

# STATE LINES – Component Society News

Nebraska Society of Anesthesiologists | March 2016

**233 SOUTH 13th STREET, SUITE 1200 • LINCOLN,  
NE 68508-2091 • 402-474-4472**

NSA Annual Meeting  
Saturday, April 30<sup>th</sup>

Guest Speaker:

Andrew J. Patterson, M.D., Ph.D.  
Executive Vice Chair  
Larson Professor of Anesthesiology  
University of Nebraska Medical Center

Topic:

MOCA Update

(visit website for further details and registration [www.nebanes.org](http://www.nebanes.org) )

## Updates

Federal Legislative Update

- [AANA Launches New VA Independent Practice Campaign in Response to Congressional Hearings](#)
- [Senate Passes Bipartisan Legislation to Address Opioid Abuse Epidemic](#)
- [Two ASA Members Testify at Senate Hearing on Opioid Use Among Seniors](#)
- [Important Update from ASA President on VHA Nursing Handbook](#)
- [Obama Delivers Final State of the Union Address](#)
- [Congress Passes Funding Legislation with ASA-supported VHA Nursing Handbook Language](#)

Federal Regulatory Update

- [CMS Publishes Results from Second Year Implementation of Value-Based Payment Modifier](#)
- [President Obama Builds Upon ASA-supported Efforts and Proposes New Funding to Address Prescription Opioid Abuse Epidemic](#)
- [CDC Releases Final Opioid Guideline for Chronic Pain; Addresses ASA's Concerns about Recommendation on Post-surgical Pain](#)
- [CMS Releases Streamlined Hardship Applications for the Medicare Electronic Health Records Incentive Program](#)
- [ASA and ASRA Make Formal Recommendations to CDC on Draft Guideline for Prescribing Opioids for Chronic Pain](#)

#### Payment and Practice Management Update

- [Timely Topics in Payment and Practice Management](#)
  - [CMS Explains Change to 2016 Conversion Factors \(March 2016\)](#)
  - [Medicare's Final Rule: Reporting and Returning of Overpayments \(February 2016\)](#)
  - [The A B C's \[and D\] of Medicare \(February 2016\)](#)
  - [National Correct Coding Initiative Policy Manual for Medicare Services \(January 2016\)](#)
  - [Coding for Nitrous Oxide for Labor Analgesia \(January 2016\)](#)

#### Public Relations Update

- [American Society of Anesthesiologists and CAE Healthcare announce Collaborative Agreement to Create Screen-Based Simulation Product](#)
- [ASA Immediate Past President Discusses Conscious Sedation with the Star Tribune](#)
- [Surgery, Anesthesia Not Linked to Long-Term Cognitive Impairment in Older Adults](#)
- [ASA Members Discuss Spinal Anesthesia for Children in Wall Street Journal](#)
- [ASA CEO Paul Pomerantz Elected National Health Council treasurer](#)

## States Urged to Submit Comments on VHA Nursing Handbook

*By Jeffrey Plagenhoef, M.D., ASA President Elect*

In preparation for the release of the VHA Nursing Handbook, all states are encouraged to prioritize participation in the Protect Safe VA Care initiative at [www.SafeVACare.org](http://www.SafeVACare.org). Online, members can draft comments on the importance of

physician-led anesthesia care and maintaining the Anesthesia Service Handbook for our Veterans.

The VA continues to advance the VHA Nursing Handbook, which would mandate nurse-only practice of anesthesia within VA, and its publication is expected in the coming weeks. In preparation, ASA has launched [www.SafeVACare.org](http://www.SafeVACare.org), where users can build from suggested text to discuss their education and training, a personal experience, or work with Veterans. These comments are collected and will be submitted to the Federal Register once the Handbook is published.

In addition to ASA-member participation, each physician anesthesiologist is encouraged to continue outreach on this initiative to colleagues, friends and family as part of the “1+5 plan.” Every ASA member is charged with not only completing comments, but also making sure that their group or department reach a 100 percent response rate, and finding five other individuals to respond. Members can use email, social media, or phone calls to find others to comment. Sample email language, social media posts, and resources are available at [www.asahq.org/SafeVACare](http://www.asahq.org/SafeVACare).

