

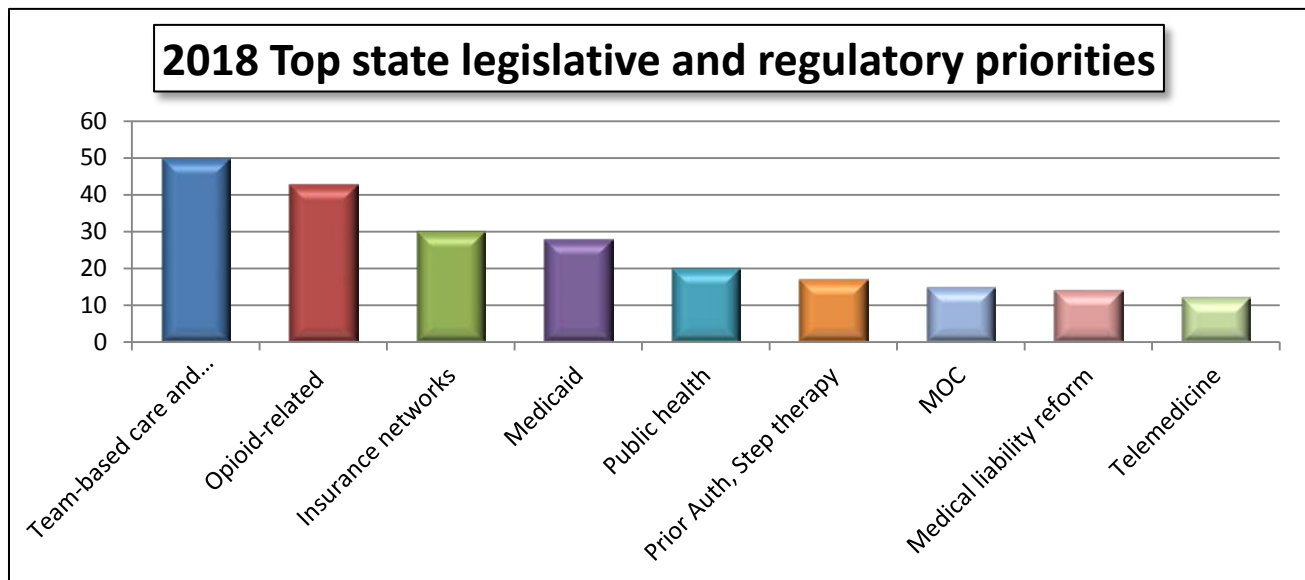
2018 State legislative and regulatory prospectus

Introduction

The American Medical Association (AMA) Advocacy Resource Center is pleased to share the results of our annual state legislative and regulatory priorities survey. The survey is distributed to state and national medical specialty societies and asks a range of questions to identify trends for the upcoming 2018 state legislative sessions. With responses from more than 70 state and specialty societies, our survey provides a clear picture of the top issues facing organized medicine at the state level.¹

Top legislative and regulatory priorities

Much like 2017 and recent years, team-based care/scope of practice, prescription drug misuse and treatment issues are at the top of state and specialty society priority lists.² Insurance network-related issues and Medicaid also were cited by medical societies as top priorities for 2018 along with public health advocacy, prior authorization and step therapy. Maintenance of certification was ranked high by many societies while medical liability reform and telemedicine are continuing top priorities for many medical societies.



Key to all of the issues described in the 2018 Prospectus, however, is that Advocacy Resource Center campaigns continue to evolve and expand to respond to the changing needs of our state and specialty society partners. As a result, the Advocacy Resource Center remains uniquely positioned to provide proactive,

¹ Montana and North Dakota do not have legislative sessions in 2018.

² The number of total responses in the “Top Legislative Priorities” chart is greater than the total number of societies who responded because each society was asked to list up to five top priorities.

responsive, real-time technical and advocacy resources – helping further our common legislative agendas and secure state level victories on behalf of physicians and their patients. Please read the entire 2018 Prospectus for more detailed information about each of these Advocacy Resource Center campaigns, including more specific issue-based responses from the survey. Also, visit the Advocacy Resource Center website for more information about each of these campaigns.

AMA state campaign: Antitrust

Antitrust issues continue to be a major AMA priority. In 2017, AMA successfully completed its two-year opposition to the mergers of four of the five largest health insurers in the United States: Aetna’s proposal to acquire Humana, and Anthem’s proposal to acquire CIGNA. The blocking of these mergers were monumental wins for America’s patients and physicians. It was made possible through AMA’s leadership and most notably our collaboration with 17 state medical associations. Building on our nationally recognized *Competition in Health Insurance: A Comprehensive Study of U.S. Markets*, the AMA worked closely with these 17 state medical associations, the National Association of Attorneys General (NAAG), consumer groups, the American Hospital Association and the nation’s top experts on antitrust and healthcare to persuade the U.S. Department of Justice (DOJ) and key state attorney generals to commence unprecedented challenges to health insurer mega mergers. Together with our 17 state medical association partners, we conducted extensive physician surveys to gauge the impact on patient care, filed statements and presented testimony within state health insurance department proceedings considering the mergers, urged the Department of Justice to resist entering into a politically driven settlement of the Anthem/CIGNA litigation, filed a friend of the court brief in the federal appeals court asking that it uphold the blocking of the Anthem/CIGNA merger, and urged the nation’s most prominent economic experts on antitrust and health-care competition to submit their own amicus brief that supported AMA’s contentions in the appeals court. Had the mergers not been opposed and prevented, patients and employers would have expected to pay hundreds of millions of dollars in higher premiums. They would also have faced a reduction in health plan quality. For physicians, the consolidation would have resulted in lower reimbursements. The Anthem/CIGNA merger alone would have resulted in a reduction in physician reimbursements of no less than \$500 million annually, according to a report furnished to the AMA by the government’s lead economist expert.

