

CHAPTERS: AMERICAN ACADEMY OF FAMILY PHYSICIANS STATE LEGISLATIVE SESSION REPORT

AAPF chapters provide the leading voice for family medicine in state policy. Each chapter has a strong presence in their state capital and their work is vital to shaping state laws. During the 2022-2023 legislative sessions, AAPF chapter advocates remained effective in their advocacy amid a myriad of political headwinds. This report provides a recap of newly enacted policies across the states that are important to family doctors, including an endless number of WINS that were the result of the powerful advocacy efforts from AAPF chapters.

MEDICAID PAYMENT WINS

- Colorado AAPF** helped secure a **3% Medicaid provider rate increase** in the state budget.
- For the first time in **Maryland** history, the state budget includes funding for Medicaid E&M codes that will be higher than Medicare rates.
- Thanks to **Illinois AAPF's** support, the state's 2024 budget and Medicaid omnibus legislation contains **\$25 million in physician rate increases**. These are expected to continue into the next fiscal year for a \$20 million full year total!
- In the **Michigan** budget, \$15 million was secured for retaining a **Medicaid physician payment increase for certain primary care and child wellness services**. The Michigan budget also included \$55.4 million for an additional Medicaid payment increase for physician and non-physician professional services.
- In the **Ohio** biennium budget, a **5% Medicaid funding increase** for physician payments was included.
- The **Georgia** governor signed a law with an **increase of \$18 million to pay primary care and ob/gyn physicians** for certain codes from the current Georgia Medicaid rate to the 2021 Medicare rate.
- Florida AAPF** helped secure the **\$76 million increase** in Medicaid funding for Medicaid pediatric care.
- The **California** legislature passed the 2023-2024 health budget trailer bill, which renews the State's MCO tax and provides the **largest Medi-Cal rate increase in California history**. Starting in 2024, there will be increases to provider rates to at least 87.5 percent of Medicare for primary care, maternity care, and non-specialty mental health services. Starting in 2025, an additional annual appropriation of \$1.38 billion will be directed to primary care providers in the Medi-Cal program.
- In **Wisconsin**, the 2023-2025 state budget for the Department of Health Services includes **\$132 million for primary care reimbursement** bringing Medicaid rates to 70% of Medicare rates.

STUDENT LOAN REPAYMENT WINS

- Tennessee AAPF's top legislative priority – bill to provide loan repayments to family physicians – sailed through both chambers without amendments and is already in effect!
- New law in **Missouri** allows the state to provide forgivable loans for health professional students based on greatest need.
- In **Indiana**, an appropriation was secured for the Rural Primary Care Loan Repayment Program.
- The **Iowa** state budget increased, by \$2.5 million, funding for the Rural Primary Care Loan Repayment program.
- Texas** lawmakers heard TAFP's call and granted the state's Physician Education Loan Repayment Program a 20.4% increase for the biennium budget.
- Thanks for **Florida AAPF's** advocacy efforts, the state budget included \$16 million for medical loan repayment in 2023 and 2024 for primary care physicians practicing in rural areas.
- Thanks to **North Carolina AAPF's** efforts, the state budget in total included \$44 million in new scholarship or loan repayment funding for family physicians and others in key specialties of need.
- An appropriation in **Arkansas** was secured to provide for an Osteopathic Rural Medical Practice Student Loan and Scholarship Program.
- The **New Jersey AAPF** worked tirelessly to see the enactment of a bill to dramatically improve a loan-redemption program dedicated to primary care professionals, with a \$10 million appropriation for this work.