A strong response rate will be a key factor in the final VHA Nursing Handbook. ASA members should comment as leaders of patient safety on behalf of the specialty and Veterans they treat. Those who have served our country have earned and deserve only the safest possible care.

Please feel free to contact Amanda Ott in ASA’s Advocacy division at [a.ott@asahq.org](mailto:a.ott@asahq.org) or 202-289-2222 with any questions.

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## **Opting Out of the Federal Rule Requiring Physician Supervision Does Not Increase Access to Anesthesia Care, Study Finds**

The Medicare “opt-out” rule that allows anesthesia to be administered without physician supervision does not increase patient access to anesthesia care, according to a study recently published online in *Anesthesia and Analgesia*. The study shows that overall, opt-out states experienced a lower growth in anesthesia cases (anesthesia utilization rates) compared with non-opt-out states, suggesting that opt-out is not associated with an increase in access to anesthesia care.

“The decision over whether to ‘opt out’ remains contentious in many states,” said Eric Sun, M.D., Ph.D., study author and instructor in the Department of Anesthesiology, Perioperative and Pain Medicine at the Stanford School of Medicine, Stanford, California. “Previous studies have attempted to examine patient outcomes in opt-out states, but none has investigated whether opting out of the federal rule

improved access to care. This study shows that ‘opt-out’ alone is not the silver bullet to improving access.”

Since 2001, 17 state governors have exercised the option to opt-out of a federal requirement that physicians supervise the administration of anesthesia by nurse anesthetists, citing increased patient access to anesthesia care as the rationale for the decision.

In the study, investigators took the number of Medicare fee-for-service claims and divided it by the population aged 65 and older (U.S. Census Bureau) to get the “anesthesia utilization rate.” Opt-out states included in this analysis were organized into groups based on opt-out year: Group 1-Iowa (2001); Group 2-Idaho, Minnesota, Nebraska, New Hampshire and New Mexico (2002); Group 3-Alaska, Kansas, Oregon and Washington (2003); Group 5-Wisconsin and South Dakota (2005); and Group 6-California (2009). Investigators then calculated the anesthesia utilization rate for the three years before and three years after opt-out and compared it to the anesthesia utilization rate for non-opt-out states in the same time period.

For Group 1, the average anesthesia utilization rate for non-opt-out states increased 32 percent compared to the opt-out state’s 16 percent increase. Group 2 showed an increase of 26 percent for non-opt-out-states compared to the opt-out states’ 18 percent increase. Group 3 increased 10 percent in non-opt-out states, while opt-out states increased 7 percent. For Group 5, the rate increased -5 percent in non-opt-out states compared to -9 percent in opt-out states. Finally, Group 6 was the only group to show a slight increase in the opt-out state with an increase of 5 percent compared to the non-opt-out states’ increase of 4 percent.

The analysis included 13 of the 17 opt-out states. The remaining four were excluded from the analysis for the following reasons: Kentucky opted out in 2012 and there was not enough data for it to be included. Colorado’s opt-out rule was not consistently applied across the state. Montana opted out in 2004, reversed the decision in early 2005 and then restored its opt-out status in mid-2005. North and South Dakota were excluded because the data for both states were combined until 2007.

The study, “In the United States, ‘Opt-out’ States Show No Increase in Access to Anesthesia Services for Medicare Beneficiaries Compared with Non-opt-out States,” was funded by the American Society of Anesthesiologists.

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## **Florida Legislature Sends Governor Out-of-Network Payment Legislation**

On March 11, the Florida Legislature approved legislation ([S1442 / H221](#)) requiring new payment processes for out-of-network providers of emergency and nonemergency services. The legislation was strongly opposed by the Florida Society of

Anesthesiologists and a number of stakeholders including the Florida Radiological Society. Once Florida Gov. Rick Scott (R) receives the bill, he has 15 days to sign or veto the measure.

Most importantly, the measure would detail new processes for payment to providers of emergency and nonemergency services when the provider is not a preferred provider at a facility that is in network. Specifically, the bill requires that an insurer pay a nonparticipating provider (such as a physician anesthesiologist) of such services, as follows, reduced only by insured cost-share responsibilities as specified in the health insurance policy and within the applicable provided timeframe:

Reimbursement for services shall be the lesser of:

- The provider's charges;
- The usual and customary provider charges for similar services in the community where the services were provided (which is not defined in law and will be determined only if contested which involves a financial burden on the provider); or
- The charge mutually agreed to by the insurer and the provider within 60 days of the submittal of the claim.