Today, AMA is reviewing the recently announced mega health insurer vertical mergers into pharmaceutical benefits management and healthcare delivery markets. And finally, the Advocacy Resource Center continues to offer state medical associations assistance in managing the ramifications of the U.S. Supreme Court’s decision in *North Carolina Dental Board of Examiners v. FTC*, holding that state occupational licensing boards are not immune from antitrust liability unless they are actively supervised by the state. In 2017, the Advocacy Resource Center developed a model state bill designed to provide antitrust immunity to physicians serving on medical licensing boards and to thereby encourage them to take the initiative and to make the hard decisions in scope of practice and other matters necessary for protecting the public health and safety. We continue to encourage state medical associations to introduce this critical legislation.

Looking forward to 2018

Looking forward to 2018, a significant number of medical societies are expected to consider the following antitrust activity:

- Advocating against any anticompetitive merger of health insurers operating in your state, in ways similar to the advocacy campaign conducted against the Anthem/CIGNA and Aetna/Humana

mergers: **AK, AL, CA, CT, DC, DE, FL, GA, IA, ID, IL, KS, LA, MA, MD, ME, MI, MO, MT, ND, NV, NY, OH, OK, PA, SC, TN, TX, VA, ACC, APA, ASPS, SNMMI;**

- Interest in supporting legislation calling for a more transparent insurance department merger review process that would be less susceptible to regulatory capture by insurers: **CA, CT, MD, ME, MO, NV, OK, PA, RI, TX, WA, WI, WY, AAD, AAPM&R, ACC, APA, ASPS;**
- Assisting their physician members attempting to resist anticompetitive and coercive hospital acquisitions of their practices: **AL, CA, CT, DE, FL, HI, IA, IL, LA, MI, MS, NC, NJ, NV, NY, OK, PA, OH, OR, TX, UT, VA, WI, WV, AAD, ACR, ASPS;**
- Pursuing legislation that would shield state medical licensing boards from antitrust liability under the state action doctrine: **CT, NJ, TX, WY, ASA;**
- Anticipate proposed legislation that attempts to establish a “least restrictive regulation test” for the decisions of state occupational licensing boards: **ID, NJ, PA, TX;**
- Educating their members on antitrust compliance issues such as those relating to the formation and joint fee negotiations of physician networks engaged in clinical integration (e.g. ACO’s): **CT, DC, DE, FL, GA, HI, ID, MA, MD, ME, MI, MS, NC, ND, NJ, NY, PA, SD, TX;**
- Pursuing state action antitrust immunity legislation that would encourage the formation and joint fee negotiations of physician networks engaged in clinical integration: **CT, HI, NY, PA, TX;** and
- Certificate of need: **AL, CT, DE, FL, HI, IA, IL, KY, LA, MI, MO, NV, NY, RI, TN, VA, WV, APA.**

Additionally, the following medical societies are interested in working to reduce the administrative and regulatory burdens placed on physicians working in small hospitals or independent practices so that those physicians may compete effectively with dominant hospitals (**AK, AL, AZ, CA, DE, FL, GA, HI, IA, ID, IL, KS, KY, LA, MA, ME, MI, MO, MS, MT, NC, ND, NE, NM, NV, NY, OH, OK, PA, RI, SC, SD, TN, TX, VA, VT, UT, WA, WI, WV, WY, AAN&EM, AAPM&R, ACC, ACR, ASA**).

Please contact Henry Allen, JD, Senior Attorney, AMA Advocacy Resource Center, at henry.allen@ama-assn.org or (312) 464-4271 or Wes Cleveland, JD, Senior Attorney, AMA Advocacy Resource Center, at wes.cleveland@ama-assn.org or (312) 464-4503 for more information on these issues.

AMA state campaign: Strengthening Medicaid

Overview

Defending Medicaid funding and ensuring adequate physician reimbursement continues to be a top priority for state and specialty medical associations, particularly as payment rates are critical component to ensuring Medicaid patients have access to high quality care. Many states are also defending existing Medicaid expansion programs or attempting to enact Medicaid expansion for the first time in states that have yet to do so. In addition, state medical associations continue to be active in advocating for responsible Medicaid reforms – ranging from primary care case management to risk sharing – that improve patient access and quality of care. In particular, as managed care remains the dominant Medicaid delivery system model, the

majority of states are looking at laws to improve Medicaid managed care programs. AMA Advocacy Resource Center staff is available to assist state medical associations and national specialty societies on all of these issues.

