

What if No One was On Call?

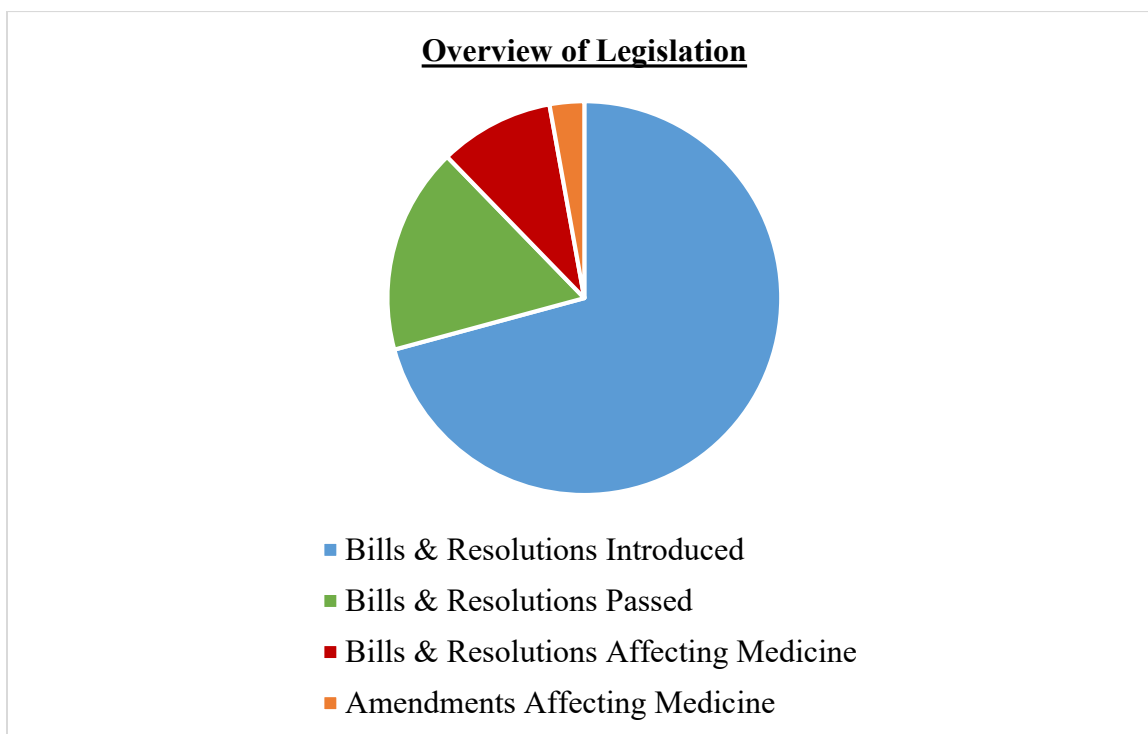
2019 Legislative Recap

In times of illness, injury, and emergency, patients depend on their physicians. But what if no one was on call? Public health would be in jeopardy. The same holds true for organized medicine when the legislature is in session.

If the Association had not been on call for its members, numerous inappropriate expansions to the scopes of practice for non-physicians would have passed; lawsuit opportunities against physicians would have increased; and poorly thought out “solutions” to the opioid abuse epidemic could have become law.

Overview of Legislation

Bills & Resolutions Introduced:	1,495
Bills & Resolutions Passed:	358
Bills & Resolutions Affecting Medicine:	199
Amendments Affecting Medicine:	60



2019 & 2020 Legislation to Watch

Scope of Practice Expansions

- **Physical Therapy:** This bill ([HB50](#) & [SB25](#)) would have eliminated the physician referral requirement and allows for physical therapy direct access. By doing so, patients would not receive a medical diagnosis, potentially receive unnecessary care, and ultimately be delayed in obtaining appropriate care. The Senate Health Committee voted to oppose this legislation by a vote of 2-8.
- **Optometry:** This bill ([SB114](#)) amended current law to allow optometrists to perform surgeries on the eye and gives the Alabama Board of Optometry the sole power to define and regulate the scope of practice of optometry. The legislation never received a committee vote.
- **CRNAs:** This bill ([SB156](#)) expands the scope of practice for CRNAs by abolishing the requirement for a physician to be “immediately available.” The bill could also lead to CRNA prescribing as it removes prohibitions on CRNAs from practicing in a nurse practitioner-type capacity. The legislation never received a committee vote.
- **Licensure of Imaging Personnel:** This bill ([SB165](#)) required any personnel operating radiation and imaging machines to obtain a license from a newly created state board. Moreover, this board would have been given authority to set the scope of practice for those regulated. The legislation never received a committee vote.
- **Podiatry:** This bill ([HB310](#)) expands the scope of practice for podiatry to include treatment of disorders of the foot, ankle, and lower leg. While the bill prohibits the amputating legs, it allows surgery up to the tibial tuberosity and the authority to prescribe medications. The legislation never received a committee vote.

