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<th>Bill Name/ Number / Sponsor</th>
<th>Issue</th>
<th>GA ACP Position / Status</th>
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| HR 1470 SGR Repeal          | 3/19: Congressional leaders Thursday announced a bipartisan, bicameral deal to permanently repeal Medicare’s loathed sustainable growth-rate formula for paying doctors. Bills containing terms of the deal were introduced in both chambers of Congress. The deal was negotiated by House Speaker John Boehner and Minority Leader Nancy Pelosi in recent weeks behind closed doors. But key committee members have signed on as sponsors of the legislation including Rep. Paul Ryan (R-Wisc.), chair of the House Ways and Means Committee, Sen. Orrin Hatch (R-Utah), chair of the Senate Finance Committee, and the ranking Democratic members of each of those committees. Boehner and Pelosi negotiated a $213 billion deal that would also extend funding for CHIP by two years. The additional spending would be partially offset by $70 billion in spending reductions. Those are split roughly in half between reductions to Medicare benefits and cuts to provider payments. But the legislation introduced Thursday does not deal with the CHIP issue. Legislators are still seeking agreement on how to deal with the program. Senate Democrats have lobbied fora four-year extension. Bob Doherty: The SGR bill is almost identical to the one we endorsed last year. It is expected to be voted on as soon as Tuesday. There also will be a letter of support sent over tomorrow on behalf of all of the Internal Medicine specialty societies, ACP and IM subspecialities. We will also be sending talking points out tomorrow to chapters for them to use to try to place letters to the editors and op-eds to local newspapers. One note of warning, which we will be telling you much more | ACP: A vote in the House on the “SGR Repeal and Medicare Provider Payment Modernization Act of 2015” (H.R. 1470) will likely not take place until Thursday (March 26). The ACP is working with the AMA and other physician organizations across the country urging doctors nationwide to participate in a National Call to Action day tomorrow (Tuesday). Contact your representatives tomorrow and urge them to support H.R. 1470. Call and Tweet Your House Members Now! • Call your lawmakers on this toll free number 1-800-833-6354. • Call Script Calls reach Congress more expeditiously than email. Please call! • Sample tweets on the SGR are provided for you. Please tweet and tweet often! Access your lawmakers twitter handle here. It is urgent that Congress hear from you now in order to get permanent SGR repeal before the April 1 deadline! Key Highlights of the Legislation • The Sustainable Growth Rate (SGR) would be eliminated – permanently – and physicians would see positive, stable baseline payments during a transition


about later. There is a very real chance that even if the House
passes the bill, the Senate (which recesses on Thursday for a more
than two-week break) will not act in time to stop the patch from
expiring on April 1. (We do NOT want to say this publicly,
though). CMS would then hold claims for the usual 10 business
days. The problem is that the Senate is not scheduled to return
until the day the cut begins to be processed, which would be on or
around April 14. In all likelihood, it would then be at best several
days before the Senate could act on the repeal bill. In this
scenario, there is a very real chance that our members would be
subject to the 21% SGR cut for all claims submitted from April 1 to
April 14, and this would continue on a rolling basis each day until
a repeal bill was passed by the Senate (or another patch passed
both chambers, which is not what we want, of course). The
actual 21% reductions would show up in their receipts 10
business days from the date of service. Any differences between
the chambers on the bill or pay-fors could slow things even
further.

We understand that this is a real concern for practices--there is no
guarantee that the 21% reduction would be retroactively
restored, and even if it was, their receipts would be reduced in the
meantime), and we are working on a communications plan to
members should this occur. From the advocacy
standpoint, should this scenario play out (the Senate does not act
in time to stop the cut), we need to have our members put
enormous pressure on the Senate during the recess to pass the
SGR repeal bill as soon as it returns.

CQ Roll Call:
Senate Democrats Resist Emerging 'Doc Fix' Deal
By Melissa Attias, CQ Roll Call
Senate Democrats are resisting the emerging House-negotiated
deal to permanently replace Medicare’s physician payment
formula less than two weeks before a patch averting cuts to
doctors is set to expire.
Ron Wyden<http://www.cq.com/person/406> of Oregon, the top
period to new payment models.
• Physician-led efforts to improve quality
and lower costs would be recognized
with higher incentive updates.
• Physicians would have the opportunity to
receive higher updates for moving
into alternative payment models that
focus on accountability and care
coordination, including Patient-
Centered Primary Care Medical
Homes and Patient-Centered Medical
Home Specialty Practices.
The legislation consolidates the three
existing quality programs into a streamlined
and improved program that rewards
physicians who meet performance
thresholds and improve care for seniors.

ACP:
Three freshman Georgia Representatives
who are leaning No on the SGR Repeal bill.
There is a link to capwiz with access to
contact information including office phone #
for the representatives. There is information
attached from ACP to explain the issue. If you
are a member of one of these districts or
know colleagues who are in these districts a
constituent contact is requested on this very
important vote on a historic bill.
Thank you for your attention to this call for
action.
As you are aware, there is a possibility of a
vote next Thursday 3/26 on SGR in the
House. We are targeting the following House
freshman members (they are leaning
No). Can you get your members in the Reps.
district to call them and ask them to support
Democrat on the Senate Finance Committee, was not among the cosponsors of a bill unveiled Thursday detailing the policy parameters to replace the sustainable growth rate formula, or SGR. The measure (HR 1470<http://www.cq.com/bill/114/HR1470>) does not contain other policies and offsets expected to be included in the deal to move the package through Congress.

