state agencies to provide coverage and access to all forms of MAT. It also includes strong network adequacy requirements for treatment of mental health and substance use disorders as well as requiring health insurance companies and state insurance departments to perform and disclose meaningful oversight of mental health and substance use disorder parity requirements.

Partially Fill a Schedule II Controlled Substance authorizes a pharmacist to partially fill a prescription for a schedule II controlled substance (such as an opioid) if: partial fills are not prohibited by state law, a partial fill is requested by the patient or prescribing practitioner, and the total quantity dispensed in partial fillings does not exceed the quantity prescribed. The model bill ensures that a health plan or other payer shall not require the patient to pay any additional cost-sharing for subsequent partial fills of the original prescription and that under no circumstances shall a person be required to pay more in total cost-sharing for partial fills than would be required to pay for the original prescription.

Health plans/Private payers

Ensuring Transparency in Prior Authorization addresses the burden of prior authorizations on patients and physicians by increasing the transparency in prior authorization requirements, ensuring that payers respond to requests in a timely manner and preventing retroactive denials of authorizations.

NAIC Model Network Adequacy Act In November 2015, the National Association of Insurance Commissioners (NAIC) approved its “Health Benefit Plan Network Access and Adequacy Model Act.” The AMA, several state medical and specialty societies as well as many more stakeholders were engaged throughout the 18-month process. The resulting model act is a mixed bag. Many of the changes to the model bill are positive, but there also are areas of concern. The AMA offers the attached red-lined version of the NAIC’s model bill to assist medical societies in states where the NAIC model has been introduced or where the medical society would like to propose network adequacy legislation.

Patient Right to Know and Anti-Retaliation provides comprehensive protections for physicians from health insurer retaliation for both physician communications with patients and communications with regulators/legislators.

Physician Fair Process Protection Act requires due process protections whenever a hospital would propose termination of a physician’s privileges, medical staff membership or employment.

Prohibiting Most Favored Nations Clause Act uses most favored nation (MFN) clauses in physician managed-care contracts. Dominant health insurers can force physicians to give discounts to the dominant insurer that the physician may have given to other insurers or payers. This model bill prohibits health insurers from putting MFN clauses in physician contracts.

Timely Physician Credentialing Act imposes deadlines within which a health insurer must process a complete credentialing application: thirty (30) days for primary care physicians and forty-five (45) days for other specialists. The model bill also states that credentialing due to economic factors must be adjusted to take into account the case mix, age, severity of illness, etc., and that during the credentialing process, health insurers must pay the physician for providing services to subscribers.

Medicaid

Medicaid Primary Care Payment Parity Act increases Medicaid reimbursement rates to Medicare levels for services provided under Evaluation and Management codes 99201 through 99499 and Vaccine administration codes 90460, 90461 and 90471-90474 for physicians who attest to a specialty or subspecialty designation of family medicine, general internal medicine, pediatric medicine, or obstetrics and gynecology. The model bill requires Medicaid managed-care plans to direct the full amount of the enhanced payment to the physician.

Scope of practice

Team Based Care Act establishes nurse practitioners (NP) as part of the physician-led health care team. The model bill defines a “patient care team” as a multidisciplinary team of health care providers actively functioning as a unit with the management and leadership of the team handled by one or more patient care team physicians for the purposes of providing health care to a patient or group of patients. Within these teams, each member has specific responsibilities related to the care of the patient or patients and shall provide health care services within the scope of his or her usual professional activities. The model legislation requires NPs to practice as part of a patient care team with appropriate collaboration and consultation with at least one patient care team physician. The model bill also establishes a process through which NPs gain the authority to prescribe certain controlled substances.

Telemedicine

Telemedicine Act provides a framework for a modern state medical practice act that facilitates physician adoption of telemedicine. The Telemedicine Act clarifies licensure requirements for physicians treating patients via telemedicine, outlines steps through which a physician can establish a relationship with a new patient via telemedicine, and requires private and public insurance reimbursement for medical treatment via telemedicine. The model bill also covers such topics as venue for purposes of lawsuits filed as a result of care provided via telemedicine, informed consent, privacy and medical record retention.

Truth in advertising

Health Care Professional Transparency Act is designed to ensure health care providers clearly and honestly state their level of training, education and licensing. Patients deserve to have this information when in face-to-face encounters as well as when they read health care providers’ advertising, marketing and other communications materials. The legislation requires all health care professionals to clearly and accurately identify themselves in all writings, advertisements and other communications; ensures that all health care professionals wear a name tag that clearly identifies the type of license they hold; and prohibits advertisements or websites advertising health care services from including deceptive or misleading information.