


2019 Legislative update and Emerging Issues in Medicine

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Objectives

- Identify the priorities of NDMA in the 2019 North Dakota Legislative Session
- Learn about bills filed by the Interim Committees
- Learn more about emerging issues in medicine including the Interstate Medical Licensing compact, telemedicine, the Sports Team licensure bill and MOC
- How to effectively communicate with your legislators and the protocols about testifying



2019 Legislative Session

ND Legislature - primer

In North Dakota - every bill gets at least one hearing, is given a recommendation and heard on the floor.

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Bills are scheduled in committee for a time and day - and then the committee votes it out of committee. The next day the full body votes on it - senate or house.

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If it is defeated, it's dead. Unless amended onto another bill. If it passes, it goes through the process again - hearing in committee, then hearing on the floor.

NDMA Priorities: Medicaid Expansion

- Medicaid Expansion, approved by the Legislature in 2013, covers individuals under the age of 65 (including "childless adults") with incomes below 138 percent of the federal poverty level.
- It provides coverage for those who make too much to qualify for traditional Medicaid but not enough to qualify for health insurance subsidies.
- This is a population that was never covered before under traditional Medicaid
- Set to sunset July 31, 2019

Medicaid Expansion

Provides coverage to 20,000 ND citizens.

Commercial rates to providers

2017 - 2019 North Dakota economic impact: \$586 million federal dollars.

For every \$1 dollar the state invests in Medicaid Expansion it will receive an additional \$9 in federal funding.

NDMA goal: get reauthorization in 2019

Medicaid Expansion

<p>Pros</p> <ul style="list-style-type: none"> ▶ More people insured, and more likely to get preventative care ▶ Supported by every healthcare related entity in the state ▶ Helps reduce hospital bad debt ▶ Brings 633 million into State Healthcare infrastructure 	<p>Cons</p> <ul style="list-style-type: none"> • Uncertainty of federal funding • Low amount of uninsured in the state • Considered “Obamacare” and not generally an accepted concept
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NDMA Priorities cont. Medicaid Reimbursement

North Dakota’s traditional Medicaid program:

- Covers qualifying low-income children and their adult caregivers, pregnant women, and individuals with disabilities including the aged and blind.
- As of June 2018, 72,000 North Dakotans were eligible for traditional Medicaid benefits (including nursing home residents).
- 50/50 FMAP - Split equally between Feds/ND

Sports Team Physician Licensure

- ▶ Problem - Currently, out-of-state athletic team physicians cannot treat players and others because they lack a North Dakota license
- ▶ Sports medicine physician must choose between treating injured athletes at great professional risk or handing over the care of an injured player to another physician who is not familiar with the individual’s medical history

Solution

- ▶ Change North Dakota law to allow a physician licensed in another state, territory, or jurisdiction of the United States to be exempt from the North Dakota licensure requirements

The requested change would:

- ▶ Require that the physician is employed or formally designated as the team physician by an athletic team visiting North Dakota for a specific sporting event, and
- ▶ Limit the physician practice of medicine in North Dakota to medical treatment of the members, coaches and staff of the sports entity that employs (or has designated) the physician.

Title X Nurse dispensing

For 40 years, nurses in family planning clinics had a standing order to dispense birth control

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In 2016, it was determined this was a violation of pharmacy dispensing law

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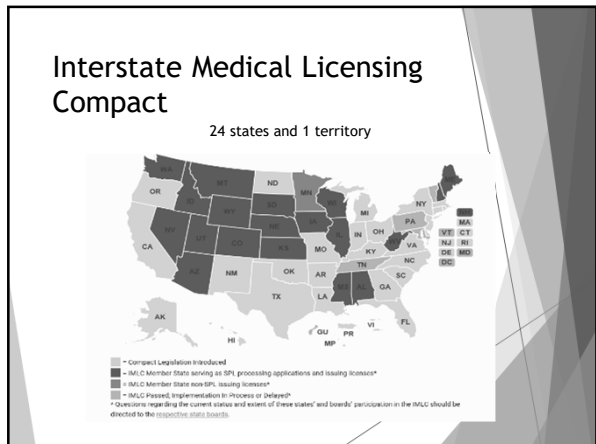
NDMA is working with Department of Health and ND Nurses Association to amend dispensing law to include exception for:

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A registered nurse working in a Title X Clinic, licensed under Chapter 43-12.1, dispensing prescriptive contraceptives pursuant to an order of an authorized prescriber.

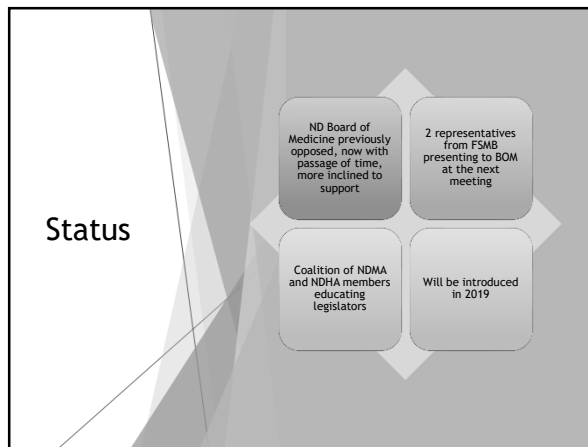
Other Priorities

- ▶ UND School of Medicine - Healthcare Workforce Initiative
- ▶ Medical Liability reform - protect present law
- ▶ Support independent judgment of physicians
- ▶ Support public health initiatives
- ▶ Support Physician scope of practice and oppose inappropriate challenges to the scope of practice.