Asked about his unwillingness to sign on, Wyden said that there are "major health policy issues involved here, and we're just not there yet."

Senate Minority Leader Harry Reid<http://www.cq.com/person/337> thinks the SGR agreement "stinks," a source familiar with the Nevada Democrat's view of the measure told CQ Roll Call. Reid is of the belief that House Democrats have significant leverage against Speaker John A. Boehner<http://www.cq.com/person/379> of Ohio and other Republicans when it comes to resolving the "doc fix."

One major point of contention is that the deal is only expected to include two years of funding for the Children's Health Insurance Program, which covers children from low-income families that aren't poor enough to qualify for Medicaid. Democrats want four more years of funding for CHIP, which is set to expire Sept. 30.

"We're staying together. We insist on the four. It's important to us and the House knows we are insisting on it. They need 60 votes to get all of this," said Ohio Democrat Sherrod Brown<http://www.cq.com/person/384>, the sponsor of a Senate bill to extend the program for four years.

He noted that he wants to see a deal on SGR but asked, "how do you give doctors a fix permanently and then only do two years for kids?"

Pennsylvania Democrat Bob Casey<http://www.cq.com/person/15266> took a softer line, saying, "I want to take a look at it and see what the details are but my very strong preference is four years. "We should take advantage of an opportunity to get four years in place," he added.

SGR legislation (H.R. 1470)? Our advocacy alert can be found here http://capwiz.com/acponline/home/ and I have attached our email alert as well. Thanks.

Rep. Jody Hice
Rep. Barry Loudermilk
Rep. Rick Allen
3/24 AP: House Republicans quietly deepened recommended budget savings from the government’s chief health care program for the poor by about $140 billion in recent weeks to offset part of the cost of higher payments to doctors who treat Medicare patients, according to officials familiar with the tradeoff. The maneuver comes as Republicans in both houses struggle with competing priorities, in this case a desire to stabilize what is widely viewed as a dysfunctional system of provider payments under Medicare, while pursuing a 10-year goal of balancing the budget.

Neither budget documents nor publicly available material related to the doctor fee legislation contain any reference to the decision to reap greater savings from Medicaid, a federal-state program that provides health care for the low-income. Republican officials who described the decision did so on condition of anonymity, saying they had not been authorized to discuss it.

A spokesman for the House Budget Committee, Ryan Murphy, said the 10-year plan headed for a floor vote accounts for the cost of the Medicare physician legislation, as it does for “all the costs incurred in our budget and gets us to balance within 10 years.”

| HB 76 | Renee Untermann is advocating for $60 million in the GA budget to continue Medicaid parity with Medicare. She is very close to the Lt. Governor. Patient Centered Physicians Coalition of Georgia has prepared 4 tiers of codes showing impact of state Medicaid Parity funding Tier 1: $15 M +Tier 2: $17.7 M +Tier3: $20.7 M +Tier4: $65 M In a meeting with Senator Jack Hill today with Mary, Andy and Emmett in attendance, he stated that Governor Deal put no money into the budget for this. He said they were very reluctant to make the huge commitments to Medicaid Parity and Medicaid Expansion. He advised us that Senator Burke and Representative Parrish need to talk to the Governor. And we should talk to the |
| Budget Bill and Medicaid Parity in GA | 1/26/2015: GA ACP Letter to Representative Butch Parrish, Chair House Appropriations Sub Comm on Health presented in Committee 2/17 GA ACP launched a campaign advocating state support for full Medicaid Parity to be paid for by a tobacco tax. 1. Letter on GA ACP letterhead sent to all key leaders by name with fact sheets on Parity and the Tobacco Tax. 2. Email sent to all GA ACP members requesting them to contact their state legislators identifying them by openstates.org. 3. Public Relations Campaign will be |
Primary Care coalition met with the Governor’s Office and DCH regarding the tier information.

House Appropriations committee on 2/26 did put some limited funds in the FY 16 budget for Medicaid parity. House lawmakers added $2.9 million in increased Medicaid payments for OB/GYNs and a $1.5 million increase for certain primary care services and procedures. The budget discussions have focused on OB and Peds. It is clear that both the House and the Senate see OB as the primary need for funding. There is 2.9 M for OB and 1.45 for “primary care” in the house FY 16 budget. It is not clear yet which codes they have included but pediatrics has been mentioned in addition to OB. There has also been some push back from DCH on the projected cost of parity which is impacting this as well.

3/3: Although the budget office listed codes 99212-99215 based on the total for that line item Line item 17.8.16 in HB 76 the $1.5 M total reflects only the annualized state amount for 99215 according to DCH info. So, it looks like they took the lowest dollar item of that CPT range to place on that budget line item. not all of the codes which explains the low dollar amount. This process has been lacking in transparency and still lots of questions and working on determining what the senate would include.

