



ILLINOIS ACADEMY OF
FAMILY PHYSICIANS

2011 Government Relations Update

“ALL POLITICS IS LOCAL” (former U.S. Speaker of the House Tip O'Neill)

Post-2010 election, Re-districting and 2012 elections: The last election cycle left the Illinois General Assembly with 18 “lame ducks.” So far this year, we’ve seen 12 new faces in the Senate (either filling unexpired terms or newly elected) and an astounding 31 new faces in the House (either newly elected, or appointed to an open seat). In addition to so many freshman legislators, the re-districting, coupled with the 2012 election promises to add MORE new faces in 2013. Currently, nine House members and seven Senators have announced their leave or retirement. And at the federal level, one U.S. House member is retiring at the end of his term. These transitions could have a profound impact on caucuses, coalitions, and each chamber’s “politics.” Going forward, every issue will *first* be an educational initiative in order to acquaint these new lawmakers with family medicine and then any specific piece of legislation.

LOBBYING

Illinois AFP and our great contract lobbying firm, Cook-Witter, Inc., celebrated 20 years of collaboration! And the partnership continues. Currently, Cook-Witter is tracking 190+ bills for Illinois AFP. During the first half of the 2011 Spring Session of the 97th Illinois General Assembly, more than 2,400 bills were introduced in the Senate and a staggering 3,700 in the House to mark this first year of a two-year cycle. Both chambers adjourned their spring legislative session and are currently in the middle of veto session. Of the 3,791 bills that the House introduced, approximately 406 passed both houses. Of the 2,486 bills that the Senate introduced, approximately 226 passed both houses. **The following bills that IAFP supported were signed by the Governor into law:**

HB1338 Immunization Registry Act: Illinois AFP supported this bill throughout the process including providing [written testimony](#) in committee and discussing the bill with lawmakers directly during our “Spring into Action” meetings in Springfield.

HB 1530 Mental Health Parity Act: Illinois AFP supported HB 1530 during our Spring into Action visits and the legislative session. The Act ensures insurance coverage parity for mental and behavioral health services, bringing Illinois into compliance with requirements included in the federal health care reform law. Insurance providers will not be able to limit coverage, nor impose higher co-pays or deductibles for mental or behavioral health services than those costs set for medical and surgical services.

HB 200 Protecting Our Student Athletes Act: Illinois AFP supported this legislation to raise awareness of concussions. It provides that park districts make available educational materials that describe the nature and risk of concussion and head injuries, including recommendations to remove youth athletes from sports activity who exhibit signs, symptoms, or behaviors consistent with a concussion, such as a loss of consciousness, headache, dizziness, confusion, or balance problems.

HB 2917 Rewrite of the Controlled Substances Act: Illinois AFP was invited to participate in the overhaul of the state's controlled substance law. Throughout numerous meetings and many draft iterations, the final bill made numerous changes relating to the scheduling, prescribing, and dispensing of controlled substances. The final law permitted an authorized prescriber to issue electronic prescriptions for Schedule II through V controlled substances if done in accordance with federal rules.

GRASS ROOTS ADVOCACY

IAFP's Spring Into Action: On May 3 – 5, IAFP members participated in three lobby days in Springfield. We offer CME for our lobby days, raise funds, and promote the program to residents/students. This year we hosted 30 participants and met with 43 legislators. Cook-Witter and Illinois AFP staff provided content review and procedural information each morning and the afternoon was spent at the Capitol. In subsequent years, Illinois AFP will offer only in-district meetings during election years and a combination of in-district and Springfield meetings in off-election years. We've already stepped up our grassroots advocacy with in-district meetings to inform state legislators of family medicine's role in the changing healthcare system, specifically with the health insurance exchange and the value of primary care.

AAFP's Family Medicine Congressional Conference: During non-election years, Illinois AFP holds its spring Board meeting in Washington, DC and uses the opportunity to educate our volunteer leaders on federal advocacy through their participation at FMCC. Illinois AFP made 18 visits with 24 volunteer leaders, including the Board members, key contacts, two residents, and two students. This will continue in 2013 and 2015.