Looking forward to 2018

In 2018, state and national medical specialty societies are expected to consider the following Medicaid issues:

- Medicaid expansion: **(AR, GA, KS, KY, LA, MD, ME, MT, NV, NH, OH, PA, SC, TN, VA, AAPM, ACC, APA;**
- Medicaid managed care: **AL, CA, FL, IA, IL, KY, LA, MD, MA, NY, MO, MS, MT, NC, NH, NV, OH, OK, PA, TN, TX, VA, WA, AAPM, ACR;**
- Physician reimbursement and access to care: **AK, AL, CA, FL, HI, IL, KS, LA, MA, MD, ME, NJ, NY, MS, MT, ND, NE, NM, NV, OK, OR, PA, SD, TN, TX, VT, WA, WI, WY, AADA, AAFP, AAPM, ACR, APA, ASPS;**
- Waivers: **DE, ID, GA, KY, MD, MO, MS, MT, NC, ND, OH, SC, TN, TX, UT, WA, WI, WY, AADA, AAFP, ACC;**
- Medicaid program integrity: **LA, MD, ME, MS, NC, NV, NY, OR, TN, WI, AAPM;**
- Dual eligible: **MA, MD, NE, NY, AAPM;**
- Mandatory participation in Medicaid: **HI, MA, NV, AAPM, ACR, ASPS;**
- Enrollment of ordering or referring physicians: **CT, HI, IL, KY, MA, MD, NV, NY, PA, TX, AAPM;** and
- Delivery or payment reform:
 - Managed care/capitation: **AL, DE, FL, HI, ID, MA, ME, MT, NE, NV, NC, ND, TN, NY, AAPM, ACC, ACR, APA;**
 - Accountable Care Organizations: **CA, DE, ID, MA, MD, MN, MS, MT, NC, NV, NY, PA, TN, TX, VT, AAPM, ACC;**
 - Health homes/ medical homes: **AL, CA, CT, HI, MA, ME, MT, NC, NE, NY, OH, PA, TN, TX, WI, AAPM;**
 - Delivery system reform incentive payments (DSRIP): **CT, IL, LA, MT, NC, NY, OH, TX, WA;**
 - Bundled payment/ episode of care payment: **CT, DE, HI, IL, LA, MD, MT, NC, NV, NY, OH, PA, TN, TX, AAPM, ACC, ACR, ASPS;**

- Gain sharing/ risk sharing: **CT, HI, MA, MD, MT, NC, NV, OH, PA, TN, TX, AAPM;** and
- Primary care case management: **AL, HI, MD, MI, MN, MS, MT, NC, NV, OH, OK, PA, WI, AAPM.**

In addition to these issues, **Idaho** is looking at a dual 1115/1332 waiver to cover the state’s uninsured population. **Florida** and **AAFP** are seeking Medicaid payment rates in parity with Medicare to ensure access to care for Medicaid patients. **Connecticut** is grappling with Medicaid audit provisions. **Maryland** is one of several states looking at a Medicaid buy-in option. Finally, **Pennsylvania**, among several other states, is facing the potential of work requirements for Medicaid recipients.

Please contact Annalia Michelman, JD, Senior Legislative Attorney, AMA Advocacy Resource Center, at annalia.michelman@ama-assn.org or (312) 464-4788 for additional information on Medicaid.

AMA state campaign: Maintenance of Certification

Overview

The interest in legislation to regulate the use of Maintenance of Certification (MOC) in areas of licensure, credentialing, networks and employment has grown rapidly in a few short years. Since 2015, eight states (**AZ, GA, KY, MD, ME, MO, OK, TN, TX**) have enacted laws prohibiting medical licensing boards from requiring MOC as a condition of licensure or re-licensure. Several of these states’ new laws address hospital and insurer issues as well. This trend is certain to continue, as states seek to strike the balance between measures to assure proficiency within a chosen discipline, and discrimination based on specialty certification.

Looking forward to 2018

The following list provides information on the various initiatives related to MOC and Osteopathic Continuous Certification. The following states anticipate legislation that would:

- Prohibit medical licensing boards from requiring MOC as a condition of licensure: **AL, DE, FL, LA, MA, MI, OH, PA, SC, WA;**
- Prohibit hospitals from requiring MOC as a condition of staff privileges or admitting privileges: **AL, DC, DE, FL, GA, KS, KY, LA, MA, MO, NH, NY, OH, PA, SC, TN;** or
- Prohibit insurers from requiring MOC as a condition of reimbursement or participation in the insurer’s network: **AL, DE, FL, KS, MA, MI, MO, NH, NY, OH, PA, SC, TN.**

Several medical associations noted that they are participating in ongoing discussions with the American Board of Medical Specialties to address concerns with MOC. In addition, several specialties indicated an interest in this legislation (**AADA, ACC, APA**).

Please contact Kristin Schleiter, JD, Senior Legislative Attorney, AMA Advocacy Resource Center, at kristin.schleiter@ama-assn.org or (312) 464-4783 for more information on state MOC activities, including the model bill the ARC has developed to support MOC legislative campaigns.

AMA state campaign: Medical liability reform

Overview

The AMA and our state and specialty society partners continue to fight for medical liability reform (MLR) at the state level. In 2017, MLR advocates attempted to build on positive momentum and continued to make positive legislative gains. States continued to address discreet liability issues that could improve the long-term liability climate for both physicians and patients.

Looking forward to 2018

The following list provides information on MLR-related issues that state and national medical specialty societies will be targeting in 2018. The majority of these efforts will be attempts to advance legislation, but some will be defensive efforts as well.

- Caps on non-economic or total damages: **KY, NV, NY, OR, PA, VA, WA, WI;**
- Certificate of merit: **CT, KY, MO, NJ, NY, OK;**
- Early disclosure and compensation: **CT, NY;**
- Expert witness reform: **CT, NH, NV, NY;** and
- Phantom damages: **MN, OH, PA.**

Another aspect of this issue is how state courts rule on various challenges to MLR provisions. Pending or expected challenges in ten states (**FL, MD, MO, MS, ND, NM, OK, TN, UT, WI**) may dictate future legislative efforts in 2017. Several states (**IL, KS, MD, MT, ND, NY, WA**) anticipate defending legislative challenges to existing liability reforms. In addition, **Florida** and **Ohio** anticipate attempts to establish medical liability systems based on no-fault systems of liability.