3/3: Andy advised that the word is that the Senate wants to double the amount of funding recommended by House. The Senate really does not yet know what it has in terms of revenue. Progress was made in the introduction of HB455 which asks for an increase in the tobacco tax by $0.28. Possibly this might be raised to $0.70 to $1.0. We can expect 7-10 versions of tax revenue bills to be launched in the next two weeks. The good news is that the climate in the Senate for both an increase in payment for Medicaid parity and for an increase in the tobacco tax.
3/11: Senate HHS put $19.5 M into their budget for Medicaid reimbursement to primary care physicians. It is Tier 1 Revised for DCH to include preventive visits and 99213. Most of the $ are OB/PEDS. The Senate Appropriations Committee passed a budget that awards $5.9 million in state funds for a Medicaid pay raise to ob/gyns, and $13.6 million to internists, pediatricians and family medicine physicians. The state funds would be matched by federal money.

3/31: An additional $3.6 million was added to the $19.5 million already supported. Total is now $23.1 million. Age cap on prevention visits is up to 39 years of age.

4/2: HB 76 Budget bill that included line item for increased state funds for reimbursement of select primary care codes-Total $23.1M ( $5.9 OB and $17.2 primary care). The total reimbursement for providers for these OB codes is $18M and $52.7M for the select primary care codes. The total includes the federal matching funds which is why there is variance in the $ amounts in other references.

| HB455 which asks for an increase in the tobacco tax | 1/27: Andy reports: |
| HB 170 Transportation Funding Act. Tobacco Tax Increase has been added to this bill | We have requested a fiscal note for a tobacco tax increase of $1.23 per pack, and a corresponding increase in the percentage of the wholesale rate that is used for smokeless or “spit” tobacco. The rationale on smokeless, of course, two fold: 1) We dont want to incentivize one type of nicotine delivery device over another, and 2) It generates more revenue. |
| HB 445 Broader Tax Reform Bill | We expect that the fiscal note on $1.23 will show about $500 million increase in new revenue to Georgia, even after accounting for consumption declines, tax evasion and cross-border “migration” to other states. It is important to note that there can be great variance in this number depending on which metrics the fiscal office uses. We have been active and engaged with a broader coalition of proponents including ACS, AHA, ALA Georgians for a Healthy Future and others in making this push for |

1/20/2015 Andy Lord discussed the possibility of increasing the tobacco tax in Georgia. If the tobacco tax was increased by $1.23 per pack, the GA tobacco tax would be at the median of the tax in the 50 states. The $1.23 tax increase would immediately net $500 in new revenues which could be applied to multiple purposes in the state. $50 M of that would be enough to continue Medicaid parity with Medicare in GA. Cody brought up the argument that the republican legislature would oppose any tax increase and proposed a back up strategy of the GA ACP help advocate for a referendum on the issue two years from now in the General election.
$1.23. We will likely introduce a stand alone bill for conversation and messaging purposes, but will almost certainly be brought to the table in a more omnibus tax bill that includes other revenue sources.

3/3: Andy advised that the word is that the Senate wants to double the amount of funding recommended by House. The Senate really does not yet know yet what it has in terms of revenue. Progress was made in the introduction of HB455 which asks for an increase in the tobacco tax by $0.28. Possibly this might be raised to $0.70 to $1.0. We can expect 7-10 versions of tax revenue bills to be launched in the next two weeks. The good news is that the climate in the Senate for both an increase in payment for Medicaid parity and for an increase in the tobacco tax.

Opponents of the bill argue that an increase in the tobacco tax will drastically decrease the amount of funding GA receives under the Master Settlement Agreement with the tobacco companies. This has been brought up before and is untrue. The Master agreement ties revenues to NATIONAL sales of tobacco. So this is not a reason against GA raising its tobacco tax,

3/10: Andy: Tobacco Tax added to Transportation Bill. Vote counts on which senators would support a $1.00 increase tax are 51 senators of 56. Only two were dead set against it. We have the majority of the votes in the house as well. The problem is Casey Cagle.

3/20: Andy has advised that the tobacco tax amendment has been pulled from the senate by the Governor.

4/24: Andy advised that the broader tax reform bill HB 445 will end up in committee

3/24: Discussions by Emmett and Mary with Senators Hufsteter and Burke at Legislative Appreciation Dinner suggest no hope for tobacco tax this year.

2/17 GA ACP launched a campaign advocating state support for full Medicaid Parity to be paid for by a tobacco tax.
1. Letter on GA ACP letterhead sent to all key leaders by name with fact sheets on Parity and the Tobacco Tax.
2. Email sent to all GA ACP members requesting them to contact their state legislators identifying them by openstates.org.
3. Public Relations Campaign will be launched with press releases and Op-Ed.


3/6 AJC Op Ed by Dr Fincher Increasing support from legislators excluding Lt Governor Casey Cagle opposing. Tobacco – Just what the doctor ordered!

