HEARTBEAT

THE BIMONTHLY NEWSLETTER OF THE ALASKA STATE MEDICAL ASSOCIATION October 2024

PRESIDENT'S COLUMN

Fall is my favorite time of year in Alaska. I love the colors of the underbrush, the fleeting aroma of high bush cranberries on the breeze, and the way the mountains seem to move closer as the air turns cool. After the long summer days spent fishing and boating and hiking and caring for visitors and patients who are also out enjoying the long days, it feels good to take a moment to rest and reflect.

Kristin Mitchell, MD

I've been thinking about the purpose of ASMA, particularly after our recent Fall General Membership Meeting. I wanted to share some highlights - you can find the full minutes elsewhere in this newsletter.

The general membership voted to welcome our Alaska-licensed podiatry colleagues to membership in ASMA through a bylaws change. We look forward to broadening our membership and our ability to represent our

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Plan ahead for ASMA's Leadership Training Program in 2025

The Future Alaska Medical Leaders program (FAMLI) in partnership with the Physician Foundation is offering another leadership program in 2025. We can take up to 15 participants in the program. There are no fees for this program due to grant funding, but applicants must be current members of ASMA. Additionally, participants can earn up to 35 hours of CME for completing the program.

The program schedule is set for 2025. There will be an all-day, in-person beginning and ending session in Anchorage with the interim sessions via Zoom.

January 17 – Live Kick-off session in Anchorage – 9:30am-4:30pm
January 31 – Virtual - 8:00am-11am
February 14 - Virtual - 8:00am-11am
February 28 - Virtual - 8:00am-11am
March 21 - Virtual - 8:00am-11am
March 28 – Virtual 8:00am-11am
April 4 - Virtual 8:00am-11am
April 18 - Virtual 8:00am-1a1am
May 2 –Final in-person session and graduation in Anchorage – 8:30am-3:30pm

Medical Board News for October

License renewal applications will be available no later than November 30th, 2024. Licenses must be renewed before December 31st, 2024. Renewal fees are expected to be less than last cycle.

The medical board has made several changes to the licensing application process that are expected to reduce the processing time for new licensees. These changes include:

- Authorizing the executive administrator to issue the license without board approval unless there are "yes" answers on the application.
- Removal of the requirements for original letters of verification of hospital privileges, federal Drug Enforcement Administration (DEA) clearances, and AMA or AOA Physician Profiles for both initial licensure and renewals.
- These requirements will be replaced by attestations from the applicant regarding disciplinary actions taken against the applicant and revoked or restricted DEA registration information.

ASMA Website Info:

- For those that have not logged in yet, the site did not carry over your password. You **WILL** need to reset it in order to login.
- If you don't have an address in the "personal" field you will not receive mailings. Please login to update your profile.
- Physician images were **not** imported to the new site so please be sure you log in and upload a new photo for the OMD (Online Medical Directory).
- The system currently does not support Company Admin's uploading individual physician photos. You may email photos to Cjeanes@asmadocs.org, but please include the physician name and company so that we can be sure we're uploading to the proper profile.

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professions and patients in Juneau. If you encounter a podiatry colleague this month, please invite them to join you as an ASMA member. We also learned about efforts to expand graduate medical education in Alaska. Internal medicine residents will be based in Soldotna starting in July, and efforts are underway to expand psychiatry training. Contact Dr Harold Johnston for more information about the Graduate Medical Education Council.

I was struck that as an organization representing physicians and physician assistants in Alaska, we had some important legislative wins last session, and there continues to be important advocacy work ahead of us. A bill containing some important reforms of the Pharmacy Benefit Manager programs passed. The bill requiring state-regulated insurers to cover follow-up mammograms as well as screening tests will become law without the Governor's signature, effective October 28, 2024. Bills expanding the scope of practice for naturopaths and physician assistants did not pass but are likely to return again. ASMA continues to be engaged in work about prior authorization reforms and the 80th percentile rule repeal and is actively working on a new network adequacy initiative. If you are passionate about any of these issues, especially if you are interested in testifying during the legislative session or are interested in working with the joint ASMA and AKAPA group about proposed legislative changes, please let me or executive director Pam Ventgen know.

As I wrote in my previous newsletter, advocacy is a realm where we can benefit our patients and our profession by educating legislators so they can make better decisions. Much like patient education, legislative change requires building relationships and trust, and often involves repeating appropriately targeted messages in digestible pieces before behavior change happens. Physicians and other health care providers are respected members of our communities, and our opinions and input carry weight. Whether we share our informed opinions with colleagues, neighbors, legislators or letters to the editor, our voices can make a difference.

