

# REPORT OF THE OSMA COUNCIL ON STATE LEGISLATION AND REGULATION

A-2011

Subject: Annual Report

Presented by: Jack Beller, MD, Chair

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## **INTRODUCTION**

The 2011 legislative session began February 7<sup>th</sup>. This year, more than 2,200 pieces of legislation have been introduced for consideration at the State Capitol. In January, the Chair of the Council on State Legislation and Regulation, along with Wes Glinsmann (OSMA Director of State Legislative and Political Affairs) and OSMA's contract lobbying team, reviewed all the new bills to identify those that are relevant to the House of Medicine. To date, we have identified more than 250 bills that could have some impact on the practice of medicine. All relevant bills were assigned to one of eight committees:

- Scope of Practice
- Lawsuit Reform
- Insurance
- Medicare/Medicaid
- Health
- Workers Compensation
- Maternal and Child Health (new for 2011)
- Other

Each committee makes its recommendations for official OSMA positions on each bill to the CSLR.

The Legislative Council met February 10<sup>th</sup> and 15<sup>th</sup> to vote on OSMA's official positions on all legislation. It will be meeting periodically throughout session on an as-needed basis.

## **2011 LEGISLATIVE PRIORITIES**

As adopted by the OSMA Board at its November 2010 meeting, below are updates on the four main components of OSMA's legislative agenda for 2011:

### **Medicaid Funding**

With the state facing another sizeable budget shortfall—and no federal or Rainy Day Fund money left to fill it—Medicaid funding and avoiding massive provider rate cuts will be the top priority for OSMA in 2011. Several weeks ago, Legislative leaders had warned state agencies could face budget cuts of up to 10 percent. At that time, the Oklahoma Health Care Authority said that a 10 percent budget cut would necessitate a 1 percent reduction in provider rates. Since then, tax collections have been higher than projected and it now appears that any cut will be much less than 10 percent. As such, we plan to aggressively push OHCA and the Legislature for no provider rate cuts in 2011.

### **Lawsuit Reform**

A big part of the 2009 lawsuit reform bill, a cap on noneconomic damages, will not go into effect until a special indemnity fund (which will be used to pay in cases of gross negligence in which the cap can be exceeded) is set up. In the waning days of the last legislative session, we were able to pass the bill to set up this fund. Unfortunately, it was not to be as Governor Henry vetoed the bill, ostensibly because of language unrelated to our issues that was added at the last minute. With Republicans now controlling all branches of state government, they have said lawsuit reform is one of their top priorities, and we are supporting a \$250,000 noneconomic damage cap with no indemnity fund provision. We are also pushing a variety of other lawsuit reform provisions, including a repeal of joint and several liability,

1 admissibility of collateral source payments and allowing for periodic payments of future damage  
2 awards.

3  
4 **Scope of Practice**

5 Support is growing for our efforts to change the state’s administrative rules process to prohibit state  
6 agencies and licensing boards from unilaterally expanding the scope of practice for those under their  
7 jurisdiction. Last session, we supported legislation that would have required any proposed agency rules  
8 to be approved (rather than disapproved, as under current law) by the Legislature before taking effect.  
9 In recent days, the bill has been amended to require such approval only in cases of fee increases or of  
10 rules by professional licensure agencies. This language fully addresses our concerns related to scope of  
11 practice issues made possible by licensing board rulemaking, and we are confident in its passage. As of  
12 this writing, it has passed the House on a 94-0 vote and is now awaiting action in the Senate.

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14 **Tobacco**

15 Under current law, cities in Oklahoma may not adopt any local tobacco ordinance that is stronger than  
16 what the state mandates. This preemption law was a key focus for tobacco lobbyists in the 1980s and  
17 ‘90s and was once the law in nearly 30 states. However, tobacco control advocates have successfully  
18 pushed to repeal these preemptive laws and, at present, Oklahoma and Tennessee are the only two states  
19 that still have total preemption on the books. This year, House Speaker Kris Steele has introduced  
20 legislation to repeal tobacco preemption. As of this writing, the bill is currently awaiting a vote in the  
21 full House.

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23 **LEGISLATIVE COMMUNICATIONS**

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25 Legislative updates are provided on a regular basis in *OSMA News Now*. Targeted legislative alerts are  
26 faxed or e-mailed to members using *Voter Voice*, OSMA’s web-based grassroots advocacy software.  
27 We are also very active in social media, posting alerts on our blog, Facebook and Twitter.

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29 **DOCTOR OF THE DAY**

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31 The Doctor of the Day program has successfully continued to allow increased legislator contact by  
32 OSMA members. The legislative staff provides information to the Doctors of the Day and has involved  
33 them in our lobbying efforts. Thank you to all the physicians who have participated in this program and  
34 special thanks to the Tulsa and Oklahoma County Medical societies for their efforts to coordinate  
35 volunteers. The calendar is below. If you are interested in serving, please contact Wes Glinsmann as  
36 soon as possible.

- 37 • February: Tulsa County
- 38 • March: Oklahoma Osteopathic Association
- 39 • April: Oklahoma County
- 40 • May: Rural Section

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42 **MEDICINE DAY**

43 OSMA’s annual Medicine Day legislative reception was held on February 23<sup>rd</sup> at the OSMA  
44 headquarters. This year, the event was co-hosted by the Oklahoma Osteopathic Association,  
45 the Oklahoma Academy of Ophthalmology, the Oklahoma Chapter of the American Academy  
46 of Family Physicians, American College of Cardiology-Oklahoma Chapter, American College  
47 of Physicians-Oklahoma Chapter and the Patients First Oklahoma Coalition. We had a very  
48 good turnout of approximately 150 physicians and legislators and we received several positive  
49 comments about the event.

50  
51 **CONCLUSION**

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1 A very big thank you goes out to all OSMA members who served on the Council on State Legislation  
2 this year. With the amount of turnover that will take place as a result of this year's elections, the 2011  
3 session promises to be very important for the House of Medicine.

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5 Respectfully submitted,

6 Jack J. Beller, MD

7 CSLR Chair

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