

2018 Legislative Session – Priority Issues

Scope of Practice

- MAFP believes the physician-led team approach delivers the best and most cost-effective care to Missourians with dedicated, skilled members of the health care team.
- Alternatives to an expanded scope of practice for APRNs are loan repayment/forgiveness/scholarships for primary care physicians; less administrative burden, such as prior authorizations; increased reimbursement for primary care services; and expand primary care residency slots.
- Advanced Practice Registered Nurses (APRN) – APRNs continue to push for independent practice. A compromise was reached in 2018 whereby the rules were amended to expand the current mileage requirement for collaborative practice agreements from 50 miles to 75 miles. Also, a physician may collaborate with up to any combination of 6 APRNs, Physician Assistants (PA), and Assistant Physicians (AP). Previous rules allowed for collaboration between a physician and up to 3 APRNs, 3 PAs, and 3 APs, for a total of 9 midlevel providers.
- Assistant Physician – Opposed expansion of APs into other specialties, not just primary care. Opposed relaxing the boundary of time since medical school graduation and complete Step 2 from 2 to 4 years, without reassessment – law passed with 3 years. Assistant physicians currently licensed with collaborative practice agreements are not always located in rural, underserved areas as required by law and none have been trained in Missouri medical schools. A small, but not insignificant, percentage of the assistant physicians would not be eligible for a physician license due to too many USMLE attempts and failures. Other provisions included the same licensure fee as physicians, insurance company reimbursement the same as physician assistants, prohibits more CME than required by physicians, repeals provisions to reapply for licensure after 6 months if the AP doesn't find a collaborating physician.

Access to Care

- The MAFP believes that all Missourians should have access to essential health care services, regardless of social, economic or political status, race, religion, gender, or sexual orientation. We support measures that increase Medicaid coverage to Missourians who lack affordable health care.
- Pharmacist prescriptive authority for hormonal contraceptive therapy adds a barrier to patient care. MAFP recommends that if hormonal contraceptive therapy be accessible without a physician prescription, contraceptives should then be made over-the-counter without pharmacist intervention.
- Patient Safety and Radiologic Imaging Act would create an access to care issue in rural areas if clinic STAFF are not allowed to offer in-clinic x-rays without being certified/licensed.
- Legislation that requires health carriers to contract with any Missouri provider who is willing to meet the terms and conditions established for such health benefit plan, including MoHealthNet (Medicaid) and Medicare programs.

Prescription Drug Monitoring Program

- The MAFP supports a PDMP that monitors the prescribing and dispensing of controlled substances, requires dispensers to electronically submit specified information to the department within 24 hours of dispensation, and does not require a pharmacist or prescriber to obtain information about a patient from the database.

2019 Legislative Session – Priority Issues

Primary Care Spend – The MAFP is using the AAFP model legislation as a starting point for this bill. A final version will be available in late November.

Scope of Practice

- **APRN/PA/AP** – Proposed legislation would place APRN licensing and discipline under the Board of Healing Arts. It would not change the number of collaborative practice agreements to any combination up to 6 that was changed in 2018. It would amend the collaborative practice agreement whereby the physician and APRN/PA/AP does not have to be within the physical presence of one another for chart review, changing the geographic proximity to allow for a distance of no further than 2 continuous counties, and eliminating the 30-day continuous presence requirement if the APRN/PA/AP stays within the same patient population (of which the physician is not familiar).
- **Midwives** – Increased regulation.
- **Direct Primary Care (DPC)** – Legislation was passed in 2015. This proposal would allow for MoHealthNet (Medicaid) recipients to receive services from a DPC provider.

Medical Malpractice – Exclude medical malpractice claims under the Missouri Merchandising Practices Act. This is a liability issue for emergency room physicians and the desire for a higher standard for medical malpractice cases for emergency departments.

PDMP – Would establish the Narcotics Control Act with the dispenser electronically entering Schedule I, II, III, IV controlled substances into a database. It does not require the prescriber or pharmacist to obtain patient information from the database. Data is maintained for 3 years from dispensation.

Prior Authorization – Would establish specific timeframe for health carriers to provide their utilization review decisions (initial determination, adverse determination, or concurrent review determinations), establishes a prior authorization is valid for one year from determination, standardizes the prior authorization form, publish aggregate determination data on their website, reimbursement to MoHealthNet of fees if determination is reversed, and other relevant components.

Other – The MAFP continually advocates for patient safety through legislation limiting texting while driving, motorcycle helmet usage, and other legislation including substance abuse, MoHealthNet coverage and expansion, and covenants not to compete contract language for physicians.

Beyond 2019 – *The MAFP is working with a coalition to introduce a preceptor tax credit incentive legislation. A bill is based on a combination of the passed legislation passed in Georgia, Colorado, Maryland, and Hawaii. The coalition consists of medical societies, health care organizations, licensing boards, medical schools, residency programs, hospitals, and AHECs.*