After two forest encounters between my rescue dogs and a new-to-the-neighborhood coyote, I'll be moving my evening walks to the beach. I wish all of you a restorative and healthful fall.

Update from the Alaska State Graduate Medical Education (GME) Council Working Group

We appreciate the opportunity to update the ASMA community on the progress of the Alaska State GME Council.

As many of you know, Alaska faces a significant shortage of physicians. Previous *Heartbeat* issues, as detailed by Dr. Lex VonHafften, have underscored the critical need for more Alaskan GME opportunities and sustainable funding to address this gap. National data consistently shows that physicians who complete their residency training in a particular state are more likely to stay and practice there. Alaska's retention rates are even higher than the national average (57%), often topping the list. Since its establishment in 1997, the Providence Alaska Family Medicine Residency, the state's only internal residency training program, has retained 76% of its graduates within Alaska (77% in the last five years).

In April 2024, the University of Washington School of Medicine/WWAMI program hosted a GME Summit in Anchorage. This summit brought together medical and community leaders to explore key issues in graduate medical education across the region. Experts from other states, where statewide GME councils have proven to be successful, shared their insights and strategies for expanding residency opportunities and improving physician retention.

The summit inspired Alaskan GME leaders to establish a statewide GME Council, a long-discussed idea that has now gained momentum. Over the summer, a working group of dedicated and experienced individuals began laying the foundation for this effort.

Currently, we are focused on gathering data, analyzing models from other states, exploring sustainable funding mechanisms, and establishing initial processes that will ensure the Council's long-term success. We are also planning educational and informational sessions to gauge interest, engage stakeholders, and build statewide support. In essence, the working group is laying the bedrock on which to build a successful and sustainable Council to increase GME and, thereby, ultimately, improve access to quality care for all Alaskans by recruiting and retaining excellent physicians.

Our goal is to formally launch the diverse and robustly representative Alaska GME Council by Fall 2025, with key preparatory meetings occurring in the spring of next year. If you wish to stay informed as progress unfolds, please reach out to us.

Alaska GME Council Working Group - Members

Gloria Burnett, MS	Nancy Merriman, MPH	Suzanne Tryck
Tonya Caylor, MD	Tari O'Connor	Ursula McVeigh**,** MD
Barb Doty, MD	Gina Senko	Alexander vonHafften, MD
Harold Johnston, MD		

Alaska GME Council Working Group - Contact Information

contact@alaskagmecouncil.com or visit www.AlaskaGMECouncil.com

Tonya L Caylor, MD, FAAFP

Alaska GME Council Working Group Lead

Member, Alaska State Medical Association

ASMA actively supported this legislation last session to improve patient access to necessary pharmaceuticals.

HB226: Pharmacy Benefit Manager Transparency and Reform

House Bill 226 applies to plans covered by Alaska Statute 21 – Commercial Plans- that utilize Pharmacy Benefit Managers (PBM) as middlemen to manage outpatient prescription drug benefits. This represents approximately 15% of the Alaska population. It acts as **a critical intermediate step** in providing a legislative reform of PBMs operating in Alaska. However, additional PBM reform is needed from legislative, judicial, and regulatory perspectives at both state and federal levels. Effective Date is January 2025.

This bill has been pared down from the original version and now contains the following:

Curtails certain unfair trade practices of Pharmacy Benefit Managers (PBMs) by including them under the Alaska Unfair Trade Practices and Consumer Protection Act.

This bill will ensure that a PBM contracting with commercial insurers in the state may not:

- interfere with a patient's right to choose their pharmacy;
- interfere with a pharmacy's right to participate as a network pharmacy;
- reimburse any pharmacy less than the PBM reimburses its own affiliated pharmacies;
- prohibit a network pharmacy from shipping or delivering drugs to its patients;
- require undue credentialing fees from pharmacies as a condition of joining a PBM network;
- collect any fees from a pharmacy, including claims processing fees, performance-based fees, network participation fees, or accreditation fees.
- engage in "spread pricing," *i.e.*, collect more for a drug from an insurer than the PBM reimburses to the pharmacy (and pocketing the difference)
- reverse and resubmit a claim more than 90 days after the date of the claim

Improves safe and efficient access to clinician-administered drugs. This bill addresses safety risks posed by "white bagging" and "brown bagging" practices, where Pharmacy Benefit Managers (PBMs) control drug distribution for clinical use. These practices involve shipping drugs either to the healthcare provider or the patient, risking improper handling and storage. By barring commercial insurers and their PBMs from mandating white or brown bagging, the bill will enhance patient safety and ensure drugs are prepared and administered under appropriate clinical conditions.