GRADUATE MEDICAL EDUCATION FUNDING WINS

- Florida AAPF** helped secure \$30 million in the state budget for enhancing GME funding for residency positions.
- The **Texas AAPF** was pleased to see its advocacy efforts pay off when the legislature awarded the Family Practice Residency Program a 73.7% increase for the coming biennium. An additional financial boost of \$3 million was awarded to the Rural Resident Physician Grant Program.
- After hard lobbying and grassroots efforts, the **Pennsylvania AAPF** secured a **substantial increase in funding for their Family Medicine Residency Expansion Program**.
- The **Oregon AAPF** fought hard to enact a bill to provide sustained funding from the state for Oregon's family medicine residency programs.
- The **Michigan budget** included **\$6.4 million to expand residency positions** in primary care and other urgent-need specialties and retain physicians in underserved areas of the state.
- For the first time ever, the **Alabama** legislature funded medical resident slots. \$800k will go toward five additional primary care residency slots with an emphasis on rural health care.
- In **Arkansas**, **\$10 million was appropriated for graduate medical education residency programs**.
- The **Missouri AAPF** spearheaded the passage of primary care residency expansion. They were able to secure \$2.3 million in funding from the state.
- California's** health budget trailer bill includes \$75 million starting in 2024 to be allocated annually to increase residency slots for primary and specialty care and expand the number of residency programs in California. **Starting in 2025, \$150 million annually will be allocated to grow the healthcare workforce**. At least \$500 million will be directed to family planning related services in both Medi-Cal and FPACT and to abortion services.
- Arizona** was able to secure new funds for graduate medical education and primary care residency programs.
- The **Nevada AAPF** was excited to see that enacted legislation this year put the GME Advisory Council in state statute.
- In its budget, **Iowa** created a new appropriation to establish a state funded family medicine obstetrics fellowship program.
- Funding in the **Minnesota** omnibus will provide for a new primary care rural residency program. It also includes grants to training sites for medical students and other health care professionals that train in health professional shortage areas.
- The **Washington AAPF** helped secure an additional \$5 million for the state's Family Medicine Residency Network.

ADMINISTRATIVE BURDEN WINS

- Colorado AAPF** helped secure the passage of bills that created exceptions to step-therapy, including in Medicaid and in cases of serious mental illness for commercial payers and Medicaid.
- Maryland AAPF** helped drive the enactment of a new exemption process for step therapy. The bill says that the carrier or PBM must authorize coverage for the drug rather than requiring the insured to then undergo prior authorization.
- A bill in **Rhode Island** was enacted that aims to ease the burden of prior authorization for providers and to establish a workgroup to make recommendations on additional areas of reform.
- In **Nevada**, a bill was enacted that requires certain insurers to use evidence-based guidelines when developing a step therapy protocol.
- The **Washington AAPF** scored a major victory with passage of a comprehensive prior authorization reform package. One major provision in the law directs the insurance commissioner to create rules prohibiting prior authorization requirements for any of the 10 most utilized codes if the approval rate for that code is 95% or higher.
- Texas** added to its stream of success on prior authorization reform and passed a bill that prohibits health carriers that provide prescription drug benefits from requiring an enrollee to receive more than one prior authorization of the drug benefit for a drug prescribed to treat a chronic or autoimmune disease. Texas enacted new step therapy laws as well.
- Thanks to a new bill in **North Dakota**, the legislature must study prior authorization, including the extent in which it is used and the impact on patient care.
- A new law in **Montana** prohibits prior authorization for generic medications the patient has been prescribed for longer than 6-months.
- Oklahoma** also passed legislation for new exceptions to step therapy protocols.
- The **Indiana AAPF** was successful in helping to pass a bill to reduce the prior authorization time requirements for urgent care situations.
- A bill passed in **Montana** that prohibits insurers from requiring prior authorizations on generic prescriptions.
- The **West Virginia AAPF** closely tracked the enactment of a bill that improved its gold card law so that it is more attainable to achieve status.
- In **Arkansas**, a gold card bill was enacted. It exempts certain healthcare providers from certain prior authorization requirements if 90% of PAs were approved within a 6-month period. A separate bill was passed that improved the appeal process for a prior authorization denial.
- In **Louisiana**, the chapter celebrated a prior authorization win. A bill was enacted that makes a number of improvements including setting tighter response deadlines and requiring health insurers to maintain a system of documenting information and supporting clinical documentation.

