



ACS Grassroots Advocacy

State Legislative Priorities

Medical Liability Reform: Surgeons and other high-risk specialties have experienced substantial medical liability insurance premium increases over the past few years, especially in those states that have not enacted comprehensive medical liability reforms. The gold standard is the Medical Injury Compensation Reform Act (MICRA) passed in California in 1975. The standard MICRA reforms include: a \$250,000 cap on noneconomic damages; modifications to the collateral source rule; mandatory periodic payments of future damages; and a sliding scale for plaintiff attorneys' contingency fees. The American College of Surgeons supports MICRA reforms in those states where reforms have not been passed, and also supports such reforms as implementing expert witness qualifications and modifying joint and several liability so that defendants are liable only for their own portion of noneconomic and punitive damages.

Trauma System Funding and Development: Trauma centers and emergency departments have been negatively impacted by lack of specialists due to medical liability problems, uncompensated care for uninsured or underinsured patients, federal regulations requiring the provision of care for every patient who walks in the door, and the ever-increasing cost of providing emergency care. The College supports efforts by its state chapters, state Committees on Trauma, and other stakeholders to raise revenues to alleviate some of the funding problems. States and counties have addressed this problem by: increasing the tobacco tax and allocating some or all of the increase to the trauma system; assessing a surcharge on drivers licenses or renewal of automobile license tags; adding extra fines on DUI or other motor vehicle violations; and permitting voters to decide to increase the county sales tax (Los Angeles) with these funds exclusively allocated to trauma care.

Uniform Emergency Volunteer Health Practitioners Act (UEVHPA): The National Conference of Commissioners on Uniform State Laws (<http://www.nccusl.org/Update/>), a non-partisan organization devoted since 1892 to working towards the development and enactment of uniform state laws, adopted in final form in 2007 a model state bill to address barriers to volunteer physicians and health care practitioners responding to disasters. The purpose of the UEVHPA is to allow state governments to give reciprocity to other states' licensees who are emergency services providers so that covered individuals may provide services without meeting the disaster state's licensing requirements. It recognizes a national registration system utilized to confirm that physicians and health care practitioners are appropriately licensed and in good-standing in their respective state, with their licenses recognized in affected states for the duration of emergency declarations.

The Board of Governors Executive Committee and the Socioeconomic Issues Committee support passage of the UEVHPA in all states, and ACS chapters are strongly encouraged to work with their state legislatures to pass this legislation.

Scope of Practice: It is a common occurrence in state legislatures for one group of licensed health care professionals to seek modifications in their licensing acts to expand their scope of practice. Additional practice privileges may be reasonable in some cases if they have the education, training and experience necessary to gain these privileges. However, more frequently this is not the case, with non-physicians trying to perform surgical procedures on the eye, face, neck and other parts of the body without the necessary medical/surgical training and experience that surgeons receive during medical school, residency training, and specialty fellowships.

It is vitally important that patient safety and quality of care be the top concerns when legislators are faced with proposals to expand scope of practice. The American College of Surgeons supports surgical specialty societies in their efforts to stop dentists from seeking to perform cosmetic plastic surgery of the head and neck, and optometrists from performing surgery with lasers and scalpels on the eye and surrounding areas. These non-physicians are well-trained to practice dentistry and optometry respectively; they have not received the education and training necessary to perform complex surgical procedures.

Uniform Accident and Sickness Policy Provision Law (UPPL): In 1947 the National Association of Insurance commissioners adopted the UPPL as a model law. The law states that health insurers would not have to reimburse patients for costs incurred when an accident is a result of “the insured’s being intoxicated or under the influence of any narcotic”. In 2001, the NAIC unanimously recommended states repeal the Alcohol Exclusion Law and prohibit the denial of coverage for individuals injured while under the influence of alcohol or narcotics. Since then, numerous organizations including the American College of Surgeons and the American Medical Association, have adopted policies of support for repeal of UPPL laws in the states.

Supplemental Issues for Monitoring and Potential State-Level Advocacy:

- Provider taxes
- Regulation of office-based surgery/ASCs/CON
- Seatbelt/helmets/child restraint laws
- Patient safety and quality
- Cosmetic laser surgery regulation
- Health system reform
- Diagnostic imaging restrictions
- Bariatric surgery/obesity requirements
- Fair contracting/transparency
- Licensure/maintenance of licensure