MEDICAID

Medicaid Reform: Republicans believed their national mandate to stall/repeal healthcare reform and oppose any tax hikes would carry over to Illinois despite their minority status. Their tactic worked. In early January, a special session of the lame duck General Assembly passed a Medicaid reform bill mandating that 50% of the recipients be enrolled in a managed care program by 2015. The reform law also created a moratorium on any Medicaid program expansions and introduced "care coordination" as a managed care term meant to replace the patient-centered medical home. Illinois AFP submitted comments to the bipartisan reform committee as they deliberated the reforms. [IAFP comments to Medicaid Reform Committee](#)

Medicaid Integrated Care: In addition to the overall Medicaid reforms, Illinois started an integrated care pilot with the Aged, Blind, and Disabled population (carved out of the disease management program) in the Chicago metropolitan area. Previous attempts to manage care, via risk-bearing provider organizations that imposed restrictions on patients' freedom of choice, failed miserably. Serious problems of execution that plagued these organizations. It's also believed that employers and patients ultimately prefer open panels managed by health insurers to closed panels managed by providers. The pilot is moving ahead and both managed care entities that were awarded the Medicaid contract believe their cost savings will be their greatest success.

Medicaid eligibility and payment reform going forward: Illinois AFP's [testimony to the House Committee on Health Care Availability and Accessibility](#) included the importance of moving toward a blended payment system of fee-for-service, care management, and performance bonuses to adequately pay providers for the work needed to improve care, outcomes and lower costs for the Medicaid program. IAFP continues to stress regardless of the organization/entity, the delivery system must be built upon a medical home model with

primary care as its foundation

Underway: EHR – Medicaid Meaningful Use Incentive Payments: Applications for Medicaid “meaningful use” by practices became available September 6. And by the end of September, the IL Dept. of Healthcare and Family Services (HFS) had received and successfully processed 987 Eligible Provider registrations and 86 Eligible Hospital registrations through October 25. In November, HFS will allow registrants to begin attestation. First payments are scheduled for February 2012. Illinois has two Health Information Technology (HIT) regional extension centers (REC) available to help providers in the process: CHITREC (Chicago) and IL-HITREC (the rest of Illinois). In addition, Illinois’ health information exchange will be operational with core services beginning in April 2012 in an effort to align state healthcare reform implementations with the federal initiative.

Coming to Medicaid: Coordinated Care – Innovations program: The Illinois Medicaid reform law states that Illinois must enroll 50% of the Medicaid population in “care coordination” by January 1, 2015. This means at least 1.5 million of Illinois Medicaid clients – children, parents, seniors and disabled persons – will be assigned to an integrated healthcare delivery system replacing the current fee-for-service system. The Department of Healthcare and Family Services recently unveiled their Innovations Project Phase One as a bold step to catalyze the Illinois healthcare marketplace towards providing care coordination for Medicaid clients. Certainly, research supports the opportunity to make significant changes in healthcare delivery system. As recently as the October 17 Commonwealth Fund Report, the issue of care coordination needing a system-wide solution is identified.

Of particular interest to most family physicians will be the Coordinated Care Entity (CCE) Program, which will begin accepting proposals in April 2012. Illinois AFP’s practice transformation committee’s review submitted the Academy’s concerns and questions for the Department to consider before finalizing their rules for participation. Here’s the link to our letter: <http://www.iafp.com/whatsnew/idhfsinnovations.pdf>

Illinois Medicaid PCMH pilot programs undergoing external evaluation: The Robert Graham Center (RGC) under a grant from the Commonwealth Fund is examining four years of progress made in the Illinois Medicaid program’s primary care case management (PCCM) project (known as Illinois Health Connect, www.illinoishealthconnect.com) and chronic disease management project (known as Your Healthcare Plus). The Illinois AFP, with funding from two Chicago area foundations (Community Memorial Foundation and Michael Reese Health Trust), had engaged RGC in 2010 to write a case statement on the two projects, <http://www.iafp.com/PR/CaseStatement.pdf> RGC approached Commonwealth Fund to perform a rapid evaluation of the projects. Preliminary results (as of September 30, 2011) show that the \$1 billion in savings documented by the state may have been significantly **underestimated**. Other findings replicate those found across the country. When PCMH is put in place hospital admissions and length of stay decrease, emergency room visits decrease. Interesting preliminary findings indicate that even though the Illinois Medicaid program expanded by nearly 50% during the project years, payments for physician services actually decreased; while preventive health and other measures were increasing. The final report will be available in February 2012.