Please contact Kristin Schleiter, JD, Senior Legislative Attorney, AMA Advocacy Resource Center, at kristin.schleiter@ama-assn.org or (312) 464-4783 for more information on state MLR activities, including the many model bills the ARC maintains to support MLR legislative campaigns.

AMA state campaign: Ending the nation's opioid epidemic; increasing access to treatment

Overview

As with recent years, state legislatures continue to introduce legislation with the intent of reversing the nation's opioid epidemic. Much of this legislation focuses on mandates to use a prescription drug monitoring program (PDMP), guidelines/restrictions on prescribing controlled substances and content-specific education. Policies to increase access and remove barriers to multidisciplinary, comprehensive pain care and comprehensive treatment for substance use disorders remains more elusive. States also continue to further enhance existing policies to increase access to naloxone and pursue stronger Good Samaritan policies for those who assist a person experiencing an overdose.

Looking forward to 2018

The following state and national medical specialty societies are expected to consider legislative or regulatory activity concerning prescription (and illicit) drug misuse, diversion, treatment and prevention on the following areas in 2017:

- Good Samaritan: **AZ, IA, TX;**
- Mandatory CME: **AL, AZ, CT, DC, DE, HI, ME, MA, NY, NH, SC, VT, WI, WY, AAPMR, ACR, APA;**
- Naloxone and other prevention efforts: **AK, AZ, CT, DE, FL, GA, KY, ME, MA, MS, NE, NH, NC, NY, OH, OK, PA, SC, TN, TX, VA, WA, WV, WI, AAPMR, APA;**
- Neonatal Abstinence Syndrome: **AL, GA, KY, ME, SC, TN, VA, WI, APA;**
- Non-opioid pain care: **AZ, CT, DE, GA, HI, ID, IA, KS, ME, MA, MN, MS, MO, NJ, NY, NV, NC, OH, PA, RI, SC, TX, UT, VA, WA, WI, AAPMR;**
- Opioid-related misuse, overdose and death: **AL, AZ, CA, CT, DE, FL, GA, HI, ID, IL, IA, IS, KY, ME, MA, MD, MI, MS, NY, MO, MT, NE, NC, NH, NC, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WV, WI, AAPMR, APA;**
- PDMPs: **AL, AZ, CA, CT, DC, DE, FL, GA, HI, ID, IL, IA, KS, KY, ME, MA, MD, MT, MS, MO, MN, NE, NV, NH, OH, OK, OR, PA, SC, TX, UT, VA, WA, WV, WI, WY, AAPMR, APA, ASPS;**
- Pain clinics: **AL, AZ, DE, HI, MS, MI, MO, NV, NC, PA, SC, TN, WA, WI, AAPMR, APA;**
- Prescribing restrictions of opioids: **AL, AZ, CA, CT, DC, DE, FL, GA, HI, IL, IA, KS, KY, ME, MA, MD, MI, MS, MO, MT, NE, NV, NM, NH, NC, ND, OH, OK, OR, PA, SC, TN, TX, UT, VA, WA, WI, AAPMR, APA;**
- Treatment for substance use disorders: **CA, CT, DE, GA, ID, IA, KS, KY, LA, ME, MA, MS, MT, NV, NH, OH, OR, PA, RI, SC, TN, TX, UT, VA, WA, WI, AAPMR, APA;** and
- Supervised injection facilities: **RI.**

Other pharmaceutical issues

Medical societies expect a wide range of activity related to pharmaceuticals in 2018 – with legislation concerning drug price transparency, marijuana and pharmaceutical benefit management companies being the most common theme.

- Academic detailing: **ME, APA;**

- Biosimilars: **AR, AK, DC, MA, MI, MS, NC, PA, SD, VT, WV, WI, WY, AAD, ASPS;**
- Discriminatory formulary design: **DC, NE, NV, PA, TX, AAD, APA;**
- Drug price transparency: **AL, CA, CT, FL, GA, HI, ID, IL, KY, LA, ME, MA, MD, MI, MN, MS, MO, MT, NH, NC, ND, NY, NV, OH, OK, OR, PA, RI, SC, TN, TX, VA, VT, WA, WI, AAD, AAPMR;**
- Formulary restrictions: **CT, GA, IA, LA, ME, MA, NY, NE, NV, NH, NC, PA, RI, TN, WA, WI, AAD, AAPMR, ACC, APA;**
- Gift registries/bans: **NJ, NV, VT, WI, APA;**
- Medical marijuana: **CA, CT, DC, DE, GA, KS, KY, ME, MA, MD, MO, MT, NE, NH, NC, ND, OH, OK, PA, SC, SD, TN, TX, UT, VT, WV, WI, WY, AAPMR, APA);**
- Recreational marijuana: **CA, CT, DE, IL, KY, ME, MA, MD, NJ, NH, RI, SD, UT, VT, WA, WI, APA;**
- Pharmaceutical benefit management companies: **CA, FL, ID, KY, MA, MD, NY, MN, MT, NV, NC, ND, OH, PA, RI, TN, TX, VA, WA, WI, AAD, ACC, APA;**
- Prescriber data: **CA, CT, HI, ID, KY, MO, MT, NY, NV, OH, TN, UT, VA, WA, AAD, AAPMR;** and
- Right to try: **CA, DE, IL, KS, ME, MD, NV, PA, TX, UT, WA, WI.**

Please contact Daniel Blaney-Koen, JD, Senior Legislative Attorney, Advocacy Resource Center, at daniel.blaney-koen@ama-assn.org or (312) 464-4954 for more information on these activities.