Requires PBMs to follow a duty of care to plan sponsors, benefits administrators, and employees in Alaska. Currently PBMs are only required to provide a fiduciary duty (duty of care) to their shareholders. PBMs will be required to:

- make financial decisions that are in the best interest of Alaska employers rather than their own bottom-line;
- pass through all rebates collected from drug manufacturers to employers;
- provide several additional layers of financial arrangement transparency to employers;

Requires registration of Pharmacy Benefits Managers with the Division of Insurance (DOI) & Strengthens the Appeals Process. With this oversight, the DOI will be able to regulate PBMs and ensure they are performing their duties with care, skill, prudence, and diligence. Provides authority for the DOI to adopt regulations that provide criteria for reimbursement, appeals, and grievances.

Alaska State Medical Association

Fall Meeting of the General Membership

October 2, 2024

Minutes of meeting held at the BP Energy Center and on Zoom

Call to Order: The meeting was called to order at 6:01 pm by President Dr. Mitchell.

Board of Trustees in attendance: Drs. Tuomi, Foland, Johnson, Klix, Compton, Colescott, Merkouris, Sheufelt, and PA Froiland.

Staff present: Jardell, Holmes and Ventgen.

Guests present: Jeff Davis, consultant, and Bruce Richards, Central Peninsula General Hospital.

Members Present: Jean Tsigonis, Kathy Young, Barb Doty, Betsy Douds, Jenny Fayette, Megan Hall, Wendy Cruz, Christine Woods, Matthew Dow, Mari Hately, Lisa Alexia, James O'Malley, Bruce Kiesling, Harold Johnston, Jeff Moore, Helen Adams, Eli Powell, Alex Malter, Ursula McVeigh, Mary Stewart, Wendy Smith, and Mark?

Minutes: The minutes of the May 1, 2024, General Membership Meeting were approved after a motion by Klix that was seconded by Foland.

Bylaws Amendment – Podiatrists. The board of trustees voted at their meeting September 12th to waive the 30-day member notice requirement for bylaws changes and alert members to an upcoming bylaws amendment vote at the October meeting.

The question is – Will ASMA invite podiatrists licensed in Alaska to become members of ASMA.

This question arose as the two largest orthopedic groups in Alaska have recently included podiatrists in their groups and want to enroll these podiatrists along with their physicians as members of ASMA.

The State Medical Board licenses podiatrists and considers podiatrists as physicians. [AS 08.64.170, AS 08.64.209 and AS 08.64.380]. The medical board regulations 12 AAC 40.[illegible](a)(12) define "physician" as a person licensed under AS 08.64 to practice medicine or surgery, including podiatrists. Podiatrists must meet the same license renewal requirements as MD/DOs including opioid CME.

Additionally, since podiatrists are licensed by the State Medical Board and the board has a memorandum of agreement with ASMA for monitoring physicians and physician assistants with substance use disorders, it is anticipated that a podiatrist with a substance use disorder would also be referred to the Physician Health Committee. If podiatrists were members of ASMA there would be no barriers for PHC support.

Upon a motion by Foland, seconded by Klix, the bylaws amendment passed unanimously.

ASMA Business: ASMA received a letter from the Department of Labor and Workforce Development asking for recommendations of physicians to serve as Second Independent Medical Evaluation (SIME) physicians for Worker's Compensation. No one volunteered or knew of anyone interested in serving in this role, mentioning time commitments and taking time away from regular patients.

The proposed budget was reviewed and upon a motion by Young, seconded by Malter, the budget was approved.

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Legislative Involvement:

Mr. Jardell briefly reviewed highlights of the last legislative session. He also discussed the level of physician involvement in participation with bills (up and appreciated) and campaign contributions (down at this point). Physician engagement with legislators personally and financially makes a huge difference in responsiveness when legislators are faced with bills involving patients and the practice of medicine. Now is the time to build relationships so they are there when needed. Dr. Powell also emphasized the need for contributions to the Political Action Committee. ASMA contributes to candidates on both sides of the aisle and focuses on issues, not political parties.

