

CMA Legislative Day Summary – April 19, 2023

There were 5 bills that we discussed with our California State legislators during California Medical Association’s Legislative Advocacy Day on April 19, 2023. We voiced support for 2 bills and opposed 3 bills as well as advocated for the increase in Medi-Cal reimbursement rates

AB 765 (Wood) Physicians and surgeons

SUPPORT

AB 765 creates the California Patient Protection, Safety, Disclosure, and Transparency Act is a proposed law that aims to protect patients from being treated by someone who is not qualified to practice medicine. If the bill is passed, it would be illegal for anyone who is not a licensed physician or surgeon to use certain titles, words, or descriptions that suggest they are a physician. This is because existing laws that prevent non-physicians from using the term “physician” are not enough. There are many other terms and titles that can be used that imply the provider is a physician, which can be misleading. This proposed law would fix that problem by making sure that anyone who is not a physician is also prohibited from using those other “physician-equivalent” terms. This bill does not include any language that would restrict professionals with a doctorate degree in a profession besides medicine from referring to themselves as doctors, there is an existing law that created guidelines for the truthful use of the term doctor. This bill would limit non-physicians from using terms that would make patients believe they are physicians when they are allied health professionals or other provider types. In short, the bill aims to protect patients by ensuring that only licensed physicians are allowed to use certain titles and descriptions that imply they are qualified to practice medicine.

SB 598 (Skinner) Health care coverage: prior authorization

SUPPORT

SB 598 aims to improve patient access to healthcare services and treatments. It would prevent health insurance companies and healthcare service plans from requiring a prior authorization for covered healthcare services if a contracted health professional has a high approval rate of prior authorization requests (at least 90% in the most recent one-year period). The bill outlines standards for this exemption and its appeal process. The exemption would be evaluated by the plan or insurer once a year and can only be rescinded at the end of the 12-month period and if certain criteria are met. The bill would also give treating physicians who do not have a prior authorization exemption the right to appeal a denial with a physician of the same or similar specialty. SB 598 is a balanced approach that ensures physicians practice within the plan’s criteria, while also

allowing the physician to care for the needs of their patients without undue burden from health plans. There are patient safety and fraud protections built into the bill that are consistent with current practice and law. Additionally, there is a 3- year sunset and a report on the exemption program for prescriptions, to ensure there are no significant cost impacts and misuse. Finally, a physician with a prior authorization exemption cannot provide services that are outside of their general specialty. This comprehensive approach to reforming the prior authorization process would increase patient access to care, improve patient health outcomes, and make physician practices more efficient and effective.

AB 1570 (Low) Optometry: certification to perform advanced procedures.

OPPOSE

AB 1570 has two main parts. First, it would add neuromuscular blockers to a list of excluded classes of agents, which would make using them a crime. Second, it would allow certified optometrists to perform advanced procedures if they meet certain requirements for education, training, examination, and more. This would expand the crime of perjury because qualified educators and course administrators would need to certify or attest to the optometrists' advanced procedure competency. This bill puts patients at risk by allowing physicians who are not trained as surgeons to perform dangerous eye surgery. Educational requirements should be consistent across the medical field to maintain patient trust. Advanced surgical procedures using lasers and other materials should only be administered by surgeons who have received a complete, comprehensive education. This bill is an example of a scope expansion that can potentially put patients in harm's way while also undermining the practice of medicine.

SB 524 (Caballero) Pharmacists furnishing prescription medications

OPPOSE

SB 524 allows pharmacists to perform and report certain medical tests that are approved by the FDA and classified as waived under the Clinical Laboratory Improvement Amendments (CLIA). It also permits them to provide prescription medications based on the results of those tests. The tests that qualify include those for SARS-CoV-2, influenza, streptococcal pharyngitis, sexually transmitted infections, and conjunctivitis. This includes antibiotics for various illnesses, conditions and diseases. Under this bill physicians would be removed from the patient care process if the patient chooses to test and treat at a pharmacy. Pharmacists are NOT physicians and should not make decisions regarding a patient's treatment plans without physician input or guidance. Tests allowed in a pharmacy currently are not comprehensive health screenings, which means they cannot paint a complete picture of the patient's health status. This would make allowing pharmacists to furnish prescriptions very dangerous. This scope expansion from retail pharmacists is unnecessary and undermines a physician's crucial role in patient

care. Test to treat evaluates a patient's health based on individual test results, assessing health in this way would diminish the total patient care approach preferred by physicians and patients.

AB 1751 (Gipson) Opioid prescriptions: information: nonpharmacological treatments for pain

OPPOSE

AB 1751 requires prescribers to discuss specified information with any patient before directly dispensing or issuing the first prescription for a controlled substance containing an opioid in a single course of treatment. This requirement already applies to minors, but this bill would extend it to all patients. This bill would force physicians to inform patients about nonpharmacological treatments for pain, including chiropractic, acupuncture, and mental health services – when prescribing opioids. Additionally, this bill would require physicians to provide redundant patient notifications and get patient signatures through a cumbersome informed consent process. Under this bill, the only exception to the above requirements would be a patient under hospice care. This bill undermines physicians' expertise and would allow external groups to dictate how we provide pain management care to our patients. Physicians already practice safe prescribing techniques with opioids, this bill adds an unnecessary administrative burden to physicians by requiring informed consent. AB 1751 would require referrals for non-pharmacological treatments without proposed coverage expansions, meaning many patients who do not have those treatments as a covered benefit will have to pay out of pocket.

Medi-Cal Rates

California's Medicaid program, known as Medi-Cal, insures more than 14 million low-income people throughout the state, including almost 6 million children. Half of California's kids are born into Medi-Cal, making it an essential program for preventive and routine care for children in California. Additionally, 43% of disabled individuals are on Medi-Cal, while two-thirds of individuals in long-term care facilities (skilled nursing, etc.) are on Medi-Cal. Although the Medi-Cal caseload has continued to grow, funding for the program has remained the same for decades. The result is that Medi-Cal providers have been asked to continue seeing their patients with rates that were last increased almost 25 years ago. Reimbursements have always lagged behind other programs such as Medicare and employer-based private health coverage, but the rising cost of inflation and growth in the program has become unsustainable for many practitioners. While California is offering coverage to more eligible individuals, providers are having to make the difficult decision as to whether they participate in the program at all. In 2016, Proposition 56 was passed to provide supplemental payments to providers providing care to Medi-Cal patients. However, a tax on tobacco products is diminishing revenue (which is a good thing because the policy is working), meaning the

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supplemental payments do not go as far as they used to. To truly provide Health Care for All, we need to address the issue of rates. We need to invest more into this safety net program and give Californians the care that they want and need. We have been and are committed to increasing access, increasing quality, and reducing disparities in Medi-Cal through coverage expansions, California Advancing and Innovating Medi-Cal (CalAIM) and benefit designs. However, the last fundamental issue is making sure that the program can support providers that want to provide care to their underserved communities.