AMA state campaign: Private payer reform

Overview

In 2017, issues addressing private insurers and managed care were prominent on the agendas of many medical societies, and hard work was done to pass reforms and educate lawmakers on utilization management, provider networks, timely credentialing, fair contracting, and more.

As medical societies advance their 2018 private payer reform agendas, the AMA's private payer campaign offers many model bills and resources to ensure strong regulation of the health insurance industry, on issues including but not limited to provider networks, transparency of insurer practices, administrative simplification, physician data, fair contracting and state-based payment and delivery reforms. Additionally, the Advocacy Resource Center staff will continue to work with the National Association of Insurance Commissioners (NAIC) as they address health care costs, benefit managers and the medical loss ratio. We

will also continue providing the physician perspective on relevant issues before the National Conference of Insurance Legislators (NCOIL) including network adequacy and provider directory accuracy.

Looking forward to 2018

In 2018, the following state and national medical specialty societies are expected to focus on enacting and/or defending against attacks on hard won private payer reform legislation:

- All-payer claims database: **AZ, DE, MA, NC, NV, NY, OH, PA, TN, TX, UT, WA, WI, WY, AAPMR, ACC, ASPS;**
- All products clauses: **NY;**
- Assignment of benefits: **CA, CT, GA, LA, NC, NY, PA, VA, AAPMR;**
- Balance billing: **AL, AZ, CA, CT, GA, ID, KY, LA, MA, ME, MO, MY, NC, NH, NJ, NV, NY, OH, OK, OR, PA, RI, TN, TX, VA, VT, WA, AAPMR, ASPS, ASA, AANEM, ACR, APA, AANS;**
- Credentialing payment issues: **AZ, CA, KY, MA, ME, NC, NE, ND, NH, NV, NY, OH, PA, TN, TX, ASA, ACR, SNMMI, APA;**
- Fair contracting: **CA, CT, MO, NJ, NV, NY, PA, RI, AAPMR, AANEM, ACC, ACR, AANS;**
- Network adequacy: **AK, CA, CT, GA, HI, ID, IA, IL, LA, MA, ME, MD, MI, MN, MO, NC, ND, NH, NJ, NY, OH, PA, TN, TX, SC, UT, WA, AAPMR, AAD, ASPS, ASA, AANEM, ACR, APA, AANS, APA, ACC;**
- Prior authorization: **DC, NV, UT, TX, FL, OH, ND, MI, MN, PA, NY, WV, ID, GA, NH, AZ, MI, HI, NC, CA, ME, DE, VA, WA, KY, CT, WI, MY, MA, MO, IA, TN, SC, NJ, AANS, AAPM&R, AAD, ASPS, ASA, AANEM, ACR, APA, ACC;**
- Physician profiling: **CA, NY, NV, AAD, ACC;**
- Prompt payment of claims: **AK, CA, FL, IL, NE, NM, NV, NY, PA, TX, ASPS, AANEM, AANS;**
- Rental network PPOs: **NV, NY;**
- Retrospective audits/retroactive denials: **CA, CT, FL, HI, IL, MI, MO, NY, OK, PA, TX, ASPS, AAD, AAPM&R, AANEM, ACR, ACC;**
- State-based payment and delivery system reform: **CA, DE, KY, MN, NH, MD, MT, NE, NV, NY, OK, OH, PA, TN, TX, UT, WA, WI, AAPMR, AAD, APA, ASA;**
- Step therapy/fail first: **CT, DC, DE, FL, GA, ID, KY, ME, MI, MN, NC, NV, OH, PA, RI, SC, TX, UT, WA, VT, AAPMR, AAD, ACC, APA, AANS;** and
- Virtual credit cards/electronic funds transfer: **CT, MO, PA, TN, TX, AOA, ASPS.**

Please contact Emily Carroll, JD, Senior Legislative Attorney, Advocacy Resource Center, at emily.carroll@ama-assn.org or (312) 464-4967 for additional information on private payer reform.

AMA campaign: Ensuring the prosperity of the business of medicine

Overview

The Advocacy Resource Center continues to support state advocacy efforts that ensure the prosperity of the business of medicine, including laws related to certificate of need, corporate practice of medicine, false claims and provider taxes.

Looking forward to 2018

Following is a list of 25 state and 5 national medical specialty societies that will be addressing physician business issues in 2018:

- Certificate of need: **AL, CT, DE, FL, GA, HI, IA, IL, KY, LA, MI, MO, NC, NV, NY, RI, TN, VA, VT, WV, ACR, APA;**
- Corporate practice of medicine: **CA, CT, DE, NJ, NY, MI, NV, SC, TN, TX, WA, AADA, ACR;**
- False claims: **CT, HI, NV, NY;**
- Self-referral: **CA, CT, FL, HI, NV, NY, AAPM, ACR;**
- Specialty hospitals: **NV, TX, ACC, AAPM;** and
- Provider taxes: **AL, CT, DE, HI, IL, KY, MN, NC, NV, NY, TN, ACC, ACR.**

Please contact Annalia Michelman, JD, Senior Legislative Attorney, AMA Advocacy Resource Center, at annalia.michelman@ama-assn.org or (312) 464-4788 for more information about the [AMA Economic Impact Study](#) or other physician business issues.