PUBLIC HEALTH WINS

- Illinois AAPF** testified in support of the newly enacted law that brings electronic cigarettes into the same public space restrictions as non-electronic cigarettes. Illinois has officially joined the 15 other states with similar restrictions.
- A new law in **Nevada** increases penalties for selling tobacco to underage people.
- Illinois AAPF** was also able to secure passage of HB 2039, which authorizes more efficient sharing of public health data between state agencies and local health departments.
- Georgia AAPF** helped ban vaping under the Indoor Smoking Act.
- Three gun safety bills** passed in **Colorado** with the chapter's support, including a waiting period after firearm purchase, a ghost gun ban, and adding physicians to the list of persons able to petition for an extreme risk protection order.
- The **Minnesota AAPF** helped advocate for two firearm safety measures that passed. One was an extension of current law that requires a criminal background check for the purchase of a firearm from a gun store – it also applies to the private sale, transfer or sale at a gun show of a handgun or a semiautomatic military-style assault weapon. The second bill established a red flag law.

TELEHEALTH WINS

- Florida AAPF** helped secure the inclusion of "audio-only" in the definition of the new Telehealth Practice Standards law.
- Maryland AAPF's** advocacy paved the way for enactment of a telehealth bill that allows providers to continue to be appropriately paid. The bill, which extends through June 30, 2025, includes audio-only and requires that physician reimbursement for telehealth be on the rates as if the services were delivered in person.
- In **Arkansas**, legislation was enacted that created the **Continuum of Care Program** to facilitate the operation of a statewide telemedicine support network that provides community outreach, consultations, and care coordination for women who are challenged with unexpected pregnancies.
- In **Minnesota**, the chapter helped extend public and private coverage for audio-only telehealth services until July 2025.

SCOPE OF PRACTICE WINS:

- While provisions did pass that expanded APRN's scope of practice, the **Missouri** chapter was able to stop the legislation from allowing full independent practice.
- Illinois** considered a bill to allow physician assistants to practice independently in FQHCs. Following IAFP's testimony and other negotiations, the bill was modified to remove the independent practice provisions.
- Illinois AAPF** also fought against an attempt for APRNs with full practice authority to start prescribing benzodiazepines and Schedule II drugs. While the bill passed, the chapter was able to secure limits to the scope expansion.
- Illinois AAPF** also helped kill a bill to authorize an expansive scope of practice for naturopathic "physicians" through official state license recognition.
- Thanks to the **Virginia AAPF's** advocacy, the annual effort by nurse practitioners to eliminate minimum competency standards for autonomous practice was defeated.
- The **Tennessee AAPF** worked closely with a coalition to kill a bill to grant full independent practice for physician assistants.
- South Dakota AAPF** and other physician groups successfully fended off continued efforts from physician assistants to shed their supervision practice criteria.
- Troubling APRN and CRNA scope of practice expansion bills did not make their way through the **South Carolina** legislature.
- The **South Carolina AAPF** worked hard against a bill that would have allowed pharmacists to initiate, order and administer diagnostic tests. Dramatic improvements were made to the bill that will be reconsidered in 2024.
- In **Wisconsin**, the chapter was once again able to stave off APRN's effort to practice independently.
- In **Mississippi**, a pharmacist test and treat bill made its way through committee but ultimately died.
- The **Maryland AAPF** engaged in lengthy negotiations with physician assistants seeking to make various changes to their practice. The legislation died.
- In **Georgia**, an effort to allow APRNs and PAs to write Schedule II's without physician supervision stalled, thanks to GAFFP advocacy. The chapter also helped kill a CRNA independent practice bill. **ALSO in Georgia, the legislature passed a Health Care Practitioners Truth and Transparency in Advertising bill. This requires anyone marketing or advertising their health care services utilize the title that they are licensed for in the State of Georgia.** It will also require anyone with a doctorate degree to introduce themselves as their clinical licensure in patient interactions. In **North Dakota**, a similar Truth in Advertising bill passed as well.
- Autonomous practice efforts by APRNs died during session in **Florida**. As did a bill to allow physician assistants to prescribe. FAFFP opposed all these bills.
- The **Alabama AAPF** prevented a bill from passing that would have given pharmacists the ability to prescribe any vaccine.
- The **Oklahoma AAPF** helped kill a bill to allow pharmacists to screen and test for certain conditions in addition to killing – for good – a bill to give NPs independent prescriptive authority.

