South Dakota physician assistant independent practice bill defeated

Congratulations to South Dakota State Medical Association (SDSMA) for defeating legislation (H.B. 1163) that would have allowed physician assistants to practice without any physician involvement. AMA President Susan R. Bailey, MD, was one of five physicians and a medical student who testified in opposition to the bill before the House Health and Human Services Committee.

In her testimony, Dr. Bailey expressed concern that not only does the bill “replace physician supervision with a weakened definition of collaboration, but it completely removes physicians from the care team by allowing collaboration to occur with a physician or another physician assistant.” Dr. Bailey further said, “H.B. 1163 goes too far by only requiring collaboration for a mere 1,040 hours.” By providing a national perspective, Dr. Bailey was able to show legislators that H.B. 1163 was an outlier compared to other states. Dr. Bailey asked legislators to focus on three things:

- First, the vast majority of states require physician assistants to be supervised by a physician.
- Second, no state allows physician assistants to serve as the collaborating provider of other physician assistants; it is always a physician.
- Third, patients want a physician managing their overall care.

Noting the impact on patients, Dr. Bailey said, “When you remove the most highly educated and trained health care professional from the care team—you put patients at risk.” She closed by encouraging the committee to “preserve physician-led care.” In a 7-6 vote, the committee voted to do just that and moved H.B. 1163 to the 41st day—which is after the legislative session ends. This motion, in effect killed the bill. The strong collaboration of the SDSMA along with state specialty societies and the AMA (PDF) is a testament to the power of organized medicine working together.
Victory for physician-led care: Bill on independent APRN practice in Mississippi defeated

Congratulations to Mississippi State Medical Association for defeating H.B. 1303, which would have threatened the health and safety of patients in Mississippi by allowing APRNs to practice without any physician involvement and allow nurse practitioners who meet certain requirements to serve as the collaborating/consulting provider for all four types of APRNs. On Feb. 24, the Senate Public Health and Welfare Committee announced they would not consider the bill, citing the need for further study. This action in effect kills the bill for the 2021 legislative session. This is an important victory and testament to MSMA’s multi-year effort in leading a state scope of practice partnership comprised of 17 state specialty societies, as well as a comprehensive education and public relations campaign on the importance of physician-led teams. MSMA’s efforts were supported by a grant from the AMA’s Scope of Practice Partnership. Read more on AMA’s letter opposing H.B. 1303 (PDF).

Virginia legislation would direct opioid settlement funds for public health

The AMA joined the Medical Society of Virginia (MSV) in support of legislation (PDF) that helps ensure that any funds received from opioid-related litigation are used by the Commonwealth of Virginia, “for efforts to treat, prevent, and reduce opioid use disorder and the misuse of opioids in the Commonwealth.” The legislation (House Bill 1469) passed the Virginia House of Delegates and is under consideration in the Senate (Senate Bill 2322).

“As part of our work to end the opioid crisis in the Commonwealth, the MSV has been an active advocate for S.B. 1469 and H.B. 2322 and many other relevant bills to help policymakers develop best practices and guidelines to reduce opioid use disorder and the misuse of opioids in Virginia,” said Art Vayer, MD, MSV president. “It is more important now than ever that health care workers use their voice to educate legislators and public officials about necessary legislation and policy to support patients. Legislation like S.B. 1469 and H.B. 2322 help us continue the necessary work to put an end to the opioid crisis and help those with addiction access the care they need.”

“The Commonwealth already has demonstrated leadership in multiple areas to help save lives from overdose and improve care for those with an opioid use disorder,” wrote AMA Executive Vice President and CEO James L. Madara, MD. “The AMA holds this up as a national example because it
demonstrates that when public officials, public health leaders and the medical and health care community work together to remove barriers to care, patients benefit, and lives are saved.”

Dr. Madara pointed to several provisions that can serve as a model to other states, including:

- Conditioning funds on support for evidence-based treatment of opioid use disorder and any co-occurring substance use disorder or mental health conditions; support for evidence-based efforts for justice-involved individuals, pregnant, or parenting women; and broad efforts to focus on preventing overdose and death.
- Focusing on the need to support existing programs with proven success, new programs to address health inequities, and transparency provisions to ensure that there is appropriate monitoring and oversight of funds disbursed.

These are among the types of provisions called for by a recent Johns Hopkins School of Public Health report, “Principles for the Use of Funds From the Opioid Litigation.” The AMA and more than 30 national, medical, academic and other organizations have endorsed the principles.

**Colorado proposed rule would help access to care for substance use disorders**

In one of the most comprehensive efforts to evaluate networks and enhance access to care for substance use disorders (SUD), the Colorado Division of Insurance proposed a new rule that would provide clarity about the true nature of SUD access in Colorado. The proposed regulation would add several important provisions, including requiring health plans to provide to the CDI:

- Detailed information for each network regarding in-network providers for SUD and opioid use disorder treatment on a county-by-county basis
- The federal “x-waiver” limit per provider type
- The total number of prescriptions filled by unique enrollees
- The policies and procedures to ensure enrollee access to opioid treatment programs (OTPs)
- The methodology used by the carrier to determine network sufficiency to ensure access to medications for SUD and OUD
- Policies and procedures regarding prior authorization requirements for medications for SUD and OUD
- Coverage and utilization management for MAT medications for SUD and OUD
- Processes to recruit and retain providers to prescribe MAT for SUD and OUD, including buprenorphine, to enrollees
- The evidentiary standards and practices used to determine eligibility of providers prescribe MAT for SUD and OUD to join the network
The AMA provided detailed comments to the CDI to further enhance the regulation.

This regulation shall be effective on June 1, 2021.

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