3/17: Andy agreed to draft a brief letter for our members to contact their legislators using openstates.org.
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| Medicaid Expansion | **For:** Senators Chuck Hufstetler and Dean Burke  
Representative Pat Gardner, D-Atlanta  
**Against:** Senator Renee Unterman, Chair of HHS Comm  
Tennessee  
Tennessee Medicaid Expansion failed in Tennessee Senate  
North Carolina  
Governor McCrory waiting until after US Supreme Court rules on federal subsidies  
Utah  
Supporters of GOP Gov. Gary Herbert’s plan, which would expand Medicaid to anyone with income up to 138 percent of the federal poverty level, are vying with a much more limited option that would target assistance to people with income up to 100 percent of the poverty level and who are medically frail. The federal poverty level for 2015 is $11,770 for a single person.  
**Lawmakers Hope for Compromise on Medicaid Expansion.** **On March 9, 2015, The Salt Lake Tribune reported that the Senate and House are still hopeful they can reach a compromise on Medicaid expansion.** The Senate is reportedly not giving House Majority Leader Jim Dunnigan’s proposal, Utah Cares, a committee hearing, but rather taking it straight to the floor to vote on. However, Senate President Wayne Niederhauser predicts it will fail. Last week, the Healthy Utah bill proposed by the Senate was rejected by the House.  
Montana  
Republican Lawmakers Reject Medicaid Expansion. On March 11, 2015, Kaiser Health News reported that Republican lawmakers have killed Governor Bullock’s Medicaid expansion bill. |
Florida
Senate Approves Medicaid Expansion. On March 10, 2015, The Tampa Bay Times reported that the Senate unanimously approved the Medicaid Expansion bill SPB 7044. However, the more conservative Florida House is unlikely to approve. Additionally, CMS would need to grant a waiver for the state to receive federal funding. The expansion plan will require beneficiaries to work 30 hours a week if childless or 20 hours otherwise; if unemployed, the time must be spent searching for employment, participating in job-training activities or furthering their education. Additionally, beneficiaries must pay monthly premiums based on salary.

New Hampshire
On March 5, 2015, Concord Monitor reported that CMS has approved New Hampshire’s Medicaid expansion waiver. The waiver allows new enrollees to be moved to a private plan using Medicaid funds. Enrollment in the expanded program topped 36,000.

Pennsylvania
Pennsylvania Releases Detailed Medicaid Expansion Timeline. The Department of Human Services (DHS) today released an updated timeline detailing the commonwealth’s plan for traditional Medicaid expansion as it moves away from the Healthy PA Private Coverage Option (PCO) plan championed by the previous Pennsylvania Governor. Under the new Medicaid Expansion plan undertaken by the Governor Wolf administration, individuals who were enrolled in the General Assistance and Select Plan program in December 2014 will begin to be transferred from the PCO to the HealthChoices program, the traditional Medicaid program in Pennsylvania. This phase, called Phase 1, will begin in April 2015 and be completed by June 1, 2015. New applicants will no longer be enrolled in the PCO and will be enrolled in the new Adult benefit package with coverage provided by the
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<th>Bill</th>
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<td>Biosimilar Bill 195</td>
<td>4/2: H.B. 195 by Rep. Cooper would regulate the labels that go on interchangeable biological products. Under this bill, a pharmacist who substitutes an interchangeable biological product for a prescribed biological product when they dispense a prescribed medication would have to affix a label with the name of the interchangeable biological product – as well as a note indicating that the substitution had occurred – unless the physician notes “brand necessary” on the prescription. The measure also includes an exemption for drugs that are dispensed at inpatient hospitals and drugs that require a specific dosing schedule that cannot be substituted as defined by the Georgia Board of Pharmacy. MAG supported this bill once it was modified to include MAG’s suggested amendment to require pharmacists to notify prescribers of any substitutions by way of “facsimile, telephone, electronic transmission, or other prevailing mean” within 48 hours. MAG position: Supported. Outcome: Passed.</td>
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<td>Senate Bill 51</td>
<td>2/10: GA ACP supports bill as now written</td>
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<td>Sponsors: Burke, Watson, Millar, Miller, 2/17Hufstetler, and Bethal</td>
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<td>HB 504 Pharmacist to administer Minactra, Pneumovax, and Zostavax</td>
<td>4/2: H.B. 504 by Rep. Sharon Cooper (R-Marietta) would extend the flu vaccine protocol that is in place between physicians and pharmacists and nurses for adults to pneumococcal, shingles, and meningitis. Pharmacists would be required to complete a 20-hour education requirement, including 12 hours that would be recognized by the CDC and eight hours of self study; the pharmacist or nurse who administers the vaccine would have to take a complete case history and determine whether the patient had a physical examination within the year; the pharmacist or nurse wouldn’t be able to administer a vaccine to a patient who has a condition for which such vaccine is contraindicated; the pharmacist or nurse would have to provide the patient with a Georgia Department of Public Health (DPH) form that</td>
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<td>Georgia ACP on 2/3:</td>
<td>Georgia ACP on 2/3:</td>
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<td>We can live with a compromise bill still object to the Zostavax due to it being a LIVE vaccine which puts immunocompromised pts at risk, especially as more pts are being put on biologics, oral chemotherapy, and on immunosuppressants. We could support Pneumovax, Minactra (meningitis), and Tdap (tetanus/depth). They want the Zostavax because it is the most expensive, bigger reimbursement and recommended for all over age 60. Of note the pharmacies are STILL NOT</td>
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stresses the need to see their primary care physician on a regular basis; and the pharmacist or nurse would have to provide the patient with a wallet-sized card containing information from DPH about the vaccine. MAG’s Board Directors voted to support this kind of measure given strict limits and notification requirements. MAG worked with Rep. Cooper to ensure that appropriate sanctions are in place for any violations. MAG position: Supported. Outcome: Passed.

putting vaccines into GRITS - A MAJOR PROBLEM.

