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No. 10

PHYSICIAN ASSISTANT COLLABORATION

We started out the week dealing with a real humdinger of a bill that would undermine and weaken team-based care for patients. House Bill 2749 would allow hospitals to use a "master" CPA that would apply to all employed physicians and physician assistants. If you are an employed physician, you should take note! Your control over how you collaborate is at stake – as is your ability to refuse to collaborate. It effectively neuters PA collaboration, and the APRNs are taking notes. This bill was referred, heard and voted on in committee in four legislative days. Collaborative practice agreements are not trivial documents. They should be administered by physicians. We're pouring a bucket of water on the rocket docket. Legislators get a little twitchy if their bills don't move before Spring Break. Historically, bills that have crossed chambers by this point in session stand a decent chance of passage. We suspect this will get teed up upon our return from break.

ANY WILLING PROVIDER

Another bill trying to catch a pre-break lifeline is HB1894. This bill would require insurance companies to accept any physician who wants to participate in the plan. It also requires the same reimbursement for the same service regardless of who provides it. That would allow insurance companies to effectively determine scope of practice for those professionals. We worked with the sponsor last year to massage our concerns, but it's still not quite where we need it to be. We are working with stakeholders to ensure there are no unintended consequences should the bill move forward. If we can't get the bill to float, we won't be sad to see it sink. This is one of the oddball bills where we're on the same side as the insurers.

RESTRICTING RESTRICTIVE COVENANTS

We got it heard before spring break! House Bill 2979 would rein in burdensome covenants-not-to-compete, making Missouri a much more physician-friendly state. The Missouri Rural Doctors Act established in the bill will limit those restrictions to no more than one year and no more than five miles. Missouri physicians deserve the freedom to practice medicine and not be trapped by restrictive covenants that limit their careers and patient access. Our reform finally puts the power back where it belongs - with physicians. The hearing could not have been better for us. A few hospitals testified against the bill to protect current provisions. Our witness, **David Lancaster, DO,** made it clear: Patients and physicians are the ones who suffer from excessive non-compete clauses. We are making Missouri a more attractive option for new physicians to come here to care for our patient population. We're angling for a committee vote as soon as possible.

PRIOR AUTH REFORM MOVES FORWARD

Our effort to reform the abuses in prior authorization, HB 3010, made the spring break cut by passing the House earlier today and moving on to the Senate. This important measure will help get insurance out of the practice of medicine, giving patients access to the care their doctor says they need and reducing onerous red tape.

INSURANCE DELAYS

The red tape cartel got lucky when a bad bill received initial approval in the Senate Insurance and Banking Committee this week. Senate Bill 1635 slows down the rollout of all insurance mandates by requiring them all to be "tested" on patients insured by Missouri Consolidated Health Care Plan (MCHCP) for two years before full implementation. This means that even when the General Assembly enacts important patient-care improvements, they won't apply to most patients until years later (if ever). Creating a built-in lag that undermines timely adoption of evidence-based care standards is no bueno.

BABY Rx SCOPE

On Wednesday, the full Senate debated and gave initial approval to SB 878 related to pharmacy scope expansions in medication therapy service (MTS) and durable medical equipment (DME). We were able to negotiate safeguards on MTS to ensure that these services will not allow pharmacists to diagnose or prescribe. The bill also requires the Board of Pharmacy and the Board of Healing Arts to jointly decide how they want to classify DME for access without a prescription. There was a significant threat that additional scope expansion language for other mid-level providers would be added. Instead, Senators kept the discussion to things pharmacy-related and added an amendment that will allow for over-the-counter access to ivermectin and hydroxychloroquine once approved by the FDA.

SPRING BREAK

The legislature is off next week. Because of that, there will be no legislative report next week!