SCOPE AND LICENSURE ISSUES

Medical Practice Act: As Veto session wrapped up in Springfield LAST YEAR, SB 2800 passed to extend the Medical Practice Act of 1987 to repeal on November 30, 2011, THIS YEAR. And this legislative exercise of extending it for only one year at a time has lasted several years now - gone are the days of renewing it for a decade. At the time of this writing, the Medical Practice Act renewal passed the House unanimously and is slated for the same in the Senate.

Certified Lay Midwives: This legislation surfaced as an amendment to a veterinary bill in the waning hours of spring session and returned during Veto session last year. The bill was resurrected again this spring but held in the House. We mention this as an alert to other chapters that may see similar legislation. As the time of this writing, it has not surfaced during this veto session. As amended, the bill does the following:

- Certified lay midwives would be allowed to take histories, perform physicals, provide prenatal care, dispense drugs, treat hemorrhages and other emergencies, and treat the infant and woman postpartum. All of these responsibilities are medical in nature and should only be performed by the professionals who are adequately trained to do so.
- A "certified nurse midwife" title should be reserved for those who undergo specific training programs following attainment of an R.N. license.
- Certified nurse midwives should only function in an integrated practice arrangement under the direction and responsible supervision of a practicing, licensed physician qualified in maternity care.

PUBLIC HEALTH

Smoking in casinos exemption: Unfortunately, the state's casino owners have been pushing hard to lift the state's smoking ban at their facilities. The Illinois Coalition Against Tobacco (including Illinois AFP) fought hard to pass a statewide bill where everyone got equal protection from secondhand smoke. Their efforts and our opposition continue throughout the legislative session and will surface again. Stay tuned.

Illinois AFP joins the fight to lower obesity rates: Obesity continues to take its toll on America – our children and adults. The most recent statistic shows Illinois with an unhealthy 28.2 percent obesity rate, with no state currently under 20 percent. The trend continues to go up, with dire consequences ahead if our collective society cannot get our weight back under control. IAFP works to support each of three policy goals of the Illinois Alliance to Prevent Obesity (www.preventobesityIL.org)

1. Increase access to retailers who serve and/or sell healthy and affordable food options.
2. Develop state-level obesity prevention resources and infrastructure.
3. Increase consumption of healthy food and beverages in relation to consumption of unhealthy food and beverages that have minimal nutritional value, such as sugar-sweetened beverages and calorie-dense, low nutrition fast foods

Illinois AFP joins pediatricians and obstetrician/gynecologists to release breastfeeding statement: In a project coordinated by the Illinois Chapter American Academy of Pediatrics, Illinois AFP and the Illinois Section of the American College of Obstetrics and Gynecology collaborated on what we believe is the first state position paper on breastfeeding in the country, <http://www.iafp.com/whatsnew/ILPhysiciansStatementBreastfeeding.pdf>. A group of six Illinois family physicians served as part of the review committee. The statement draws heavily from AAFP policy on breastfeeding.

Illinois AFP will be part of Illinois Department of Public Health's Community Transformation Grant (CTG): Illinois AFP participated in writing a grant application for the Centers for Disease Control's CTG project. The award of approximately \$4.6 million over five years will focus on improving health outcomes through support of community activities to prevent deleterious health events (such as obesity, diabetes, and smoking related disease). At this writing, the action plan is under negotiation with CDC as the amount awarded was significantly less than what was applied for. By mid-December 2011, the plan for Illinois will be clearer.