AMA state campaign: Public health improvement

Overview

Public health issues are regularly hot topics in the states and 2018 will be no difference with twenty states identifying public health as a top legislative priority. In many states, highly polarizing issues such as vaccine exemptions and women's reproductive health are expected. In particular, more state medical societies are pursuing legislation to address the epidemic of gun violence than have in years past. Many states are also looking at proposals that promote healthy communities, such as initiatives to decrease cardiovascular disease, prevent diabetes and decrease tobacco use. The assault on the patient-physician relationship will also continue in many statehouses with legislation that attempts to prescribe or proscribe the content of information exchanged between physicians and their patients.

Looking forward to 2018

The following list provides information on public health issues that state and national medical specialty societies will be targeting in 2018. Through its Public Health Improvement Campaign, the Advocacy Resource Center will continue to provide relevant legislative support to state and national medical specialty societies.

- Protecting the patient-physician relationship: **CA, DE, GA, IA, MA, MI, NH, NV, NY, TN, VA, WI, WV, WY, AADA, AAPM, ACC, ACR, APA;**
- Firearm safety: **CA, CT, HI, IL, KS, MD, MS, NC, NY, PA, RI, TX, VA, WA, WI, APA;**
- Diabetes prevention: **DE, KS, KY, MD, MS, NV, NY, OH, PA, SC, WA, WI, ACC;**
- Decreasing cardiovascular disease: **DE, MS, NY, PA, AAPM, ACC;**
- Infectious disease prevention: **AL, CA, HI, IA, ME, NY, PA, TX, UT;**
- Obesity: **DE, IA, KY, MS, NV, NY, SC, TX, VT, WA, WI, AAPM, ACC;**
- Tobacco use: **AK, AZ, DC, DE, IA, KS, KY, MA, MD, ME, MI, MN, MS, ND, NE, NV, NY, OK, PA, RI, SD, TX, UT, VA, VT, WA, WY, ACC;**
- Student athlete concussion and cardiac laws: **CT, IL, KS, NY, OR, RI, SC, TX, AAPM;**
- Women’s reproductive health: **AL, AZ, CA, CT, DC, ID, FL, KY, MA, ME, MN, NC, ND, NH, NJ, NV, NY, OH, OK, PA, RI, UT, VA, WA, WY;**
- Tanning restrictions: **AZ, CT, IA, KY, MD, MO, MS, NE, NY, PA, TN, AADA;**
- Quality and wellness: **HI, IL, MA, ME, MT, NH, NY, TX, UT, WA, AAPM;**
- Alcohol use: **NY, APA;**
- Vaccines: **AZ, CT, HI, IA, ID, KS, ME, MI, MN, MO, MS, NC, NE, NH, NJ, NY, OH, OK, PA, TX, UT, VA, WA;** and
- Eliminating health disparities: **CA, CT, DC, DE, HI, MA, MD, MN, NY, RI, AAPM, ACC.**

In addition to these issues, **Georgia** is prioritizing a law to ban texting while driving, **Idaho** and **Oregon** are promoting commissions to address maternal mortality, **New York** is aiming to defeat practice mandates, and **APA** is focused on mental health parity.

Please contact Annalia Michelman, JD, Senior Legislative Attorney, AMA Advocacy Resource Center, at annalia.michelman@ama-assn.org or (312) 464-4788 for more information on our state public health campaign.

AMA state campaign: Scope of practice

Overview

In 2017, the Advocacy Resource Center tracked nearly 1,000 individual scope of practice bills, from the mundane to the horrific (caution, men: nurse practitioners want to do vasectomies). The AMA continued to fight against inappropriate scope of practice expansions, armed with resources to enable medical societies to clarify the education and training of physicians compared to non-physicians, including the updated and modernized Health Workforce Mapper, Geographic Mapping Initiative, Scope of Practice Data Series modules, state law charts, issue briefs, and other tools. The AMA also actively engaged with state legislatures, urging opposition to oppose bills regarding naturopaths, nurse anesthetists, nurse midwives, nurse practitioners, optometrists, and psychologists, to name a few.

AMA Scope of Practice Partnership (SOPP) grants zoomed past the \$1.5 million mark³ in 2017, with funding this year supporting state medical association communications, lobbying, and research to fight nurse anesthetist and nurse practitioner efforts for independent practice. The SOPP also launched a biweekly newsletter intended to keep its members informed about the latest trends and legislative developments in scope of practice. It is essential that these efforts not only continue, but strengthen as we continue to fight scope of practice expansions by non-physician providers that threaten the health and well-being of patients.

Looking forward to 2018

According to our survey and early legislative tracking, non-physician advocacy groups will continue to aggressively pursue scope of practice expansions in 2018. Prominent activity likely will include:

- Assistant/associate physicians: **IL, NH, NV, PA, SD, WA, WI, AAPM&R, APA;**
- Chiropractors seeking general scope expansions: **AL, AK, CT, DE, GA, HI, ID, MA, MO, NC, NM, NV, NY, OR, PA, TX, UT, WI, WY, AAPM&R, ACC;**
- Dermatologic issues (e.g., medical spa, laser procedures): **CT, NC, ND, NV, NY, OH, PA, TN, AADA, ASDS, ASPS;**
- Lay midwifery issues (CM, CPM, or both): **CA, HI, IL, KY, ME, NC, NV, PA, TN, ACOG;**
- Naturopath licensure, authority to prescribe and/or perform certain procedures: **AK, CT, IL, MA, ME, MI, MS, NC, ND, NV, NY, OK, PA, VA, WA, AAD, APA;**
- Nurse anesthetists: **CT, FL, GA, MA, ME, MI, MN, MS, NC, NJ, NV, NY, OH, OK, PA, TX, WY, ACR, ASA;**
- Nurse midwives: **CA, GA, KS, MA, NC, NY, NV, SC, WI;**
- Nurse practitioners: **AL, CA, FL, GA, IA, KS, KY, LA, MA, MO, MS, MT, NJ, NV, NY, OH, OK, PA, SC, TN, TX, VA, WI, WV, AAD, ACR, APA;**

³ The Scope of Practice Partnership has awarded \$1,580,600 in grants to SOPP members since its inception in 2006.

