

2024 LEGISLATIVE PRIORITIES



MEMBER UPDATE

2024 Will be a tough legislative year

Physicians are once again being challenged to defend the medical practice act. In 2024 Nurse Anesthetists are seeking to advance their scope of practice to practice independently. Private Equity is plundering and running medical delivery systems across the country 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.

- Physician recruitment and retention is at a critical juncture
- Physician fatigue is at an all time high
- Physicians are no longer taking Medicaid and low paying insurance plans since many practices cannot keep their doors open with these below cost reimbursements



We will continue to fight for prior legislative priorities that did not make it to the finish line in 2023 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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SUPPORT

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**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

TEAM APPROACH IN HEALTHCARE



SUPPORT

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

SUPPORT

**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? Does it make sense to allow Nurse Anesthetists to practice independently? Or is the physician led model better for patients?

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