Yanina Purim-Shem-Tov, MD, MS, FACEP
President of ICEP
No Conflict of Interest
Why ACEP/ICEP?

• Advocacy
• Networking
• Knowledge
• Fellowship
• Professional Development
Objectives

• National Advocacy: issues of today
• How a bill becomes a law
• Illinois Advocacy: issues of today
Impact of out-of-network in EM

Florida Emergency Medicine Volume Mix

- MCR 23%
- COMM/MAN 26%
- MKD 30%
- UNINS 20%

<4% all FL ED visits

This 26% subsidizes the other 74%
MCR/MKD/UNINS Reimburse < cost of care

CONTRACTED IN NETWORK 88%

FL – 3rd largest uninsured population
3,600,000 – Henry J Kaiser Family Foundation, CDC

1 MGA data, 850,000 FL ED visits, July 2013-June 2014

OON 12% AHP Feb 2013
End the Insurance gap – ACEP Strategies

Joint Task Force

State Model Legislation

FairCoverage.org

CCILIO Lawsuit
Threats to Prudent Layperson Laws

- Anthem denials
- ACEP fights back:
  - Law firms
  - State insurance commissioners
  - State attorneys general
- California insurance commission investigation
ACEP Public Relations Campaign

https://www.acep.org/Advocacy/Insist-On-Fair-Coverage/
ICEP Advocacy Day

• Thursday, April 26
  • Sangamo Club – Springfield
  • State Capitol
  • 10 AM – 2 PM
How Bills Become Law?
THE OPIOID EPIDEMIC BY THE NUMBERS

IN 2016...

116 People died every day from opioid-related drug overdoses

11.5 m People misused prescription opioids

42,249 People died from overdosing on opioids

2.1 million People had an opioid use disorder

948,000 People used heroin

170,000 People used heroin for the first time

2.1 million People misused prescription opioids for the first time

17,087 Deaths attributed to overdosing on commonly prescribed opioids

19,413 Deaths attributed to overdosing on synthetic opioids other than methadone

15,469 Deaths attributed to overdosing on heroin

504 billion In economic costs

Sources: ¹ 2016 National Survey on Drug Use and Health, ² Mortality in the United States, 2016 NCHS Data Brief No. 293, December 2017, ³ CEA Report: The underestimated cost of the opioid crisis, 2017
Mandatory registration for all controlled substance prescribers – 1/1/2018

Law requires prescribers to access patient information in the PMP before writing an initial prescription for a Schedule II narcotic, such as an opioid.
• Exception for ED Prescribers:
  • Requirement waived for EDs when 7-day or less supply provided by a hospital emergency department when treating an acute, traumatic medical condition
  • Huge backlog in PMP registrations
Opioid Prescribing Guidelines

• ICEP and IHA joint effort

• ICEP represented by:
  • Mike Wahl, MD, FACEP
  • Chris McDowell, MD, FACEP
  • Steve Aks, DO, FACEP
Opioid Prescribing Guidelines

- Recommendations for opioid-naïve patients
- Recommendations for chronic pain in patients receiving long-term opioid therapy
- Recommendations for patients with opioid use disorder and addiction
• Modifier – 25 is used to report a significant, separately identifiable Evaluation and Management service by the same physician or other qualified health care professional on the same day of a procedure.

Refused spinal tap
HB 3852: Sex Assault Emergency Services

• Provides that an "eligible health care facility" meet specified training requirements (rather than that delivers health care, including, but not limited to, care for sexual assault survivors).
HB 5245: Sexual Assault-Treatment

• Amends the Sexual Assault Survivors Emergency Treatment Act. Adds various provisions concerning requirements for hospitals and pediatric health care facilities in relation to pediatric sexual assault care
HB 4679 (Slaughter-D) INS CODE-Surprise Bills

• Amends the Illinois Insurance Code. Defines "surprise bill" to mean a bill for health care services received by certain out-of-network providers in which the enrollee did not knowingly elect to obtain those services from an out-of-network provider.
HB 4925 (Breen-R) SCH CD-Concussion-Physician

- Amends the School Code. With regard to the provision governing concussion protocol during an interscholastic athletic activity, provides that the term "physician" includes a chiropractic physician licensed under the Medical Practice Act of 1987.
SB 2011 (Nybo-R) CONTROLLED SUB-SCHED II

• Amends the Illinois Controlled Substances Act. Provides that a registered pharmacist filling a prescription for an opioid substance listed in Schedule II may dispense the prescribed substance in a lesser quantity than the recommended full quantity indicated on the prescription if requested by the patient provided that the prescription complies with the requirements of the Act.
Lieutenant Governor Initiative

- Amends the Illinois Controlled Substances Act. Provides that when issuing a prescription for an opiate to a patient 18 years of age or older for outpatient use for the first time, a practitioner may not issue a prescription for more than a 7-day supply.
Questions?