Prior Authorization:

Bruce Richards from Central Peninsula Hospital discussed prior authorization. The bill that came very close to passing earlier this year failed at the last minute when Premera sent a letter to legislators threatening to pull out of the market in Alaska if the bill passed. That scared legislators and the bill died. Last session's bill was a 'gold card' bill. After much research, Mr. Richards contacted the Division of Insurance (DOI) and has drafted a different proposal that focuses on alleviating delays to patient care, denial of necessary treatment, patient frustration and anxiety. This new effort targets time frames, transparency, application programming interface, prohibiting step therapy for stage four metastatic cancer, override exceptions for step therapy determinations, compliance and enforcement. The Alaska Hospital and Healthcare Association has already approved this effort, they are now asking for ASMA's support. Upon a motion by Compton, seconded by Foland, the members voted to support the prior authorization effort and directed the Board of Trustees to take action as needed.

Network Adequacy:

Dr. Compton gave an update on establishing network adequacy. There is always friction between those who provide health care and those who pay for that care. Premera's CEO has declared that one way to reduce the cost of health insurance premiums is to narrow the network of providers. However, patients have limited ability to determine if their insurer network is adequate and often don't realize it until they need unanticipated care. This strategy shifts cost burden from insurer to patient. No one is looking out for the patient except ASMA. As such, ASMA has committed to advancing network adequacy by hiring a consultant to draft statutory language and work with Kevin Jardell, lobbyist, to shepherd the bill through the legislative process.

Commitments from physicians and groups have been received for about half the funding needed for this project. Every group approached has been enthusiastic about this being the best approach to protect patients.

Graduate Medical Education:

Dr. Harold Johnston described the Graduate Medical Education Council being established in an effort to increase GME opportunities in Alaska. More information is in the agenda materials and he will keep us updated.

Next meeting of the General Assembly will be on Wednesday, May 7th, 2025.

The meeting adjourned at 7:56 pm.

ASMA's Legislative Priorities for 2025

ASMA advocates for patients and physician-led care in Alaska. Some groups and specialty societies have lobbyists in Juneau and they play an important role, but ASMA is the only association that represents all physicians, primary care as well as specialists, urban and rural, solo practice and group practices. We are continually vigilant on bills introduced and regularly monitor over 100 bills per session. We do this so you can focus on your patients.

We do, however, need your voices. This can take the form of written or oral testimony when bills come up during the legislative session, personal communications with your Representative and Senator, or campaign contributions to legislators who are interested in supporting physicians' and patients' interests. We monitor the bills for you, but physician voices carry more weight on health care issues than any other.

Issues we will be focusing on in the upcoming session beginning in January:

Network Adequacy – Defining in statute what constitutes an adequate network of providers within a geographic region of the state so that insurers cannot easily exclude medical providers from being in-network. Insurers attempt to lower premiums by offering narrow networks of providers and shifting all out-of-network costs to patients. Consumers have limited ability to discern what an adequate network is and often don't discover that their network is narrow until they unexpectedly need specialty services. This is not good for patients and not good for medical professionals.