- Optometrist expanded surgical authority: **CA, CT, FL, IA, ID, MA, MD, NC, NM, NV, NY, OK, PA, TX, VT, WA, WY, AAD, AAO;**
- Pharmacist general scope expansions (more detail below): **CT, FL, HI, IA, ID, KS, KY, MN, MO, MS, NC, NH, NJ, NV, NY, PA, SC, TX, UT, VA, WA, WY, ACC, APA;**
- Physician assistant general scope expansions (more detail below): **CT, DE, FL, GA, HI, IA, ID, IL, KY, MA, ME, MO, ND, NV, NY, PA, TN, UT, VA, VT, WA, WI, WV, WY, AAD, AAPM&R, APA;**
- Podiatrist expanded surgical authority: **AL, CA, CT, MA, NY, SC, UT, WA, AAOS, AOFAS;** and
- Psychology prescribing: **AL, CT, FL, GA, HI, IA, KY, ND, NE, NM, NV, NY, OH, OR, TX, VT, WA, APA.**

Regarding **physician assistants**, states anticipate the following legislative activity:

- Move to collaboration: **DE, NV, PA, RI, TX, VA, VT, WI;**
- Move to independence (also referred to⁴ as “optimal team practice” – removing any requirement that PAs have a specific relationship with a physician in order to practice): **CT, DE, GA, IL, ME, NV, WA, WI, WV, WY;** or
- Remove or modify administrative barriers (e.g. chart review, ratio restrictions): **DE, FL, HI, IA, ID, KY, MO, NC, NV, NY, PA, RI, SD, TN, VT, WI.**

States anticipate that **pharmacists** will seek the authority to prescribe the following:

- Self-administered oral contraception: **CT, HI, ID, MN, MS, NH, NJ, NV, NY, OH, SC, UT, VA, WA;**
- Smoking cessation therapy: **CT, IA, ID, MS, NV, NY, VA;**
- CDC-approved travel medication: **CT, IA, ID, MN, NC, NY, VA;** or
- Medication related to Rapid Diagnostic Testing for strep or other illness: **CT, FL, ID, NV, NY, VA.**

States also anticipate pharmacist legislation pertaining to broad prescriptive authority (**ID, WA**), collaborative drug therapy management (**AL**), therapy adjustment (**DE**), vaccines (**HI, IA, PA, SD, VT**), obtaining “provider” status (**WY**), and administering injections (**NC, APA**).

In addition, the **American College of Radiology** expects non-physicians to seek to “order and interpret” imaging and supervise ionizing radiation procedures (e.g. fluoroscopy), and **Missouri** expects athletic trainers to seek scope expansions.

⁴ By the American Academy of PAs.

Please contact Kristin Schleiter, JD, Senior Legislative Attorney, AMA Advocacy Resource Center, at kristin.schleiter@ama-assn.org or (312) 464-4783 for more information on this campaign.

AMA state campaign: Telemedicine

Overview

The interest in telemedicine among state and federal regulators, lawmakers, physicians, allied health professionals and telecommunication and technology companies has grown rapidly over a relatively short period of time. Current telecommunication technologies have been touted as ameliorating provider shortages, increasing access to medical care while improving affordability for geographically remote and underserved populations and reducing health care costs over time. It is widely expected that the broad-range of new technologies that support or enable medical practice will only continue to grow.

The current environment thus offers state medical associations a tremendous opportunity to impact the legislative and regulatory environment in a way that encourages innovation and adoption of telemedicine technologies while ensuring the safe practice of medicine. The AMA's telemedicine campaign includes model bills and resources to ensure regulation of telemedicine, including but not limited to licensure, reimbursement, clinical standards and practice issues such as informed consent, privacy and medical recordkeeping.

The AMA is working hand-in-hand with state and specialty societies, as well as other key stakeholders to establish the legislative and regulatory framework for telemedicine. With the support of organized medicine, for example, now 37 jurisdictions have laws that govern private payer reimbursement of telehealth, and many state legislatures have chipped away at Medicaid restrictions on telehealth reimbursement. The AMA looks forward to continued success in 2017.

Looking forward to 2018

In 2018, the following state and national medical specialty societies are expected to focus on enacting legislation or state medical board regulation that addresses the various aspects of telemedicine:

- Licensure: **FL, GA, HI, KS, KY, NV, MA, MI, MT, PA, TN, TX, VA, WI, AADA, ACC, ACR;**
- Clinical standards (e.g. establishment of patient-physician relationship, prescribing): **KS, KY, NE, NV, MA, MT, PA, SD, TX, WI, APA, ACC, AADA;**
- Practice issues (e.g., informed consent, privacy, medical recordkeeping): **CA, KS, ME, MO, MT, NC, NV, PA, RI, SD, TN, TX, WI, ACC, ACR, APA, ASPS;**
- Reimbursement – private: **AZ, CA, CT, FL, HI, ID, IL, IA, KS, KY, MA, ME, MS, NV, NC, ND, NY, OH, PA, RI, SC, SD, TN, TX, WI, AAD, ACC, ACR, APA, ASPS;** and
- Reimbursement – public: **AZ, CA, CT, FL, HI, ID, KY, MS, NC, ND, NM, NV, NY, OH, OK, PA, RI, SC, SD, TN, WI, AADA, ACC, ACR, APA, ASPS.**

Several state medical associations indicated that they anticipated regulatory or other work to ensure that previously passed legislation is being followed, as well as work to close holes used to avoid requirements imposed by previously adopted laws.