This legislation is very concerning as it removes any patient responsibility whatsoever, even in nonemergent settings, and places insurers in the position of independently dictating payment for emergency and nonemergency health services. Under this legislation, providers are at the whim of insurers' determination on usual and customary charges as no independent benchmarking system is provided within the language.

FSA and other stakeholders are strongly encouraging Gov. Scott to veto this ill-considered measure.

Recognizing the evolving impact out-of-network payment has on the advocacy and public relations efforts of state component societies, the Executive Committee (EC) approved an Ad Hoc Committee on Out-of-Network Payment (AHCONP), chaired by Sherif Zaafran, M.D. Internally, AHCONP is initially focusing efforts on developing public relations, legislative strategy, and payment benchmarking resources. Externally, AHCONP is leading efforts to ensure medical specialty organizations are working together on these issues. AMA recently held a CEO in-person meeting on this subject and discussions are underway for an in-person meeting of the physician leaders and applicable staff of the medical specialties in May. Should you have any questions or are in need of assistance with pending out-of-network payment legislation in your state, please contact Jason Hansen, director of state affairs, at [j.hansen@asahq.org](mailto:j.hansen@asahq.org).

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## One Very Busy Primary in North Carolina

On March 15, long-time ASA member and two-time past-president of the North Carolina Society of Anesthesiologists (NCSA), Frank Moretz, M.D., won the Republican primary election in North Carolina's District 115. Dr. Moretz ran against local teacher Bob Chilmonik to determine who will face incumbent Rep. John Ager (D) in the November general election. North Carolina House of Representatives District 115 covers Asheville.

Dr. Moretz recently retired after practicing as a physician anesthesiologist for more than 30 years. In 2003, he became a part-owner of Highland Brewing and presently serves on the Board of Visitors of the University of North Carolina at Chapel Hill, where Dr. Moretz originally completed his undergraduate, medical school, and residency in anesthesiology. He served in the U.S. Air Force and won NCSA's lifetime achievement award, the Bertram Coffey Award in 2011.

Despite running a strong race, Scott Aumuller, D.O., was unsuccessful in his effort to win the March 15 Republican primary for retiring Senator Fletcher Hartsell's (R) seat. Long-time Senator Hartsell represents Senate District 36 which is a heavily Republican district. Dr. Aumuller came in second in this four-way Republican primary.

American Association of Nurse Anesthetists Past President, Sharon Pearce, was also unsuccessful in her attempt to win the candidacy for the Republican nomination to represent District 81 in the North Carolina House of Representatives.

Physician anesthesiologists are currently serving in the following state legislatures as elected lawmakers: Alabama, Georgia, Kansas, Oklahoma, Tennessee, and Texas. With state lawmakers determining the fate of a range of measures that can dramatically impact the profession and the patients it serves, now more than ever it is critical for physician anesthesiologists to be involved with the political process. For more information on how to become politically involved in your state, please contact Jason Hansen at [j.hansen@asahq.org](mailto:j.hansen@asahq.org) or Erin Berry Philp at [e.philp@asahq.org](mailto:e.philp@asahq.org).

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## ASA Member Wins Primary for Seat in Texas House

On March 1, ASA member Tom Oliverson, M.D., won the primary for Texas State Representative District 130. With 16,966 votes, or 70.05 percent, Oliverson defeated his primary opponent Kay Smith in the state's Republican primary for the state office. Dr. Oliverson will not face a Democratic opponent in November's general election and will be sworn in on January 10, 2017.

Dr. Oliverson is an active member of ASA and the Texas Society of Anesthesiologists. He also participated in the 2015 Specialty Physician & Dentist Candidate Workshop, which ASA co-hosts each year. ASAPAC supported Dr. Oliverson in his campaign.

ASA congratulates Dr. Oliverson on this very important win. He will be the second physician anesthesiologist elected to the Texas legislature. Physician anesthesiologists are holding a growing number of elected positions, including state legislators in Alabama, Georgia, Kansas, Oklahoma, and Tennessee.