- ### Who can apply
- ▶ To be eligible for expedited licensure, physicians must:
 - ▶ Possess a full and unrestricted license to practice medicine in a Compact state
 - ▶ Possess specialty certification
 - ▶ Have no discipline on any state medical license
 - ▶ Not be under investigation by any licensing or law enforcement agency
 - ▶ Have passed the USMLE or COMLEX (or equivalent) within 3 attempts
 - ▶ Have successfully completed a residency


- ### What is the compact about
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- ▶ The Compact will make it easier for physicians to obtain licenses to practice in multiple states
 - ▶ Strengthens public protection because it will help states share investigative and disciplinary information that they cannot share now.
 - ▶ Aims to increase access to health care for individuals in underserved or rural areas
 - ▶ Allow patients to more easily consult medical experts through the use of telemedicine technologies.



- ### Telemedicine
- ✗ Coverage parity, not payment parity
 - ↶ Medicaid revised policy - now similar to state law
 - ☑ BOM rules

- ### Bills coming out of interim Human Services Committee
- Sliding fee schedules for the service payments for elderly and disabled program and the expanded service payments for elderly and disabled program.
 - Pilot program for independent home and community-based services case managers.
 - DOH to establish guidelines for long term care services providers to deliver home and community-based services.
 - Appropriation to DOH for behavioral health prevention and early intervention services.

More Human Service bills



- ▶ Relating to the implementation of a community behavioral health program.
- ▶ An appropriation to DOH to coordinate the implementation of recommendations relating to the state's behavioral health system.
- ▶ An appropriation to DOH for targeted case management services.
- ▶ Relating to peer support specialist certification

Other Interim bills include:

Health Services Committee:

- ▶ Relating to the definition of brain injury.
- ▶ To provide an appropriation to the department of human services for improving mental health services

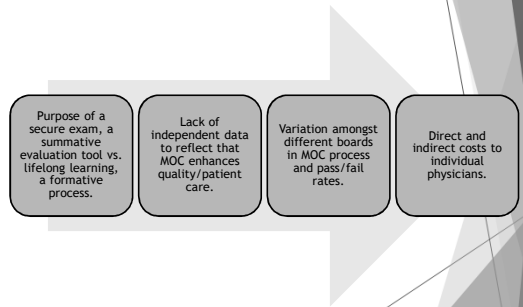
Health Care Reform Committee:

- ▶ Relating to public employees' retirement system self-insurance plans for health benefits coverage
- ▶ Managed Care bill extensively discussed - but no bill so far

Miscellaneous expectations:

- ▶ Physician Assistant Bill - remove supervision requirement
- ▶ AARP Care Act Bill
- ▶ Mandatory e-prescribing bill
- ▶ Shared decision maker bill
- ▶ Air Ambulance
- ▶ Medical Marijuana - and maybe Recreational
- ▶ Pharmacy Benefit Managers

Maintenance of Certification: Concerns




- Purpose of a secure exam, a summative evaluation tool vs. lifelong learning, a formative process.
- Lack of independent data to reflect that MOC enhances quality/patient care.
- Variation amongst different boards in MOC process and pass/fail rates.
- Direct and indirect costs to individual physicians.

ABMS - Establishment of Commission to Study MOC

- ▶ Continuing Board Certification: Vision for the Future
- ▶ Establishment of 25 member Commission
- ▶ Comprehensive assessment of the current continuing board certification system
- ▶ The Commission will hold hearings, provide information publicly, and test and seek feedback on concepts and ideas during the process
- ▶ The Commission's final recommendations will be submitted to ABMS and its Member Boards for consideration and implementation

MOC - Unintended Consequences



- ▶ MOC Activities focus on policing/compliance versus assisting physician improvement.
- ▶ MOC being linked to licensure, employment, privileging, certification, reimbursement, etc.
- ▶ MOC has created views that ABMS is monopolistic and not financially transparent.

MOC - State Law Efforts

- ▶ Most prohibit MOC to be used in hospital accreditation, payor accreditation and license accreditation
- ▶ ABMS effort to resolve issues without legislation

No Legislation Introduced
 Legislation Introduced
 Starter MOC Law Passed-Only Prohibiting MOC for License
 Full MOC Law Passed: License, Hospitals, Insurers.

NDMA - 2018 Resolution re MOC

- ▶ 1. That NDMA acknowledge that the requirements within the Maintenance of Certification process are costly and time intensive, and they result in significant disruptions to the availability of physicians for patient care.
- ▶ 2. That NDMA acknowledge that after initial specialty board certification, the NDMA affirms the professionalism of the physician to pursue the best means and methods for maintenance and development of their knowledge and skills.
- ▶ 3. That NDMA reaffirms and encourages the value of continuing medical education, while opposing mandatory Maintenance of Certification as a requirement for licensure, hospital privileges, and reimbursement from third party payers.
- ▶ 4. That NDMA communicate our position regarding Maintenance of Certification to the AMA, specialty societies, universities, and physician and industry groups involved with independent continuing medical, clinical, and scientific education.

