This Week in Jefferson City...

It’s hard to believe we are starting the fourth week of this year’s legislative session. The Senate was up and running last week, having shored up their committee structures and members. The House finalized their committee structure consisting of 13 Select Standing Committees and a large number of Standing Committees. In total, there will be 55 chairs in the Missouri House. Speaker Diehl has said that the improved committee structure will strengthen the bill crafting process on the committee level and that the 13 Select committees will serve as an additional level of quality control. He said “With this new system we are placing the heavy lifting of the legislative process firmly in the committee level…” Two important points to remember:

- House Committee Substitutes can now only be developed at the Select Committee level;
- House Committee Amendments that are adopted by the lower Standing Committees can be accepted or rejected by the overseeing “Select Committee”.

MAFP Advocacy Day at the Capitol and Tort Reform Coalition White Coat Day

Monday and Tuesday, February 23 and 24, are important days. MAFP members who cannot travel to Jefferson City on Monday evening will be participating in an advocacy session to discuss our priority legislation, as well as prepare for the next day’s meetings with legislators. For those who are just able to make it on Tuesday morning, we will still have hold a review session prior to heading to the Capitol to meet with your legislators. MAFP members will be advocating for MAFP priorities, which will of course include tort reform repair. If you have not already done so, please consider signing up for your Advocacy Day at the MAFP website and attend both of these important events taking place at the same time.

Direct Primary Care (DPC)

MAFP continues to work with Dr. Keith Frederick on a version of this legislation. The main purpose of this legislation is to define direct primary care and provide language that clarifies that DPC is not an insurance product and cannot be regulated as such. The goal of DPC is to foster innovation and provide primary and preventive services for a wide range of individuals and families—many of which may not have insurance or may have high-deductible plans. AAFP reported this week that Michigan Governor Rick Snyder signed into law SB 1033 (Now Public Act 522 of 2014).

Nurses

Representative Eric Burlison (R-Springfield) has introduced HB 633 to amend Chapter 334.104 regarding collaborative practice arrangements between advanced practice registered nurses and physicians. On page 5 of the bill, it:

- Revises language by removing words regarding the responsibility of the collaborating physician to determine [and document the completion of at least a one-month] period... and replaces with language that makes it the responsibility of the collaborating physician to determine “that the advanced practice registered nurse has the ability to competently perform a delegated medical act by documenting the completion of a sufficient period of time.” It further adds a new sentence that reads: “The collaborating physician shall, in his or her sole discretion, determine the appropriate length of time that the advanced practice registered nurse shall practice with the collaborative physician.”
- The bill also adds a new provision on page 3 of the bill that reads: “11. If an advanced practice registered nurse utilizes a collaborative practice arrangement to diagnose or initiate treatment for an acutely or chronically ill or injured patient, the collaborating physician or other physician designated in the collaborative practice agreement shall be available either in person or
electronically for consultation by the advanced practice registered nurse. The advanced practice registered nurse shall provide a written or electronic report of such patient encounters within fourteen days to the patient's primary health care provider. If the patient does not have a primary health care provider, the advanced practice registered nurse shall provide the patient with a list of primary care physicians in the area that are accepting new patients, and the collaborating physician shall review the chart for all patients seen by an advanced practice registered nurse for a chronic illness.

http://www.house.mo.gov/billtracking/bills151/billpdf/intro/HB0633I.PDF

Tort Reform
MAFP continues to work on this important legislation with the Tort Reform Coalition. The bills are HB 118 sponsored by Rep. Eric Burlison and SB 239 sponsored by Senator Dan Brown. Several meetings with legislative leadership (both Republicans and Democrats) and the Missouri Association of Trial Attorneys (MATA) have occurred. Discussions are taking place around the concept of “two noneconomic damage caps: one for simple medical negligence, and a second cap for wrongful death and more serious cases of negligence.” A number of states have implemented such a “tiered cap” system. Other items such as cap numbers, what constitutes instances of negligence for the upper tier; elements of negligence; and inclusion of an inflator are still in the discussion stage. Nothing has been agreed upon at this point. Some discussions have occurred around the Kansas statute which includes an inflator that adjusts the cap upwards at a fixed amount every five years and ends ratcheting up after a few adjustments.

Ethics Legislation
Ethics reform has picked up steam this session. At least thirty measures have been filed relating in some way to “ethics”. This week SB 11, sponsored by Senator Ron Richard, had a hearing in the Rules, Joint Rules, Resolutions and Ethics Committee. This measure would institute a “cooling off period” for legislators which would prohibit them from becoming paid lobbyists for two years after completing their legislative term. Referred to as the “revolving door” most legislators seem to agree a one or two-year period should be required. The bill would also ban lobbyists from spending money on legislators outside the state, such as for travel, food, entertainment and accommodations. In the House a number of bills have been filed by Rep. Caleb Rowden of Columbia and Rep. Jay Barnes of Jefferson City. They also address the revolving door issue and add additional reporting requirements and limitations on donations and gifts to elected officials during the legislative session.

Prescription Drug Monitoring Program (PDMP)
The three bills that have been filed to establish a prescription drug monitoring program act have all now been assigned to their respective committees. Two of the bills are endorsed by the PDMP NOW Coalition and the third bill is a version that Dr. Rob Schaaf believes is a viable alternative.

HB 130 - Rep. Holly Rehder (R-Sikeston) – House Health Insurance
SB 63 – Senator David Sater (R-Cassville) – Senate Transportation, Infrastructure and Public Safety
SB 111 – Dr. Rob Schaaf (R-St. Joseph) – Senate Transportation, Infrastructure and Public Safety

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