LOSSES:

- At least five states moved to remove supervision requirements for physician assistants.
- Unfortunately, a bill in **Arkansas** passed to allow full independent practice authority for clinical nurse specialists.
- Naturopaths** are now able to dispense drugs in-office in **Montana**, and in **North Dakota**, they now have prescriptive authority. Additionally, they are now able to engage in the "corporate practice of medicine" in **Kansas**.
- Pharmacists test and treat bills were passed in **New Mexico** and in **Virginia** (however, in Virginia, advocates were successful in amending the bill to remove RSV as a condition that pharmacists would be allowed to treat).
- A bill in **Connecticut** passed that allows pharmacists to administer additional vaccines, tests and drugs for COVID-19, HIV or Influenza.
- A bill passed in **Michigan** that allows pharmacists to test for influenza, COVID and respiratory infections, it also allows pharmacists to administer antiviral medications based on test results, without a physician's prescription.

STAND ALONE VICTORIES

- The **Iowa AAPF** helped move medical malpractice tort reform to final passage. The bill limits the amount of noneconomic damages for medical malpractice claims to \$2 million for causes of action involving a hospital and \$1 million for all other causes of action.
- The **California AAPF's** social determinants of health bill is now law. It will require health care service plan contracts or health insurance policies to include coverage for screenings for social determinants of health.
- The enacted state budget in **Oregon** included \$922.9 million in funding for its 1115 Medicaid Waiver to continue enrollment for children up to 6 years of age and two-year eligibility for those 6 years and older.
- After years of advocacy, the **North Carolina AAPF** was thrilled that Medicaid expansion finally happened after a grueling state budget ordeal.
- Through legislation, the **Utah AAPF** was able to secure a well-care visit for all adults on Medicaid. This was a big win, previously these visits were not covered at all and adults on Medicaid were only seen if there was an illness or emergency.
- The **Missouri chapter** helped defeat problematic bills that restricted medical academic freedom, banning diversity, equity and inclusion training from medical education. One bill would have even prohibited state funding from going to any programs with DEI standards or requirements.
- Thanks to **Colorado AAPF's** advocacy, this year's **Colorado state budget** includes a **16% rate increase for PCPs accepting alternative payment models in Medicaid**, bringing reimbursements up to 100% of Medicare. Practices will be able to receive the equivalent of 100% of Medicare when participating in Medicaid's Alternative Payment Model.
- Colorado AAPF** supported expanded access to coverage for children 0-3 years of age through support of continuous eligibility in Medicaid + CHO+. The bill passed!
- The **Alabama AAPF's** legislative priority, **The Physician Workforce Act, became law**. The new law will address the growing physician shortage in Alabama by eliminating the SP/EX exam that some out of state physicians are required to take and allowing IMG's to gain full medical licensure after 2 years of residency and passage of the final licensure step instead of 3 years, among other important provisions.

NATIONWIDE TRENDS

MEDICAID POSTPARTUM COVERAGE WINS

In 2021, federal law gave states a new option to extend Medicaid postpartum coverage to 12 months via a state plan amendment. This new option took effect on April 1, 2022.

AAPF chapters across the nation made this opportunity a priority.