Illinois AFP addresses issues of patient safety in narcotics/opioid prescribing: The Illinois AFP Public Health Committee began to look at the issue of pain management and patient safety in fall 2010 and produced a series of resources to help family practices address the issues: New resources from IAFP on pain medication management

- IAFP Public Health Committee recommendations for Patient-Physician agreement on pain medication [click here](#)
- Download a template physician-patient agreement that you can customize for your practice [click here](#)
- Illinois has an online prescription monitoring program allowing licensed prescribers and dispensers of controlled substances to view a Prescription Information Library (PIL) for current and prospective patients only. To have access, a physician must apply at <https://www.ilpmp.org> Applications take 1-2 days to be processed.
- IAFP CME: Pain Management with Opioid Drugs in Primary Care Practice is online at www.iafp.com/education
- The AAFP has extensive guidelines regarding opioids to help members properly treat patients with chronic nonmalignant pain. (<http://www.aafp.org/online/en/home/publications/otherpubs/afpmonographs/opioidschronicpain/opioidguidelines.html>)

INSURANCE

Collaboration with Department of Insurance: Last June, the Illinois Department of Insurance (DOI) partnered with Illinois AFP to help families who face medical-related disputes with their health insurance companies. Often times health insurance companies invoke rescissions and patients have no recourse on the coverage. DOI recognized that medical expertise provided by Illinois AFP's volunteer physicians would enhance the Department's ability to protect consumers and serve as an additional resource as the Department implemented the health insurance reforms of the federal Patient Protection and Affordable Care Act (PPACA). Illinois AFP invited veteran leaders with medical record review expertise to review rescission files (which met HIPAA security requirements) and in turn, rendered an opinion. Since last November, Illinois AFP members have reviewed approximately 116 files. Here is a summary of the successfully overturned claims that have resulted from our willingness to volunteer. These reviews have enabled the Department to challenge approximately 27 complaints that would have previously been closed without further action. These consumers' lives have been changed through our efforts:

A consumer was hospitalized for an extended period of time. Her insurance company claimed that some of the days were not medically necessary. After an IAFP physician reviewed the case and disagreed, the company changed its position and paid for the extra days, which amounted to \$3,460.80.

Another consumer had a claim denial for a pre-existing condition. The IAFP reviewer disagreed with the determination. The Department requested the company have the file reviewed by an independent review organization, which resulted in a reversal of the adverse determination. This resulted in payments over \$8,000.00 and an additional savings for the consumer of \$8,200.00 due to the discounts the insurance company receives.

Another consumer was denied a life insurance for accidental death for her mother in the amount of \$50,000. After the IAFP review, the Department challenged the insurer and the claim was paid.

While the Department will continue its efforts to protect consumers against health rescissions, state and federal law now prohibits this practice and DOI has experienced a dramatic decrease in these cases.

On the horizon: State-based Insurance Exchange: Under the Affordable Care Act (ACA), the establishment of state health insurance exchanges will provide a forum for individuals and small businesses to compare and purchase private health insurance plans. In Illinois, about 700,000 currently without health insurance will have health insurance coverage by 2014. And by 2020, a projected 1.4 million Illinoisans will get coverage through the insurance exchange, thereby decreasing the percentage of Illinois residents without health insurance from 12% currently to a projected 7% in 2020 (the remaining uninsured will be primarily those who do not seek coverage or are undocumented).

Using federal grant money, Illinois secured assistance in assessing the healthcare coverage marketplace and other considerations in order to establish a state-based exchange and meet related ACA requirements. To that end, a bipartisan Legislative Study Committee (LSC) was charged with making recommendations to the General Assembly on the structure of the state's health insurance exchange as the next step in further drawing on federal funds in accordance with a tight timeline. This iteration was to provide enabling legislation addressing governance and financing. Illinois must submit a full, detailed exchange plan to the US Health and Human Services by December 2012 in order to open enrollment by Oct. 1, 2013 and be fully operational by 2014.

Illinois AFP provided written testimony <http://www.iafp.com/legislative/exchangelegstudy.pdf> in August based on the [AAFP Principles for State Health Insurance Exchanges](#) and then provided additional feedback after the LSC released their recommendations in early October <http://www.iafp.com/legislative/CommentsHIELSC.pdf>. At this writing, the General Assembly has not passed any enabling legislation. In addition to testifying at the hearing, IAFP met with both the IL Dept. of Insurance and the IL Attorney General's office to reiterate these same principles.