ABFM - Pilot project

Announced
October 9, 2018

Physicians who are current with continuous certification and are due to take the examination in 2019 would be eligible to participate in the pilot.

Pilot Project - begins in January 2019

Based on the popular Continuous Knowledge Self-Assessment (CKSA) platform, the longitudinal assessment pathway will deliver 25 questions online each quarter to those Diplomates who choose this new option

ABFM cont.

It will provide questions on a regular, longitudinal basis, in a format that is much more convenient—a few questions at a time, in the place and time of your choice.


You may use clinical references during the assessment, much like you do in practice.

You will not need to travel to a test center, nor spend additional time and money on preparatory courses.

- ▶ The Doctor of the Day program is a unique opportunity that gives NDMA physician members an opportunity to network with legislators, government officials and local leaders, while serving as Doctor of the Day.
- ▶ This historic and highly successful program provides primary care services to legislators at the capitol through the legislative session beginning Jan. 7.


- ▶ The program features its very own exam room equipped with basic exam equipment and over-the-counter medication.
- ▶ Coverage is needed Monday through Friday and hours are flexible
- ▶ **You do not need to practice family medicine to volunteer;** many specialties such as thoracic surgeons, urologists, orthopaedic surgeons, hospitalists, and more volunteer for this service.
- ▶ **This program is NOT LIMITED to a one day event.** Choose as many days as you want.

If you plan to testify, must register as a lobbyist; Exceptions:






- A legislator
- A private citizen appearing on the citizen's own behalf
- An employee, officer, board member, volunteer, or agent of the state or who is acting in that person's official capacity
- Invited by the chairman of the committee for the purpose of providing information
- An individual who appears before a legislative committee for the sole purpose of presenting testimony on behalf of a professional organization if the individual is introduced to the committee by the registered lobbyist

Networking



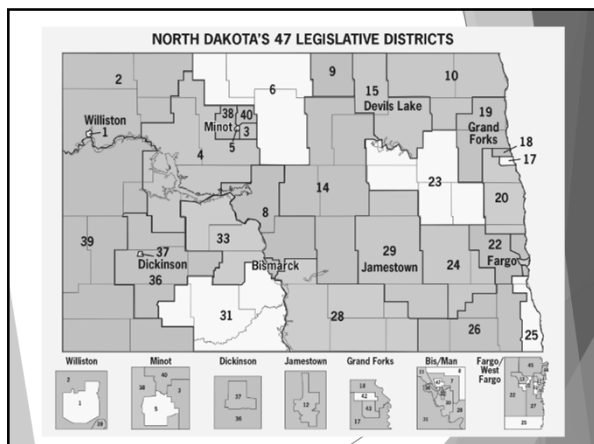
- Establish your groups network for contacts and, most importantly, for decisions
- Establish methods for instant communications
- Email: They read their email. Use it, but don't abuse it. Email addresses are on Legislative Council page
- Many legislators have their cell phone on the website contact information, but you can phone the Legislature's phone desk and leave a message, 328-3373 or 1-888-635-3447
- When contacting legislators, always use the specific bill number (SB 2300, HB 1475) rather than say you're calling about 'more police for Dickinson' or 'funding for hospitals'

Networking


-  Vital to contact all concerned parties and legislators as far ahead of time as possible
-  Work out areas of support or polite disagreement. If you can't get support, at least get neutrality
-  Legislators do not like to be put in the middle of turf disputes

Know your Legislators

-  Get to know who represents you
-  Be familiar with your district; some span wide swaths of area; some are concentrated
-  Stay informed and stay involved! Many people are unaware of the impact that one email, phone call, or point of contact can have on a legislator as they decide how to vote
-  On a weekly basis, all NDMA members receive legislative updates, access to a revised "Bill Tracker", and notices of upcoming legislation



What is Effective



- ✓ Contact from a constituent
- ✓ Testimony from a constituent
- ✓ Testimony from an expert

What is Not Effective

- ✓ Form letters
- ✓ Not consulting with other interested parties
- ✓ Not showing up for the hearing or making arrangements for someone to represent your interests

Testimony tips

- Always have written testimony
- Be sure all testimony is 3-hole punched
- Always have enough copies for all the committee members, the clerk, the intern, and others interested, such as sponsors, other legislators, other officials, other lobbyists, etc.
- You can determine numbers by looking up the committee information online

Testimony tips continued

Follow the proper protocol for addressing the committee:

- ▶ At the start of your testimony, address the chair and committee by saying, "Chairman (Keiser), and members of the (Industry, Business, and Labor) committee"
- ▶ Invite questions at the end of testimony
- ▶ Answer questions by addressing the chairman first, then the legislator who asked the question, "Chairman (Keiser), Representative/Senator (Kasper),"

NDMA Contacts

Any questions? Please feel free to contact me!

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