Read more about this race here:

<http://communityimpact.com/houston/news/2016/03/01/district-130-primary-election/>

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## Physicians Halt Out-of-Network Legislation in New Hampshire

Through the advocacy of the New Hampshire Society of Anesthesiologists (NNSA) in conjunction with the New Hampshire Medical Society, legislation ([NH HB 1516](#)) has been halted in New Hampshire that would among other things, prohibit balance billing by out-of-network providers who provide services at in-network facilities.

[NH HB 1516](#) was unanimously voted to be sent for study, and will not be reconsidered unless it is reintroduced next legislative session. NNSA Director Steve Hattamer, M.D., and NNSA President Gary Friedman, M.D., both gave testimony to the New Hampshire House Commerce Committee expressing concerns about the legislation. Both testified that efforts to prohibit balance billing are often viewed by physicians as focusing on the wrong part of the issue. They stated that focusing on “surprise bills” as opposed to adequate physician networks keeps patients and the public from demanding that insurers have networks with an appropriate number of providers as opposed to the inadequate narrow networks insurers have developed.

“Out-of-network payment legislation is an incredibly important legislative topic for our patients and the future control of our practices” Dr. Hattamer said. “Physicians personally participating in the hearings, meeting with lawmakers and other key stakeholders, and having those relationships developed in the first place, is what resonated on this ill thought out legislation. When we engage, lawmakers hear from the patients true advocates, their physicians.”

The focus of concern with legislation attempting to deal with inadequate networks is often with those physicians that insurance companies have failed to bring into their networks leaving patients with inadequate coverage and an unexpected bill. Other recent legislative efforts on this topic in the states have focused on physicians as the

cause of these unexpected bills and are attempting to limit their ability to be paid fair charges.

Congratulations to NHA for their successful involvement on this issue. Physician engagement is key to this and many other legislative successes this session. For more information on this or other legislative activities, please feel free to contact the State Affairs team.

[Jason Hansen](#), director of state affairs  
[Erin Philp](#), senior state affairs associate  
[Ashli Eastwood](#), state affairs associate

See also: [New Hampshire Physician Anesthesiologist Only Practicing Physician to Testify at Out-of-Network Payment Legislative Hearing](#)

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## **Indiana Governor Signs Anesthesiologist Assistant Licensure Regulations**

On February 25, Indiana Gov. Mike Pence (R) signed regulations establishing anesthesiologist assistant licensure and application requirements, scope of practice, requirements for continuing education, as well as standards for practice protocols. The rules were prepared by the Indiana Medical Licensing Board which is responsible for anesthesiologist assistant licensing and practice regulation. With licensure rules now approved, anesthesiologist assistants may soon apply for licenses, seek hospital privileges, and serve the Indiana patients they were trained to care for as part of the patient-centered, physician anesthesiologist-led Anesthesia Care Team. The Medical Licensing Board is expected to begin accepting applications for licensure by April 2016.

Anesthesiologist assistants work under the medical direction of physician anesthesiologists to implement anesthesia care plans. They work exclusively within the Anesthesia Care Team environment as described by ASA. All anesthesiologist assistants possess a premedical undergraduate background and complete a comprehensive didactic and clinical program at the graduate school master's degree level. They are trained extensively in the delivery and maintenance of quality anesthesia care as well as advanced patient monitoring techniques. To learn more about initiating anesthesiologist assistant legislation in your state, please feel free to contact Ashli Eastwood, state affairs associate, at [a.eastwood@asahq.org](mailto:a.eastwood@asahq.org).

Congratulations Indiana Society of Anesthesiologists!!

See also: [Indiana Governor Signs Anesthesiologist Assistant Licensure Bill](#).

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## Louisiana Society of Anesthesiologists Hosts First Ambassador's Program

On February 20, the Louisiana Society of Anesthesiologists (LSA) hosted its first LSA Ambassadors meeting, a new LSA sponsored education, training and organizational program. The goal of the LSA Ambassadors is to improve organization in the society, enhance responsiveness to challenges, and enhance bidirectional communications between LSA leadership and its members. The program also seeks to enhance the State's key contact program as well as ensure physician anesthesiologists are developing and maintaining relationships with their lawmakers.