Interstate Medical Licensure Compact

Twenty-two states have joined the Interstate Medical Licensure Compact (Compact) since it launched in 2014 (**AL, AZ, CO, IA, ID, IL, KS, ME, MN, MS, MT, NE, NH, NV, PA, SD, TN, UT, WA, WI, WV, WY**). Looking forward to 2018, legislatures in 16 additional states either will (**DC, GA, MD, MI, ND, RI, TN**) or might consider (**CA, CT, DE, FL, HI, KY, NJ, NY, VT**) joining the Compact.

The AMA has endorsed the Compact and will work with state medical associations interested in pursuing adoption of the Compact in 2018. Please contact Kristin Schleiter, JD, Senior Legislative Attorney, AMA Advocacy Resource Center, at kristin.schleiter@ama-assn.org or (312) 464-4783 for more information.

AMA state campaign: Truth-in-Advertising

Overview

The AMA Truth-in-Advertising (TIA) campaign emphasizes three main points: (1) advertisements and communications from health care practitioners must be free from any deceptive or misleading information; (2) photo identification helps patients clearly know who is providing their care; and (3) TIA must apply to all health care practitioners.

Looking forward to 2018

To date, 21 states (**AZ, CA, CT, FL, GA, IL, LA, MD, ME, MN, MS, NE, NV, OR, OK, PA, RI, TN, TX, UT, WV**) have enacted laws based on the AMA TIA model bill. Several states have also enacted laws that govern physicians who identify themselves as board certified. In 2018, TIA bills are possible in at least 15 states (**AK, AL, CT, DC, HI, KS, KY, MA, MO, MS, NV, NY, OH, PA, SC**) and the **District of Columbia**. Several national medical specialty societies also indicated support of TIA legislation (**AADA, APA, ASPS**).

Please contact Kristin Schleiter, JD, Senior Legislative Attorney, AMA Advocacy Resource Center, at kristin.schleiter@ama-assn.org or (312) 464-4783 for more information on TIA.

AMA state campaign: Workforce

Overview

With a projected shortage of 130,600 physicians by 2025 and a continued increase in the number of medical school graduates who fail to match to a residency program, states are pursuing alternatives to traditional financing of graduate medical education (GME). In addition to seeking funding to increase residency positions and incentivize residents to remain in the state to practice after completing their training, state medical associations are increasingly exploring innovative strategies and joining together with unconventional partners to ensure a healthy workforce for our country's patients.

Medical associations interested in pursuing workforce strategies can take advantage of an advocacy tool, the [AMA Health Workforce Mapper](#). The mapper empowers medical associations with the evidence to make fact-based decisions that will help ensure a healthy work force for our country's patients. The interactive AMA Health Workforce Mapper illustrates the geographic locations of physicians and other clinicians—drilling down to reveal medical specialty and practice type. With the mapper, medical societies can create

visually persuasive stories that will enrich advocacy efforts with layered geographic, patient population and health policy data, such as health professional shortage areas and hospital locations. Please visit www.ama-assn.org/go/healthworkforcemapper to access this innovative public resource.

Looking forward to 2018

In 2018, the following state and national medical specialty societies are expected to pursue workforce strategies, including but not limited to:

- Expanding medical school enrollment: **GA, NC, NH, NV, UT;**
- Expanding medical residency positions: **CA, GA, HI, IA, ID, MI, MN, NC, NH, NV, TX, WA;**
- Appropriating additional GME funds: **CA, FL, GA, HI, ID, KS, NC, NH, NV, NY, TN, TX, UT, WA;**
- Exploring alternative models of GME funding: **CA, ID, IL, ME, MD, MI, MS, NC, NH, NV, TX, UT;** and
- Creating a resident retention plan (e.g., loan repayment): **CA, CT, DE, GA, HI, IA, MA, MD, MI, MT, NH, NV, NJ, OK, PA, RI, WA, WI.**

Several specialty societies indicated work in this area as well (**AADA, AAPM&R, ACC, ASPS**). In addition, **Maine** expects an endowment entitled “Doctors for Maine’s Future,” **Minnesota** plans to pursue incentives for preceptors, **Montana** is pursuing claw back for medical school funding,⁵ and **Nebraska** is seeking to reduce the years required for International Medical Graduates to be licensed from 3 to 2, and **Utah** anticipates a new school for Doctors of Osteopathic medicine.

Please contact Kristin Schleiter, JD, Senior Legislative Attorney, AMA Advocacy Resource Center, at kristin.schleiter@ama-assn.org or (312) 464-4783 for more information on workforce issues.

⁵ Montana law requires WWAMI medical students to come back to the state after residency and work 3 years. If they do not, they owe the state the money invested in their education. A medical student can declare at the beginning of medical education that they have no plans to return, and enjoy the benefit of the in state tuition rate, though they must pay more into a loan repayment program as part of their tuition.