2/10: We need to communicates our concerns about what the pharmacy protocols are under this bill. Len will communicate ACS pdf. Andy will start with Senator Bethal.

3/3 GA ACP is opposed to the inclusion of Zostavax in this bill due to concerns about patient safety. Live oral vaccines, for example Zostavax, are contraindicated in immunosuppressed or immunodeficient individuals including those with a history of primary or acquired immunodeficiency states, leukemia, lymphoma or other malignant neoplasms affecting the bone marrow or lymphatic system, AIDS or other clinical manifestations of infection with human immunodeficiency viruses, and those on immunosuppressive therapy. For their own protection, people who have damaged or weakened immune systems should not be given any live vaccines. Because pharmacists to not have access to the patients’ detailed medical records, live vaccines should require a physician prescription.

3/13  House bill expected in Senate HHS this week but not on agenda yet. Hearing is Thursday PM.

Patient Consumer and Awareness Act HB 416 by Carl Rogers (MAG Name Tag Bill)  MAG has a name tag bill that has been revised from last year. It identifies credentials of providers for transparency. MAG has asked for our support on this bill. the MAG name tag bill was in House HHS committee today and was passed.

Per MAG bill crossed over but was amended to exclude optometrists and chiropractors in their practices.
3/24: Bill passed in Senate HHS

3/24: Senate HHS, HB 416 by Rep. Carl Rogers (R-Gainesville) passed unanimously and will now move on to the Senate Rules Committee. Under this provision, healthcare workers would be required to wear and display a name badge that would include their name and licensure in a healthcare setting. GHA lobbied the author of this bill to ensure that current hospital badge protocols would take precedence, and healthcare workers would be exempt from displaying such information if it could be deemed dangerous to the provider.

4/2: The Senate voted to pass HB 416 by Rep. Carl Rogers (R-Gainesville) relating to name badge requirements for healthcare professionals. Under this provision, those facilities who already have name badge protocols in place would not be affected. GHA lobbied the sponsor of this bill to ensure that undue burdens would not be placed on hospitals.

SB 158 Insurance Omnibus Bill By Senator Dean Burke Evolved into SR 561

S.B. 158 by Sen. Dean Burke, M.D. (R-Bainbridge) would have addressed rental networks, all-products clauses, and other key issues. The bill would have required contracts to remain intact during the course of the first year or on the anniversary of its renewal – whichever is longer. It would have also required health insurers to maintain sufficient networks so patients know which physicians are in a particular network. And S.B. 158 would have shored up a requirement for insurers to maintain a provider list that is accessible to the public. MAG’s Board of Directors voted to support this measure.

The bill evolved into S.R. 561, which is a “study bill” – which means that a group of legislators will develop a report for the General Assembly’s consideration in 2016. The Georgia Association of Health Plans opposed S.B. 158. MAG position: Supported. Outcome: Did not pass.

3/3 SB 158 is a very strong bill that absolutely DEMANDS transparency by insurers. We should absolutely sign onto and be fully supportive of the bill. We are concerned that the bill could be stronger in protecting patients from being treated by in facilities by a participating physician doing a procedure and then finding out that the anesthesiologist, the pathologists, and/or the imaging providers were not participating.

Len advised that NY in December passed “full disclosure requirements” regarding who is in and out of networks. Mary will attempt to get this language from the NY ACP exec so that we can review it and pass it on MAG.

3/25: GA ACP has forwarded summary of New York new “Emergency Medical
| **PA Prescribing Schedule II**<br>Schedule II<br>SB 115<br>HB349 | **PA Position:**<br>During the 2014 Georgia General Assembly SB 268 passed the Senate but was not considered in the House of Representatives. The bill would have allowed a supervising physician to delegate authority to a physician assistant (PA) to prescribe Schedule II medications. The Georgia Composite Medical Board (GCMB) supported SB 268 after the addition of limiting PAs to prescribe a 30 day supply and requiring three hours of continuing education specific to schedule II medications.

The recent U.S. Drug Enforcement Administration decision to reclassify hydrocodone combination products from Schedule III to Schedule II adds particular urgency to the need to amend Georgia law to allow Physician/PA teams to effectively treat their patients. Therefore, the Georgia Association of Physician Assistants (GAPA) intends to introduce legislation in 2015 to achieve this goal. In addition to hydrocodones, Schedule II medications are already necessary to physician/physician assistant teams in many areas of medicine such as orthopedic and general surgery, oncology, palliative care, and pediatrics.

MAG 1/31:<br>Oppose PA Request for All Schedule II- MAG noted that PA’s would not accept a hydrocodone only bill in their discussion.

3/2 Ben Watson testified against the bill in the Senate Health Committee stating that there was a 40% decrease in hydrocodone RxS after the drug was put on Schedule II.

3/3 Senate Health Comm approved the bill for PAs to prescribe hydrocodone compound products only and not the hydrocodone compound products for 30 days only.

