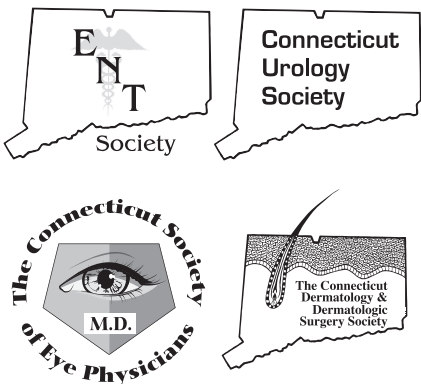


2023 LEGISLATIVE PRIORITIES



MEMBER UPDATE



2023 Will be a tough legislative year

Physicians are once again being challenged to defend the medical practice act. In 2023 APRNs & PAs are seeking to advance their scope of practice. Allied health continue to raise legislation to allow them to use the title physician and in general, there is a pervasive attitude of unappreciation for medical doctors and their extensive training. Mds & DOs are not appreciated for the value they bring to the healthcare delivery system.

- 2023 legislation is pending that will allow independent practice by an APRN with only one year of collaboration with another APRN. This greatly changes the current requirement of 3 years collaboration with a physician
- Physician Assistants are seeking independent practice
- Physician recruitment and retention is at a critical juncture
- Physician fatigue is at an all time high
- Trial Bar Attorneys are attaching physicians' personal assets prior to med/mal judgements



“MD Makes a Difference”

We will continue to fight for prior legislative priorities that did not make it to the finish line in 2022, including:

- Prior Authorization and Step Therapy Relief
- Increase Medicaid Reimbursement
- Torte Reform Protections
- Protecting the “physician” title - it belongs to MDs /DOs

We will help to broaden the Physician Retention Bill passed in 2022 to include:

- Debt Forgiveness for Specialty Physicians along with Primary Care MDs, who got relief in 2022
- Asset Protection for Physicians
- Reduced Wait Time on Provider Enrollment with Insurers

New Legislative priorities include:

- State coverage of defense costs for physicians in Medicaid lawsuits (to match current attorney and State employed physicians' benefits)
- Provide physician malpractice coverage when providing medical/surgical care to Emergency Room patients
- Medical Record protection and access when ownership entities dissolve or go bankrupt

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Leveling the playing field for physicians caring for Medicaid patients.

Currently CT General Statutes immunize “attorneys appointed by the court as Division of Public Defender Services assigned counsel, individuals appointed by the Public Defender Services Commission, or by the court, as a guardian ad litem or attorney for a party in a neglect, abuse, termination of parental rights, delinquency or family with service needs proceeding.”

The attorneys who fall within this definition are (1) private attorneys who agree to represent indigent criminal defendants; (2) private attorneys who agree to act as a guardian ad litem for a minor, typically in child custody matters, and are appointed by a court of law; and (3) private attorneys appointed for a child or adult in a matter brought by the Department of Children and Families. These attorneys are paid by the State, usually at a modest hourly rate. Pursuant to General Statutes section 4-160, a person who wishes to sue based on

TEAM APPROACH IN HEALTHCARE



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the negligence of these private attorneys can request permission from the Office of the Claims Commission. If permission to sue is granted, the lawsuit is not against the attorney, but is against the State of Connecticut. There is no right to a jury trial. Liability and damages are decided by a judge. We are requesting that physicians are added to the list of individuals who receive immunity if they are providing medical care to Medicaid recipients in an effort to compensate for abysmal reimbursement rates.

Legislation that would increase provider participation with Medicaid.

- Increase reimbursement in parity to Medicare rate
- Eliminate the \$100 deductible on Medicaid/Medicare recipients
- Cover the 20% co-pay on the dually eligible Medicare/Medicaid recipients

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SUPPORT

OPPOSE

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TRUTH IN ADVERTISING PROTECT THE TITLE “PHYSICIAN”

Patients understand that physician means a medical doctor - allowing non-medical doctors to use this title only confuses the public.

REDUCE DRUG COSTS AND LOWER DEDUCTIBLES

According to the International Federation of Health Plans, Americans pay 2 to 6 times more than the rest of the world for brand name prescription drugs. Yet, Insurers bait-and-switch consumers by changing medication formularies repeatedly after the enrollment period is closed locking patients into a plan. This is unfair to consumers who selected their insurance plan based on advertised formularies.

LEGISLATION THAT SEEKS TO DIMINISH THE MD-LEAD TEAM APPROACH TO MEDICINE

The solution to improving healthcare in Connecticut is NOT to allow lower level providers to practice independently. This only reduces the level of education, training and skill of the providers in our healthcare system. The answer is to improve the medical climate in Connecticut to attract the most qualified and best trained physicians. Physician assistants (PAs) are physician extenders who work best under the supervision of physicians and augment the healthcare team approach.

Allowing APRNs to collaborate less than 3 years with an MD for independent practice only dilutes the training and supervision; patients are at risk. Would we want medical doctors to cut their training by 3 years?



“MD Makes a Difference”

BROADENING THE PHYSICIAN RETENTION/ RECRUITMENT BILL OF 2022

Specialty Physicians like Primary Care Physicians need inducements to practice in CT. Many states offer numerous incentives to attract young physicians into their state, while others provide protections to older physicians to encourage them to remain in practice. Some of these inducements include:

- Debt forgiveness to Specialty Physicians
- Tort Reform protections
- Medical record protection against venture capitalists who file for bankruptcy