Working with health plans to support PCMH: Illinois AFP along with the California, Florida, Georgia, and Texas AAFP chapters engaged two law firms to write opinions on whether AAFP chapter activities in PCMH and ACO would qualify as part of the medical loss ratio of 85% that health insurance plans are supposed to reach, according to the PPACA law. These opinions have been shared with all commercial health plans in Illinois. While no grants have yet been secured, the activity has increased the awareness of health plans that the Illinois AFP is a true leader in health care reform at the state level. Illinois AFP doubled this effort by providing [AAFP's summary of CPCI](#) to these same health plans regarding the CMS Comprehensive Primary Care Initiative (CPCI).

INFRASTRUCTURE/TECHNOLOGY

Health Information Exchange: Illinois AFP strongly supported the Illinois Office of Health Information Technology as they moved into the implementation phase of establishing a statewide HIE in Illinois. Statewide coordination of HIE implementation in Illinois is vitally important in order to facilitate state participation in nationwide health information exchange. This quote by Ellen Brull, M.D., Illinois AFP past president and co-founder of the Illinois General Assembly's E.H.R. task force in 2005, tells the great value of an HIE; "The future of quality improvement in medical care is based on the accessibility of patient clinical information at the point of service."

Implementation of a statewide HIE will be a critical step in reducing medical errors and duplicative services, improving patient safety and care coordination, and controlling the overall cost of health care. In addition, it will also drive innovation in the health care marketplace and be an important source of new jobs in the health care sector. The multi-stakeholder and multi-sector approach that Illinois has embarked upon will generate market opportunities for health information technology. Because family physicians mirror the demographics of Illinois, Illinois AFP played an integral role by providing the clinical perspective as a member of this collaborative initiative. Among our internal activities an Electronic Records and Connectivity Committee was appointed and Illinois AFP members were matched to Regional Extension Centers and HIE workgroups

WORKFORCE

Comprehensive Healthcare Workforce Planning Act: Illinois AFP supported this Act which establishes the State Healthcare Workforce Council to provide an ongoing assessment of health care workforce trends, training issues, and financing policies. The Council work will focus on health care workforce supply and distribution; cultural competence and minority participation in health professions education; primary care training and practice; and data evaluation and analysis. **Unfortunately**, implementation of the Act was entirely subject to the availability and appropriation of funds from federal grant money applied for by the Department of Public Health. IAFP will continue to address workforce issues in conjunction with this Council and independently with the State Health Improvement Plan Implementation Coordination Council to ensure family medicine's views and data from the AAFP's Distressed Practice Environments are shared.

Addressing Distress – the AAFP partners with state chapters for answers

[AAFP Board Report J](#) was discussed during the annual Congress of Delegates' Town Hall meeting in Orlando. As defined by the New Jersey AFP, which brought the issue to the AAFP Board's attention, these distressed environments are characterized by

- low per capita primary care physician penetration,
- high per capita subspecialist penetration,
- low retention of primary care-trained residents,
- an aging primary care base and
- decreasing numbers of primary care physicians.

While family medicine is trending up in many areas, "family medicine deserts" exist. Indeed, there are FP practices in certain regions within a state that flourish while those in other parts of the state decline.

AAFP has begun the process of determining what data exist on family physician locations, ratio of primary care specialists to subspecialists, migration of FPs to other states and similar factors. The Academy will examine patterns of distress revealed by the data, identify and fill any knowledge gaps, and engage affected chapters in formulating an action plan. The topic will also be referred to the AAFP Commission on Quality and Practice for discussion and recommendations back to the Board. IL AFP staff is part of AAFP staff's working group.

CONCLUDING REMARKS

Illinois AFP is happy to share any of the resources that are hyperlinked within this report. Please contact Gordana Krkic, CAE, Deputy Executive Vice President of External Affairs at gkrkic@iafp.com