State Legislative/Regulatory Committee

1. Monitor and report on state implementation of elements of the Affordable Care Act. Identify and explore developments related to health care exchanges and Medicaid expansion likely to impact access to emergency care, ED utilization, and emergency physician reimbursement. Utilize appropriate resources, such as the ED Benchmarking Alliance, the U.S. Department of Health & Human Services, the Gallup-Healthways Well-Being Index, etc., to obtain data.

Outcome: The workgroup has compiled data and begun the work of analysis, in the process further identifying challenges related to the usefulness of available reporting. The extensive work that has been done will provide helpful baselines for continued work in future years.

2. Develop an information paper highlighting key state health policies impacting access to emergency care. Potential examples include Medicaid expansion, state or federal exchanges, existence of certificate of need laws regulating freestanding EDs/urgent care centers/retail clinics, etc. Include relevant metrics of ED volumes in representative states to suggest patterns of how policies may impact ED visits.

Outcome: The workgroup developed information based on responses to the chapter legislative survey. Work on this objective will continue in 2016-17.

3. Research and report on recent state efforts to reform traditional Medicaid programs with accountable care organizations, global payment structures or similar initiatives, including states that are seeking federal waivers as part of their Medicaid expansion proposals. Focus on real or potential impacts on emergency medicine and opportunities for chapters to advocate for provisions that benefit emergency care.

Outcome: Interviews with members from numerous states with reported ACO activity were conducted and documented with no information suggesting evidence of Medicaid ACOs addressing emergency medicine. The collected information provides an effective baseline for monitoring future activity.

4. Research and report on opioid prescribing legislation impacting emergency departments, with a focus on state mandates related to Prescription Drug Monitoring Programs, the use of clinical guidelines, and the availability of naloxone. Identify and report on any successes those provisions have had in reducing drug-seeking behavior in the emergency department.

Outcome: The committee prepared a summary document with recommendations. Topics addressed included Prescription Drug Monitoring Program mandates, limits on opioid prescriptions, access to Naloxone, and other issues.

5. Research and report on the status of state legislation affecting the provision of and reimbursement for telemedicine services as it relates to emergency departments. Consider the impact of legislation implementing the Interstate Medical Licensure Compact on the availability of telemedicine services to emergency departments.

Outcome: The committee documented numerous resources available from a variety of sources and developed a summary report.

6. Research and report on state legislation addressing fair payment and restrictions on balance billing, as well as state legislation that sets forth a methodology for determining reimbursement from insurers for out of network services when balance billing is restricted or prohibited. Work with the Reimbursement Committee to develop resources to assist chapters with advocating for legislative solutions. (State Legislative/Regulatory is the lead committee.)

Outcome: The committee worked closely with the Federal Government Affairs Committee, the Reimbursement Committee, and the ACEP/EDPMA Joint Task Force on Reimbursement Issues to prepare materials of value to chapters.

7. Research state models for state legislation requiring insurers to reimburse emergency departments for intervention services (intimate partner violence, violence prevention, etc.) and create a toolbox for state chapter advocacy efforts. Work with the Trauma & Injury Prevention Section as needed.

*Outcome:* Information was collected based on legislation enacted in California. Some materials remain under development because the curriculum is in development by an advocacy group addressing these issues.

8. Research and report on the status of state legislation and regulation of free standing emergency departments, including a comparison of how their regulation relates to traditional hospital-based emergency departments.

*Outcome:* The committee developed a summary document addressing these issues.

9. Develop an information paper on the role of regional or statewide care coordination in improving continuity of care and patient outcomes while decreasing health system costs. Include the experience of Washington State’s Patient Review and Coordination program and Emergency Department Information Exchange as one model.

*Outcome:* The committee will continue to work on this objective in 2016-17.

10. Continue to promote and administer the state public policy grant program.

*Outcome:* The program was promoted to all chapters by email and the annual chapter survey and to individual chapters through individual consultation. Requests for grants were submitted from four chapters: New York, South Carolina, Florida, and Georgia. The committee recommended for all four grants and they were approved by the Board.

11. Submit a nomination for the 2016 Rorrie Health Policy Award.

*Outcome:* The committee submitted a nomination by the deadline. The committee’s nominee was approved by the Board in April 2016.

12. Provide input to the Education Committee as needed regarding CME for education about the Physician Orders for Life Sustaining Treatment (POLST) or similar programs. (Education is the lead committee.)

*Outcome:* The committee provided assistance to the Education Committee as requested. The MOC-MOL Subcommittee began development of a PI-CME activity on palliative care and the content includes POLST. It is being designed for approval by ABEM as an MOC Part IV activity and is scheduled for release in 2016-17.

13. Work with state and federal stakeholders to advocate for appropriate regulatory standards for urgent care centers. (Amended Resolution 33-15)

*Outcome:* The issue was included, as applicable, in legislative tracking reports provided weekly basis to chapters and also addressed with AMA staff and other relevant stakeholders.

14. Work with the ACEP/EDPMA Task Force, Federal Government Affairs Committee, and Reimbursement Committee to provide a recommendation to the Board regarding further action on Referred Resolution 28(15).

15. Work with other interested organizations, evaluate state efforts to provide timely access to epinephrine for anaphylaxis, including current state legislation that includes liability protection for appropriate use, public education, awareness and timely access, including cost effective mechanisms for availability of devices that may be used for bystander or self-administration, and report back to the Council in 2016 (Amended Resolution 34-15).

*Outcome:* A report will be submitted to the Board in October 2016 and distributed to the Council.

16. Provide a recommendation to the Board regarding further action on Referred Resolution 18(15) ER is for Emergencies.

*Outcome:* A recommendation will be submitted to the Board in October 2016.

17. Provide a recommendation to the Board regarding further action on Referred Resolution 24(15) Interstate Medical Licensure Compact Legislation and Opposition to National Medical License.

*Outcome:* A recommendation will be submitted to the Board in October 2016.