Nearly two dozen physician anesthesiologists from across Louisiana, each representing 15-20 physician anesthesiologists, attended the February 20 meeting. Attendees represented a range of experience with some not even having yet attended a Legislative Conference or held a meeting with a legislator. ASA Public Relations staff attended as well to provide Leadership Spokesperson Training. Audience members also learned the do's and don'ts of meeting with one's lawmaker and received related education.

Kraig S. de Lanzac, M.D., LSA president reported "It was very well attended and everyone felt as if a curtain had been lifted on information that either they had not heard or did not want to know."

Per Dr. de Lanzac, "I began the day with the red pill - blue pill scene from the movie "The Matrix" which so perfectly describes the veil being lifted with this information. I started the day off with a video Dr. Jeff Plagenhoef recorded for us offering a direct and very well received opening statement setting the stage for a strong educational session."

Ambassadors are now applying their training and LSA leadership is already seeing the results with being looping in on Ambassador communications/e-mails to their groups of 15-20 physician anesthesiologists and their "constituents." Ambassadors are now actively scheduling meetings with key legislators, arranging LSA PAC check delivery, and educating their partners on the information presented at the meeting. Beyond preparing for upcoming state-level legislation, Ambassadors are also now working on peer-to-peer projects such as securing comments at [www.safevacare.org](http://www.safevacare.org) and increasing LSA and ASAPAC participation.

"The LSA Ambassadors Program is a fantastic example of how physician anesthesiologist leaders can transform state component member engagement and professional citizenship to levels that current threats are demanding," said Jeffrey Plagenhoef, M.D., ASA president elect. "Just as we protect our patients in the OR, we must do the same in the legislatures and regulatory environments. Given our extremely busy schedules, I am thrilled with LSA's approach to maximize physician

members' time and ensure they have the tools to be successful through this learning program.”

To learn more about this program or to share how your state is approaching state-level advocacy education/training, please contact ASA's Department of State Affairs at [advocacy@asahq.org](mailto:advocacy@asahq.org).

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## Wisconsin Society of Anesthesiologists and others host Wisconsin's 3rd Annual Doctor Day

On February 10, members of the Wisconsin Society of Anesthesiologists were among more than 370 physicians participating in Wisconsin's third annual [Doctor Day at the Capitol](#) legislative advocacy conference. WSA joined with twenty other specialty medical societies and the Wisconsin Medical Society to host this ever-growing multispecialty conference whose express purpose is to strengthen individual specialty society's political efforts by working en masse to promote both issues of common interest, as well as timely specialty-specific issues.

Introduced by Wisconsin Society of Anesthesiologists past president Lois Connolly, M.D., Wisconsin Lt. Gov. Rebecca Kleefisch provided welcoming remarks about surviving cancer. As part of that experience, she shared being told by her physician anesthesiologist when requiring emergency surgery for her cancer “there are angels all around you.” Kleefisch provided that physician anesthesiologist, Dr. Connolly, with a strong hug at the end of her remarks.

After a morning information/education session for attendees, physicians representing a number of medical specialties including anesthesiology, family physicians, radiology, and surgery, spoke with their lawmakers on issues such as scope of practice efforts by physical therapists and chiropractors and heroin/opioid abuse prevention and education. Wisconsin Society of Anesthesiologists president Josh Sebranek, M.D., also shared with the audience ASA's efforts to fight for patient safety by maintaining physician-led care within the Department of Veterans Affairs (VA). He urged attendees to submit comments as soon as possible to [SafeVAcare.org](http://SafeVAcare.org). Physician anesthesiologists including Drs. Lois Connolly, Rose Campise-Luther, Josh Sebranek, James Nicolson, Elizabeth Yun, Robert Koebert, and a number of physician anesthesiologist residents attended this important event.

Physician anesthesiologists are strongly encouraged to similarly attend their state medical associations' lobby days. These are critical events that offer an opportunity

to develop and maintain relationships with state lawmakers. Additionally, these events serve as opportune platforms to encourage medical colleagues to submit comments in support of maintaining physician-led care for Veterans.