2/17 PA have dropped a bill for all Schedule II drugs were first read in Senate and House SB115 & HB349

<p>| <strong>Services and Surprise Bills</strong> law has built in many protections for providers and patients to Senator Untermann and MAG. | 1/13/2015&lt;br&gt;We oppose such legislation because hydrocodone is the number 1 prescribed drug in Georgia and there is very widespread overuse and abuse of it. As a back pocket position, we would only support a law if it specified:&lt;br&gt;1. Use in new acute pain situations only. Not for chronic conditions.&lt;br&gt;2. Limited supply and duration (1 - 2 weeks).&lt;br&gt;3. No renewals. |</p>
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<tr>
<td>3/17</td>
<td>Bill dead not cross over</td>
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<tr>
<td>3/31</td>
<td>Bill was appended to epinephrine bill for kids.</td>
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**SB 109 on Physician Orders for Life-Sustaining Treatment Forms (POLST)**

Addresses a patient’s end-of-life care – by adding a “do not resuscitate order” or DNR option. In Georgia, a POLST “shall be voluntarily executed by either a patient who has decision-making capacity and a physician who knows and has provided treatment to the patient or the patient authorized person and a physician who knows and has provided treatment to the patient.

*4/2: SB 109 was agreed to by the Senate and will now move on the Governor’s desk. This bill by Sen. Nan Orrock (D-Atlanta) clarifies the current practices and liability related to the POLST form. The Georgia Hospital Association (GHA) worked with the author and interested parties to address concerns related to hospitals.*

**Amendment to Licensure for Pain Mgt Clinics HB179**

Sharon Cooper

The House of Representatives began Monday afternoon at 1:00, and went straight to work. Rep. Sharon Cooper (R-Marietta) introduced HB 179, which would amend the licensure requirements for pain management clinics to clarify that certified registered nurse anesthetists acting within their scope of practice are authorized to provide medical treatment or services at a pain management clinic along with physicians, physician assistants and advanced practice registered nurses. This bill was read and referred to Rep. Cooper’s own House Health and Human Services Committee.

*2/4: Jet Toney who represents the Anesthesiologists: The Anesthesiologists are providing an amendment that will not allow prescribing of narcotics by non physicians. The amendment be accepted by Sharon Cooper.*

*4/2: Bill did not cross over and is dead this year.*

**2014 Primary Care Summit**

3/20: Legislative Update #1 from Denise Kornegay and Erin Mundy

1/20/2015
Denise Korengay joined our call to discuss
| Recommendations | 1. Administrative Support for Georgia Board for Physician Workforce (GBPW)  
House and Senate restored funds for 1 position in the FY16 budget.  
2. Restore internal cuts in the GBPW budget  
a. The House and Senate agreed with the Governor’s recommendation and all support of the annual Medical Recruitment Fair (critical for rural hospitals and other safety net providers) was transferred to support three new residency slots under the Graduate Medical Education sub-program for residency capitation  
b. The House and Senate agreed with the Governor’s recommendation to redirect funds from the sun-setting of the medical school scholarship program into the PRAA loan repayment program and to increase the amount of the awards to $25,000 per year providing 26 awards in FY2016.  
c. The House and Senate agreed with the Governor’s recommendation to add $172,768 in new dollars to this line to supplement the funds from the redirection. Funds support residency programs at Gwinnett Medical Center and St. Mary’s Hospital in Athens. These dollars (new and redirected) support 20 new residency slots in Family and Internal Medicine.  
3. Residency Capitation  
a. The House added $500 to the capitation rate for 1,219 positions under the GME sub-program “Residency Capitation” ($609,500). The Senate added $500 to the capitation rate for all 1,542 contracted position under all GME sub-programs ($771,000).  
ACTION: Support the Senate recommendation to provide an increase to all 1,542 contracted positions under the GBPW GME program.  

Physician Tax Incentive Program  
1. HB 463 was introduced by Representative Ben Harbin. This bill was placed in the Income Tax Subcommittee of the House Ways and Means Committee. The purpose of the legislation was to address housekeeping issues with the program and to expand | the recommendations. She will be meeting in the next week with Sherry Tucker, the Executive Director of the GA Board of the Physician Workforce to ascertain where the current dollars are actually allocated before ascertaining whether the six recommendations should be advocated without revision. |
eligibility to include Nurse Practitioner and Physician Assistant Preceptors who met other eligibility requirements. This would not have impacted the original fiscal note as that document was based on percentages of qualified rotations occurring in off campus community based sites, but did not factor in percentages of these sites where the preceptor was a physician versus a NP or PA. The bill also removes the definition of “core rotations” to address limitations on covered rotations.

2. The bill is being held until next year. Questions were asked regarding the need for more data than a 6 month estimate. Also, a lobbyist for several APRN groups tried to amend the language of the bill creating concern that this group might try to use the bill as a vehicle for other more controversial language.

3. We will move the bill next year, with a full year’s data. We will also ask that all professional organizations, such as those referenced above, agree to leave the bill alone so that they do not kill it with their own agendas. We will work the bill and committee over the interim.

4/2: H.B. 463 by Rep. Ben Harbin (R-Evans) would have permanently extended a $1,000 tax credit for “medical core clerkship” preceptors for “community based” nurse practitioners and physician assistants. MAG position: Supported. Outcome: Did not pass.