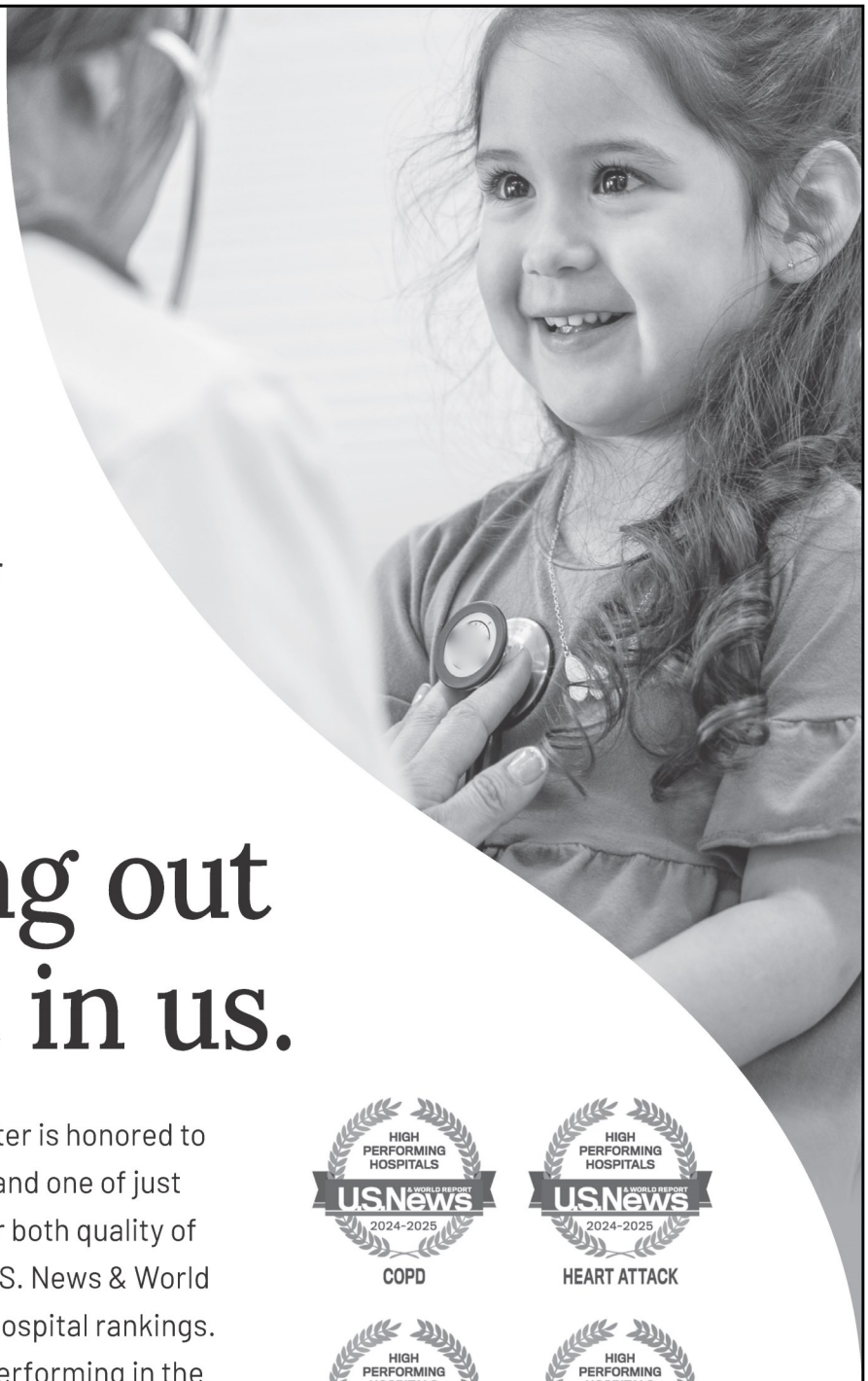
Prior Authorization – Last session, the prior authorization bill was killed when Premera sent a last-minute letter to legislators threatening that if the bill passed, Premera would pull out of the individual insurance market in Alaska. Alaska is a profitable market for insurers and there are other insurance companies interested in operating in Alaska. ASMA and the Alaska Hospital and Healthcare Association have both voted to support a new prior authorization bill with the following components:

- Time frames for standard and expedited prior authorization requests
- Automatic approval if deadlines are missed
- Appeals processed quickly
- Chronic condition approvals good for 12 months
- Transparency – if denied, give reason, cite guidance, clinical evidence
- New policies must be on payor and vendor websites
- Application programming interface requirements, similar to CMS rule
- Step therapy guidelines and exceptions
- Compliance and enforcement

The draft of this bill has been transmitted to the Division of Insurance (DOI). Next steps include negotiation with DOI and payors, identifying a legislative sponsor and pre-filing legislation for introduction in January.

Scope of Practice – ASMA anticipates that naturopaths will again seek legislation granting them broad prescriptive authority and minor office procedures, which ASMA believes naturopaths do not have adequate education or training to perform safely. Fewer

Legislation Continued on page 10



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Support ASMA's Network Adequacy project by completing and returning this form by mail or fax or going to asmadocs.org and contributing online. No need to sign in, the contribution form is on the home page. Thank you for helping your patients have access to the physicians of their choice and not being limited by narrow insurance networks.

Insurance Network Adequacy Project

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Legislation continued from page 8

than half the States license naturopaths. Florida, Tennessee and South Carolina expressly prohibit the practice of naturopathy. The Centers for Medicare and Medicaid Services (CMS) does not recognize naturopathy as a valid form of medical care and naturopathic care is not covered under Medicare or Medicaid. Most insurance plans do not provide coverage for naturopathic care. Alaska should not be the forefront of expanding the scope of naturopathic practice. The naturopaths in Alaska and a few other states can mount a vocal support effort for expanded scope of practice in Alaska. Physician voices are critical in convincing legislators that expanding naturopathic scope is not good for patients in Alaska.