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## **ASA Member Appointed to North Carolina Medical Care Commission**

On January 12, North Carolina Gov. Pat McCrory (R) announced the appointment of ASA Member Robert S. Alphin, M.D. to the North Carolina Medical Care Commission. It consists of 16 members appointed by the governor. The North Carolina Medical Care Commission regulates most health care facilities (such as hospitals, nursing homes, free standing outpatient surgical facilities, etc.). It also administers the Health Care Facilities Finance Act.

Dr. Alphin Murphy is a past president of the North Carolina Society of Anesthesiologists and is a delegate to the ASA House of Delegates. He received his medical degree from Wake Forest School of Medicine and completed his residency at the University of Florida.

Congratulations to Dr. Alphin on his appointment!

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## **2016 State Elections: A Preliminary Overview**

Although it is still early in 2016, you are probably already tired of seeing political ads and hearing about this year's upcoming elections. Please keep reading; this article will not be filled with polling numbers, match-ups, or any other presidential election metrics! It *will* let you in on some of the information involving contests that are sometimes overlooked in a presidential election year: state legislative and gubernatorial races.

State-level elections decide the outcomes of state administrations and legislatures, both of which have the most direct impact on the practice of medicine. State legislators introduce and support legislation that can promote or eliminate patient-centered, physician-led anesthesia care within their state. Governors sign these bills into law and also single-handedly determine whether states opt-out of the Medicare patient safety requirement for physician supervision of anesthesia. Making sure patient and physician advocates win these seats is crucial to the provision of safe

anesthesia. Below is a broad overview of some of the important races in your state in advance of the November 8, 2016 general election.

There are 12 states holding gubernatorial elections this year: Delaware, Indiana, Missouri, Montana, New Hampshire, North Carolina, North Dakota, Oregon, Utah, Vermont, Washington, and West Virginia. Six of these 12 states have wide-open contests with the currently-sitting governor either term-limited from running again or retiring from office. Term-limited governors Gov. Jack Markell (D-DE), Gov. Jay Nixon (D-MO), and Gov. Earl Ray Tomblin (D-WV). Gov. Maggie Hassan (D-NH), Gov. Jack Dalrymple (R-ND), and Gov. Pete Shumlin (D-VT) are each retiring at the end of their term. Six incumbent governors will be seeking reelection: Gov. Mike Pence (R-IN), Gov. Steve Bullock (D-MT), Gov. Pat McCrory (R-NC), Gov. Kate Brown (D-OR), Gov. Gary Herbert (R-UT), and Gov. Jay Inslee (D-WA).

There are currently 32 Republican governors, 17 Democratic governors, and one Independent governor. With six completely open seats up for grabs, 2016 will be a proving ground for state political organizations such as the Republican Governors Association and Democratic Governors Association leading up to 2018 gubernatorial elections, where there will be 17 such open seats over which to battle. No matter what their political ideology, it is important to support those candidates who understand - and will champion - the importance of patient-centered, physician-led anesthesia care.

In addition to gubernatorial seats, there are several other state executive elections this year, including lieutenant governor and state attorneys general races. There are 9 states holding lieutenant governor elections: Delaware, Indiana, Missouri, Montana, North Carolina, North Dakota, Utah, Vermont, and Washington. There are 44 states with lieutenant governors, and the current balance of power is 12 Democratic and 32 Republican lieutenant governors. State attorneys general are also up for election in 10 states: Indiana, Missouri, Montana, North Carolina, Oregon, Pennsylvania, Utah, Vermont, Washington, and West Virginia. Republicans have four seats to defend (with Indiana being completely open) and Democrats have six seats to defend. Currently, there are 27 Republican attorneys general and 23 Democratic attorneys general.

In 2016, 86 of the 99 state legislative chambers will hold elections in 2016. The only states not holding legislative elections this year (aside from any potential special election) are Louisiana, Mississippi, New Jersey, and Virginia. Currently, Republicans control 69 legislative chambers, and Democrats control the rest of the chambers, either through simple majorities or coalition majorities. With presidential candidates eventually heading the top of each ticket, both parties view presidential election years as an important opportunity to pick up offices “down-ballot.”