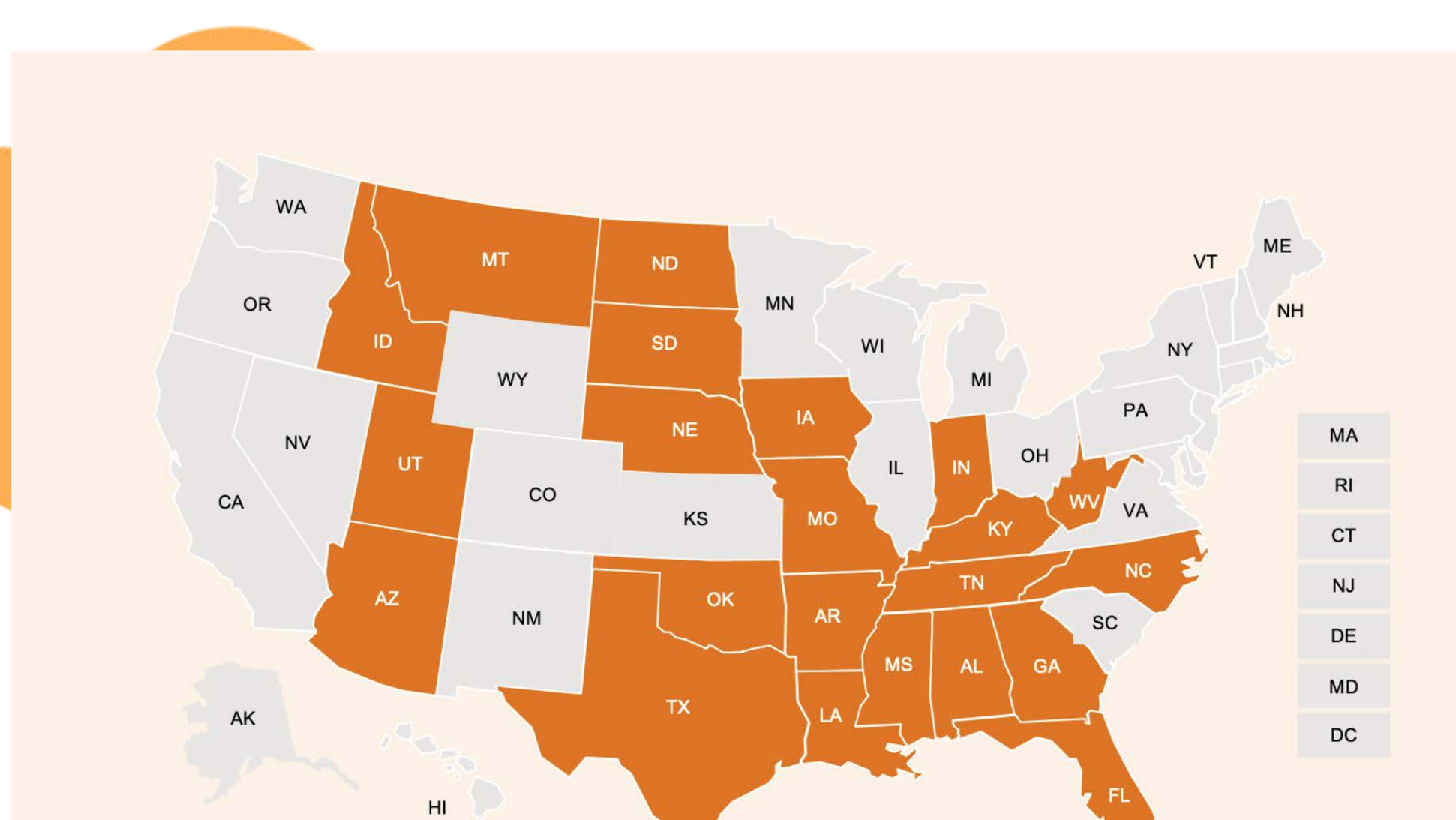


STATES LANDSCAPE ON ABORTION LAWS CHANGES DURING 2022-2023 LEGISLATIVE SESSIONS

Reproductive Health Care: State Policy

Weekly Update Prepared by MultiState

September 22, 2023



STATES RUSH TO ENACT BANS ON GENDER AFFIRMING CARE FOR YOUTH

During the most recent legislative sessions, state lawmakers in several states have made restricting youth access to gender-affirming care a top priority.

As of September 2023, the following states enacted laws banning gender-affirming care for children:

