

ARMA LEGISLATIVE REPORT CARD

2018 HIGHLIGHTS



The 53rd Legislature - 2nd Regular Session was one for the history books. Not in the sense of hitting any statistical milestones, but for its dramatic start (a special session on opioids), internal turmoil (sexual harassment investigation and ultimate expulsion of a member), and forced-spending finish (the #RedforEd teacher walkout). Session convened on January 8th, 2018 and adjourned Sine Die on May 4th, 2018.

150



Over the course of the legislative session, ArMA's advocacy team and its committee on Legislative and Government Affairs tracked, engaged, and advocated for physicians on over 150 bills.

1,206

Total number of bills introduced in both the House and Senate during the 2018 Arizona legislative session.

BILL	ArMA POSITION	ACTION
<p>HB 2322: Health Insurers; Provider Credentialing: Effective January 1, 2019, requires physicians must be credentialed and loaded into the claims system by commercial insurers within 100 days of submitting a complete application. The legislation requires a health insurer to establish an electronic process to submit an application for credentials and adopt and implement a standard application prior to January 1, 2020.</p>	 Support	<p>The enactment of this legislation was a high priority for ArMA. Joining forces with AOMA, the Arizona Hospital and Healthcare Association and the Health System Alliance of Arizona, after some initial resistance from the health insurers, we were able to come to an agreement on this very important issue that will bring badly-needed time limits and penalties, as well as transparency and disclosure requirements, to the way health insurers process physician credentialing and loading of their contracts for network participation.</p>
<p>SB 1034: Committee of Reference; Standing Committee: Makes changes to the sunrise process by removing a review by the Committee of Reference; instead allowing for a review by the appropriate House or Senate standing committee. SB 1034 changes the submission date of a sunrise application from September 1 to November 1 prior to the start of the legislative session. The bill allows an applicant to request an informational hearing and allows the committee to take public comment on an application at an informational hearing. The committees are prohibited from voting on whether to accept or reject an application, and an applicant is permitted to introduce legislation regardless of any comments from the hearing or if the application was not heard.</p>	 Advocate	<p>This bill became known to the advocacy team just shortly before the start of the legislative session. ArMA's advocacy team immediately went to work to amend this bill which in its original form would have gutted the sunrise process. After many hours of negotiations involving a large group of stakeholders and several legislators, we were able to reach a compromise in accordance with pre-established guiding principles to retain the patient safety protections inherent in the existing sunrise process and related scope of practice expansion applications.</p>



BILL	ArMA POSITION	ACTION
<p>HB 2042: Insurance Coverage; Telemedicine; Urology: Expands the current requirements for health insurance policies or contracts to provide coverage for urology, pain medicine, and substance abuse provided through "telemedicine", as if the service would be covered were it provided through in-person consultation.</p>	 Support	<p>ArMA was enthusiastically supportive of this bill sponsored by Representative Heather Carter, adding urology, pain medicine and substance abuse to the list of health care services provided through telemedicine that must be covered by insurance.</p>
<p>Prior Authorization Reforms: The prior authorization provisions, which were included in SB 1001, relate to patients with acute pain, chronic pain and opioid use disorder to ensure timely access to appropriate care and treatment. The reforms require that health plans must cover one form of medication-assisted treatment without requiring prior authorization, as well as must make available a listing of all prior authorization requirements. Health plans are required to acknowledge the receipt of a prior authorization request. The bill establishes maximum timeframes for decisions on prior authorization, and deems that requests are granted if there is failure for health plans to comply with timeframes.</p>	 Support	<p>During this year's special session regarding the opioid epidemic, ArMA's advocacy team worked with the governor's office to achieve the enactment of much needed prior authorization reforms. Prior to the Act, Arizona had no legislative requirements concerning the prior authorization process except for emergency services. Prior authorization reform remains a priority for ArMA.</p>