Before we arrive at the all-important November 8, 2016 general election, each state holds a primary. Please note that these dates may differ from the presidential primaries:

**April 26**

Maryland  
Pennsylvania

**May 3**

Indiana  
North Carolina (June 21 RO)

**May 10**

Nebraska  
West Virginia

**May 17**

Idaho  
Kentucky  
Oregon

**May 24**

Georgia (July 26 RO)

**June 7**

California  
Iowa  
Montana

New Mexico  
South Dakota (August 16 RO)

**June 14**

Maine  
Nevada  
North Dakota  
South Carolina (June 28 RO)

**June 28**

Colorado  
Utah  
Oklahoma (August 23 RO)

**August 2**

Kansas  
Michigan  
Missouri  
Washington

**August 4**

Tennessee

**August 9**

Connecticut  
Minnesota  
Vermont

Wisconsin

**August 13**

Hawaii

**August 16**

Alaska  
Wyoming

**August 30**

Arizona  
Florida

**September 13**

Delaware  
New Hampshire  
New York  
Rhode Island

**September 20**

Massachusetts

As you can see, 2016 is an incredibly important election year, not only for our nation's top executive office, but for state executive and legislative races around the country. Please stay tuned for updates throughout the year. If you are interested in knowing more about your state's elections, or are running for state elected office in 2016, please contact Jason Hansen at [j.hansen@asahq.org](mailto:j.hansen@asahq.org), Erin Philp at [e.philp@asahq.org](mailto:e.philp@asahq.org), or Ashli Eastwood at [a.eastwood@asahq.org](mailto:a.eastwood@asahq.org).

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## **AMA 2016 State Legislative Strategy Conference**

From January 7 - 9, ASA president elect Jeffrey Plagenhoef, M.D., first vice president James D. Grant, M.D, Sherif Z. Zaafran, M.D., chair, Ad Hoc Committee on Out-of-Network Payment, ASA CEO Paul Pomerantz and State Affairs staff attended the American Medical Association's (AMA) 2016 State Legislative Strategy Conference in Tucson. The conference provides the opportunity for key physician members and staff from state and specialty medical associations across the nation to learn about

legislative issues of importance to medicine. Representatives from ASA attend the conference each year.

During the conference, national and state experts briefed attendees on issues and subjects, including:

- Scope of practice
- Out-of-network payment and messaging
- Provider networks
- America's opioid crisis
- Prescription drug monitoring programs and CME
- Medicaid program progress shaping patient-centered delivery reforms
- Digital health
- Health insurer and hospital market consolidation

“This is an important meeting for physician leaders and state advocacy staff alike to attend,” Dr. Plagenhoef, said of the conference. “State lawmakers across the country are considering patient safety efforts. Engagement in our state medical and specialty societies is vital to success for our patients with these legislative initiatives.”

Drs. Grant and Zaafran noted the out-of-network payment sessions were helpful in offering a valuable venue in which to highlight this as an issue that is state based but also nationally driven. Out-of-network payment advocacy efforts represent an importation area for states to collaborate and ensure basic principles important to all physicians are in alignment and messaging strategy is developed to incorporate state specific nuances.

Other physician anesthesiologist attending the meeting included:

- G. Ray Callas, M.D., chair, Council on Legislation, Texas Medical Association
- Jess M. Ehrenfeld, M.D., AMA Board of Trustees
- James S. Gessner, M.D., president elect, Massachusetts Medical Society
- Asa C. Lockhart, M.D., M.B.A, member, AMA Council on Medical Service
- Lee T. Snook, Jr, M.D., vice speaker, House of Delegates, California Medical Association
- Steven M. Walsh, M.D., president elect, Medical Association of Georgia

State legislatures across the country are convening for what is expected to be a very busy spring session. An important component of effective state-level advocacy is state medical association involvement. When working with primary care colleagues and other medical specialties, lawmakers see anesthesiology advocacy issues within the broader lens of a house of medicine matter. There are also countless examples of state medical associations focusing on advocacy issues of concern in those states where there is strong physician anesthesiologist involvement in the medical association.

To learn more about how you can help protect your patients and promote your medical specialty through state-level advocacy, contact ASA's director of state affairs, Jason Hansen, at [j.hansen@asahq.org](mailto:j.hansen@asahq.org).

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