Truth in Advertising

This bill ([SB293](#)) prevents deceptive or misleading health care advertising and requires all health care practitioners to wear a name tag with their name and license type listed as well as requiring the same information be posted in the lobby of their practice or facility and on the practice’s website. Although SB239 did not receive a vote for final passage, the Association plans to work with legislators on similar legislation next session.

Involuntary Commitment

There were a host of bills concerning involuntary commitment introduced this legislative session. In general, these bills ([HB381](#); [HB402](#); [HB431](#); [HB435](#); [HB471](#); [SB402](#)) amend current law to allow a certified nurse practitioner or physician assistant to coordinate with a physician or psychologist in deciding to treat an individual who is unable to consent and without having to contact a family member. The goal of these bills is to streamline the involuntary commitment process for facilities in rural areas. The Association worked with multiple groups to successfully add liability protection for physicians before bills passed.

Immunization Registry (ImmPrint)

This bill (SB256) would require health care providers to report immunization data to the registry and to review the registry before a vaccine is administered. Annual influenza vaccinations are exempt from the review requirement, but are still required to be reported. The bill was set for final passage in the House, but it did not receive a vote on the final day of the session.

Chemical Castration

This bill (HB379) provides chemical castration treatment conditions for the parole of persons convicted of a sex offense under certain conditions. The Association worked with the bill sponsor to add language protecting physicians who administer these drugs from liability.

Rural Physician Tax Credit

This bill (SB374) would have amended the current definition of rural, strengthened the residency requirement, and extended the tax credit from 5 to 6 years. Looking ahead to 2020, we are working to restructure the tax credit so that physicians both living and working in rural areas are eligible to receive the credit at an amount of \$10,000 for 7 years. Those who commute to a rural area would be eligible for a \$5,000 credit for 7 years. The tax credit is a significant factor in physician retention in Alabama's rural communities and a priority for the Association.

Board of Medical Scholarship Awards (BMSA)

The Association worked with BMSA to request additional funding for this highly successful program, but the increase was ultimately not included in the budget. We have already begun working to double BMSA's funding for the 2020 budget and are hopeful these efforts will pay off. Like the Rural Physician Tax Credit, the BMSA is a critical tool to placing physicians in rural areas and the Association will continue promoting BMSA moving forward.

Maternal Mortality Review Committee (MMRC)

In response to the rise of Alabama's maternal death rate, The Medical Association of the State of Alabama is spearheading an effort to secure funding for the Maternal Mortality Review Committee (MMRC). In coalition with the Alabama Department of Public Health (ADPH), the Alabama Chapters of ACOG and AAP, Johnson & Johnson, and March of Dimes, we are proud to be leading the charge in spotlighting this tragic issue.

To learn more, go to alabamamedicine.org/savealmoms and check out the recent AL.com article highlighting our work.

Medical Marijuana

Having undergone significant changes in the House Health Committee this week, this bill ([SB236](#)) now reauthorizes CBD research at UAB via “Carly’s Law” and creates a Study Commission to make recommendations to the Legislature relating to the medical use of cannabis in Alabama. The “Qualifying Conditions” listed in the SB236 and/or anticipated to be in the 2020 legislation include the following:

- Autism Spectrum Disorder (ASD).
- Epilepsy.
- Cancer.
- Chron’s Disease.
- Conditions causing chronic, intractable pain including fibromyalgia and migraines for which treatment was ineffective.
- Degenerative or pervasive neurological disorders.
- Epilepsy.
- Glaucoma.
- HIV/AIDS-related nausea and weight loss.
- Multiple sclerosis.
- Muscle disorders, including those associated with spasms.
- Opioid addiction.
- Pain syndromes or pain associated with other medical conditions.
- Post Traumatic Stress Disorder (PTSD).
- Spasticity associated with a motor neuron disease including Amyotrophic Lateral Sclerosis (ALS).
- Spasticity associated with Multiple Sclerosis or spinal cord injury.
- Any terminal illness in which the life expectancy is less than six months
- Any additional conditions approved by the commission by rule.

Have you taken our Medical Cannabis Survey? If not [click here](#) to let us know your thoughts.

To stay up to date on legislation and advocacy efforts, check out our website at alabamamedicine.org/advocacy-news