Physician Assistants are licensed and regulated by the State Medical Board (SMB). At its meeting earlier this month, the SMB voted unanimously to move forward with a regulation project to streamline the licensing process for PAs, reduce the requirement from two collaborating physicians to one, hold the practice agreement at the practice level rather than requiring it be submitted to the board, remove the linkage of the PA's DEA authority to that of their collaborating physician (DEA and PDMP oversight of prescribing was felt to be adequate), and removal of other duplicative and redundant language. The proposed regulations now go to the Department of Law for review before going out for public comment. ASMA participated in this process. Despite the progress made with these regulation changes, it is anticipated that there will be a bill introduced giving PAs the right to practice independently, after an as-yet-undefined period of work experience. The American Academy of Family Physicians and the American College of Physicians both oppose independent practice for PAs, believing that physician-led care and the team approach is the best for patients. If you feel strongly about this issue, we need to hear your voice. Plan to write letters or emails to your legislators or engage them in conversations about why physician-led teams are most appropriate for Alaskan patients.

Why Alaska Needs Health Network Adequacy

Lower 48 insurers implement narrow networks to the detriment of patients & providers alike!

AK has no specific network minimums
Lower 48 networks exclude as many as 80% of providers
Premera has publicly stated their goal of narrow AK networks with NO out-of-network benefits
Currently, providers can be excluded from networks at discretion of insurer without checks or balances
Adequacy is difficult for consumers to evaluate
Often leaves patients surprised by limited or no coverage for needed care
Requiring adequate network minimums will restore some market balance between insurers, patients and providers

Is there precedent for Network Adequacy Standards?

38 States and Territories have network adequacy standards
Patterned after model statutes/regulations from the National Association of Insurance Commissioners (NAIC)
Tailored to the needs of a specific geography, population and available providers
Washington, Montana, South Dakota and HI have standards in place
Premera and Moda must meet WA standards to conduct business there
NAIC Health Insurance and Managed Care Committee:
Considered network standards the top priority for 2023
Recognized rules as important to a well-functioning healthcare and insurance market

What's included in this Network Adequacy Project?

- Draft network adequacy standards for health insurance plans tailored to Alaska with specific standards for inclusion of specialists and primary care physicians
- Refine standards through discussions with the NAIC, State regulators, AK healthcare providers, Legislators, AK Division of Insurance, (DOI), and other relevant constituencies.
- Work with key health insurers to build support or minimize opposition to the proposed standards.
- Build support amongst stakeholders for the proposed standards
- Encourage the DOI to adopt the proposed standards as regulations under existing AK statute.
- If unsuccessful with the DOI, draft legislation and build support with key Legislators and other stakeholders and introduce network adequacy legislation in next Legislative session

Project team will be led by Dr. Steve Compton under the direction of the ASMA Board, working closely with Kevin Jardell, ASMA's lobbyist, and Jeff Davis, consultant, to shepherd the bill through the process.

Glossary of Terms:

Narrow network – A provider network which does not include a significant portion of providers – in some instances in the Lower 48 up to 80% are excluded.

Adequate network – Contains sufficient breadth and depth of primary care and specialty providers to meet the expected healthcare needs of covered enrollees

Network minimums – Specific definition(s) of an adequate network based on geography, population and available providers

Out-of-network coverage – the level of payment an insurer provides when a consumer receives services from a provider not in the insurer's network

No out-of-network coverage – Zero payment from the insurer for services received from an out-of-network provider. No deductible or out of pocket maximum credit.

Market balance – when parties to a negotiation have equal influence over the outcome

National Association of Insurance Commissioners – Standard setting and regulatory support organization comprised of state insurance regulators from all 50 states, DC and five territories. Mission is to protect the public interest, promote competitive markets and improve state regulation of insurance.

Alaska Division of Insurance, (DOI) – State entity responsible for regulating the insurance industry to protect Alaskan consumers.

Model Statute/Regulations – Framework for the development and deployment of state specific solutions in either regulation (rules set by State agency) or Statute (laws enacted by the Legislature).

> Jim Grazko, President Premera Blue Cross Blue Shield of Alaska, "One change that would help limit future spikes in the individual market is if the state could give insurers more flexibility in their plan design Grazko said. Currently, Alaska requires insurers to provide at least some coverage for services from providers even if they're outside the insurer's network, Grazko said. In Washington, Premera offers a plan with no out-of-network benefits that's 15% cheaper than an alternative plan with some out-of-network coverage. "That might be another way for consumers to have a choice of lower-cost options premium-wise, in exchange for maybe a narrower network or a little bit less choice on the provider side", he said." By Nathaniel Herz, Northern Journal, November 16, 2023

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