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<th>House Resolution 302 Sharon Cooper</th>
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<td>“Since doctors live where they do their residencies, the more residencies we have, the more likely we are to have more physicians,” said Rep. Sharon Cooper, chairwoman of the state House Health &amp; Human Services Committee. Her committee approved House Resolution 302 to ask Congress to relax the cap on residencies. While a legislative resolution has no direct effect on the federal government, it does give the state’s congressional delegation something to work with in seeking a policy change. The federal cap only applies to existing hospitals, so Georgia has helped healthcare systems that have never had medical residents to begin programs and qualify for federal support. That has</td>
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<td>Patient Compensation Act SB 86</td>
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<td>Patient Compensation Act SB 86 Senator Beach</td>
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<td>Medical Marijuana HB 1 H.B. 1 or “Haleigh’s Hope Act” Rep. Allen Peake</td>
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| **Eye Drop Early Refill HB 47**  
Sharon Cooper  
Rep. John Meadows, Rules Chairman, and Rep. James Beverly, OD joined Rep Cooper and 5 others in signing on to the bill. | Legislation to authorize pharmacists to issue refills for prescription eye drops at 70% of the predicted days of use, allowing a refill of a 30 day rx at day 21. This is currently authorized by CMS for their beneficiaries to ensure continued availability of sight-saving medications. Often the loss is due to a lack of standard titration in eye droppers, insufficient amounts of medication in a bottle to cover the time period for which it is prescribed, or wastage when applied by visually impaired patients. This one is off to a good start. MAG does not have a position on this bill, though it will be working with the Georgia Society of Ophthalmology to ensure that patients remain safe.  
4/2: H.B. 47 by Rep. Sharon Cooper (R-Marietta) would allow pharmacists to refill topical ophthalmic products for up to 70 percent of the predicted days of use without receiving a new prescription or the approval of the patient’s physician. MAG and the Georgia Society of Ophthalmology (GSO) worked to ensure that the measure wasn’t modified in any ways that undermined patient safety. MAG position: Supported. Outcome: Provisions were included in S.B. 194, which passed. |
| --- | --- |
| **H.B. 9**  
Rep. Tyrone Brooks (D-Atlanta) | Bill makes it illegal for employers to ask a job applicant about their criminal history. MAG is opposing this measure because it could be problematic for physicians/practices when it comes to hiring staff.  
3/17: Bill did not cross over and is dead this year. |
<p>| <strong>H.B. 53 by Rep. Keisha Waites (D-Atlanta)</strong> | Bill would give health care providers blanket permission to perform an HIV test on their patients – although the bill would also establish a process for patients to revoke that implied consent. MAG is opposing this bill because physicians could be held liable for a tortious act (i.e., administering a test without the patient’s consent). |</p>
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<tr>
<th>Date</th>
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<tr>
<td>3/17:</td>
<td>Bill did not cross over and is dead this year.</td>
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<td>S.R. 6</td>
<td>Bill would amend the state constitution to give the General Assembly the authority to legalize and regulate the use of marijuana (i.e., allow people who are 21 or older to purchase limited amounts of marijuana for personal use). The fees and tax proceeds from the sales of marijuana would be used to fund education and transportation projects in the state. MAG is opposing the bill because MAG opposes the recreational use of marijuana.</td>
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<td>3/17:</td>
<td>Bill did not cross over and is dead this year.</td>
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<td>HB 505</td>
<td>3/24 Ben Watson: open access for physical therapy passed our Senate Health and Human Services today. They’re allowed to have 21 days before they have to see a medical doctor. I tried to limit this to 10 days. But failed by one vote in the committee. They had worked this deal out with the orthopedic surgeons. They had no input from primary care. I’m concerned about a quality issue. They have 21 days and eight visits. I tried to at least limit to 10 days and six visits.</td>
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<td>4/2: H.B. 505 by Rep. Sharon Cooper (R-Marietta) would change the definition of the term “physical therapy” under the Georgia Physical Therapy Act to include “examining, evaluating, and testing patients; alleviating impairments; reducing the risk of injury, impairment, activity limitations; dry needling for preventative and therapeutic purposes; instructive, consultative, educational, and other advisory services.” This legislation would allow physical therapists to examine and evaluate a patient without a prior consultation with a physician. They would have 21 days or eight visits before they would have to refer a patient to a physician, and they would also have unlimited access to patients when it came to health promotion, wellness, fitness or maintenance services under this measure. The bill was amended to require physical therapists to notify patients that their health insurers may not be required to pay for treatments that are</td>
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<td>3/24: Jacqueline: I’m with you. I will also send to our legislative committee.</td>
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related to their diagnosis. H.B. 505 would also expand the Georgia Board of Physical Therapy’s authority to regulate the practice of physical therapy by interpreting and enforcing the law and by issuing advisory opinions. MAG position: Neutral. Outcome: Passed.

**Medicare New Chronic Care Management Codes**

The new CPT code, 99490 (Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified healthcare professional, per calendar month,..) to describe CCM services became effective January 1, 2015. The rules for this new Chronic Care Management (CCM) require that the patient’s electronic care plan must be available to be shared electronically with care team members outside the practice (who are not billing for CCM). Clinicians can satisfy this requirement without using certified EHR technology; however, all care team members furnishing CCM services that are billed by the practice (contributing to the minimum time required for billing) must have access to the electronic care plan at all times when furnishing CCM services.

*The following codes cannot be billed during the same month as CCM (CPT 99490):*

- Transition Care Management (TCM) – CPT 99495 and 99496
  - Home Healthcare Supervision – HCPCS G0181
  - Hospice Care Supervision – HCPCS G9182
  - Certain ESRD services – CPT 90951-90970

**HB86**

Feb 2, **HB 86** by Rep. Tommy Benton (R-Jefferson), passed out of the House Human Relations and Aging Committee by a unanimous vote. Under the measure, the Division of Aging Services, in the Department of Human Resources, will become the Georgia Adult and Aging Services Agency, and will be assigned to the Georgia Department of Community Health for administrative purposes.
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<th>Agency, and will be assigned to the Georgia Department of Community Health</th>
<th>only. The newly created agency will maintain a seven person oversight board that will also be responsible for appointing a Director.</th>
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<td>HB 110 Fire Work Safety Bill</td>
<td>MAG 1/31: Voted to stay neutral on HB 110 Firework Sale in Georgia- Bill of Rules Chairman which could impact MAG priority to gain Insurance Bill protecting physicians with contracting; also noted there is funding in this bill for the Trauma network. Bill passed in the House.</td>
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<td>Rural Hospital Stabilization Committee</td>
<td>The result of the Rural Hospital Stabilization Committee’s meetings last year resulted in a report released today which you can read in full here[<a href="https://gov.georgia.gov/documents/rural-hospital-stabilization-committee-final-report">https://gov.georgia.gov/documents/rural-hospital-stabilization-committee-final-report</a>] and AJC covered it on their Politics blog[<a href="http://politics.blog.ajc.com/2015/02/23/nathan-deals-plan-to-save-struggling-rural-hospitals">http://politics.blog.ajc.com/2015/02/23/nathan-deals-plan-to-save-struggling-rural-hospitals</a>] this afternoon. Closing the coverage gap was not a recommendation in the report, however there are some highlights: 1. Expanded scope of practice for PAs and nurses 2. More school-based health centers 3. More telehealth 4. Improving coordination between hospitals, public health departments and local physicians</td>
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<td>HB 482 Certificate on Need Bill</td>
<td>H.B. 482 by Rep. Wendell Willard (R-Sandy Springs) would have changed the definition of destination cancer hospitals from a certificate of need requirements (CON) standpoint to mean in-patient hospital. The measure would have also eliminated requirements for destination cancer hospitals to 1) be 50 beds or less and 2) have 65 percent of out-of-state patients for two consecutive years. MAG policy calls for the organization to support efforts to repeal the state’s CON law. However, MAG did convene a task force that studied CON issues in 2014, and MAG’s 2014 House</td>
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of Delegates (HOD) called for the organization to continue to study the issue and to provide a report at the HOD meeting in 2015.

4/2: Did not crossover and is dead this year.

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<th>SB 1 Autism Bill</th>
<th>H.B. 429 by Rep. Ron Stephens (R-Savannah) would require health insurers to cover autism spectrum disorders (ASD) and applied behavioral analysis (ABA) therapy for their insured patients who are under the age of six. To qualify for the coverage, the insured would have to get a licensed physician or a licensed psychologist to verify that there is an “ongoing medical necessity.” Insurers would not be able to limit the number of treatments, though they could cap the ABA therapy coverage at $30,000 per year. MAG Position: Supported. Outcome: Passed.</th>
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<tr>
<td>HB 436</td>
<td>4/2: H.B. 436 by Rep. Valerie Clark (R-Lawrenceville) would require physicians and health care providers to offer to test pregnant women who are in their third trimester for HIV and syphilis. This would cover, &quot;Every physician and health care provider who assumes responsibility for the prenatal care of a pregnant woman during the third trimester of gestation.&quot; Under H.B. 436, the provider would have to offer to conduct the tests at the time of first examination during the third trimester – and there wouldn't be any penalties or sanctions for failing to do so. The bill was amended to include the provisions of a bill (S.B 114) that would add “community service boards” to the list of exemptions for the the number of APRN’s that are allowed to be supervised by a physician. MAG position: Neutral. Outcome: Passed.</td>
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<td>HB 409</td>
<td>H.B. 409 by Rep. Darlene Taylor (R-Thomasville) would prohibit health insurers from limiting or excluding coverage for burn treatments that use cadaver or non-human xenographic skin tissue. MAG position: Supported. Outcome: Passed.</td>
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| HB 429            | 4/2: H.B. 429 by Rep. Ron Stephens (R-Savannah) would block health insurers from restricting coverage for prescribed treatments and drugs and devices for insured patients who have been diagnosed with a terminal condition. This would include “any disease, illness, or health condition
that a physician has diagnosed as expected to result in death in 24 months or less.” MAG position: Supported. Outcome: Passed.

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<th>SB 126</th>
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<td>S.B. 126 by Sen. Chuck Hufstetler (R-Rome) would have allowed additional medical professionals to prescribe auto-injectable epinephrine “to an authorized entity and for other emergency purposes.” Georgia’s current law – Code Section 20-2-776.2 – limits this authority to physicians, PAs and APRNs. MAG position: Neutral. Outcome: Did not pass.</td>
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