Alaska State Medical Association

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March 12, 2014

Honorable Kurt Olson Alaska House of Representatives State Capitol Room 24 Juneau, AK 99801

RE: House Bill 316 Version N

Dear Representative Olson:

The Alaska State Medical Association (ASMA) represents physicians statewide and is primarily concerned with the health of all Alaskans.

The Alaska State Medical Association (ASMA) appreciates your past efforts and willingness to work with us and values our relationship with you. The medical community are Alaska businesses many of which are "small businesses" that employ thousands of people, contribute to the economy and also understand the cost of workers' compensation from a business cost perspective. In short, we appreciate the cost impact of workers' compensation insurance and are not opposed to looking for responsible ways to reduce the cost burden to businesses while protecting patient care.

Any effort to reform workers' compensation must ensure patient access to care is protected. In Alaska, historically, the legislature has established the policy around medical fee reimbursement schedules for the workers' compensation program. The legislative process allowed for robust open and public policy debate with established processes that ensured accountability and avenues for public participation. While the legislative process provides a robust process ASMA also recognizes that some other states do utilize executive branch processes for the establishment of fees schedules.

If the legislature desires to move the establishment of the reimbursement fee schedule from the legislative branch to the executive branch ASMA suggests the process be well defined to ensure the protections afforded to the public in the legislative process are captured in the executive process. ASMA suggests the following concepts be considered for establishing a fee reimbursement schedule:

Accountability

Any final decision for the adoption of the reimbursement fee schedule should be made at the commissioner level. This is a significant policy that impacts injured workers, health care providers and all businesses. When the legislature makes the policy decision the public has elected officials that can be directly held accountable for their decisions. The pressure that accountability adds to a public process is necessary to ensure the public process is meaningful. The workers' compensation board is a quasi-independent board of eighteen members appointed by the Governor without consideration as to their knowledge or ability to set policy on medical fees. The workers' compensation board is too far removed from public accountability to ensure the public process is

meaningful. ASMA believes that adding the additional complex task of establishing a medical reimbursement fee schedule to the workers' compensation board is inappropriate. If the process moves to the executive branch, ASMA believes that this accountability can be retained by having a commissioner or commissioners, as direct reports to the Governor, make the final decision. ASMA strongly opposes the Workers' Compensation Board having final decision authority.

Policy

ASMA believes that at a minimum the broad policy objectives that the reimbursement fee schedule is trying to accomplish should be established by the legislature. The current version of the bill instructs the workers' compensation board to establish a reimbursement fee schedule but does not provide any direction as to what the goal of the reimbursement schedule should be. What is the policy that the schedule is attempting to implement? That debate and decision should be legislative. ASMA believes that any fee schedule should be built around the policy of paying commercial rates. Although admittedly a somewhat broad concept we believe it is appropriate to establish the policy as one that sets reimbursement rates at a commercial fee rate, with the executive branch defining the policy, as opposed to adopting non-commercial, discounted or subsidized fee schedules that could impact an injured workers access to care.

Process

While the legislative process is robust in allowing the public to participate the regulatory process is deficient and closed. Department of Law advice to other departments on regulatory process dissuades public discussion or discourse once a regulatory package is released publically. In fact departments are often instructed to not answer questions or provide any additional information during public hearings except for pointing to the actual language in the proposed regulation. This leads to a frustrating and seemingly meaningless public process beyond submitting a written comment. Furthermore, once public hearings are held there is no requirement that the final regulations be similar to the proposed regulations.

ASMA supports the utilization of the Medical Services Review Committee as an advisory committee to mitigate the poor public process utilized by the regulatory process. By engaging stakeholders in public meetings and work sessions we believe that the use of this Committee and the regulatory scheme can provide adequate public input and process.

Additionally, while we believe the workers' compensation board should be removed from the decision process we think making two of the public seats on the Medical Services Review Committee Workers' Compensation Board seats could be a compromise.

ASMA is still analyzing potential impacts related to the provisions related to prescription drugs on page 4 lines 1 -7 and may provide additional information in the future.

Thank you and we look forward to working with you to make Alaska's Workers' Compensation better while protecting patient care and access.

Sincerely,



Jana Cole, MD President – Alaska State Medical Association

Law Offices of Michael J. Jensen

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January 2, 2014

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State of Alaska Representative Andy Josephson 733 W. 4th Ave., Anchorage, AK 99501

Dear Representative Josephson:

The Alaska Workers Compensation Board has proposed legislation for passage in 2014. This legislation may dramatically effect the ability of workers to obtain treatment. Please see attached copy.

My colleagues and I represent Alaska workers who have been injured and are entitled to medical care pursuant to the Alaska Workers' Compensation Act. We are concerned over the impact the Board's proposed legislation will have on the ability of workers to obtain quality medical care.

If this proposal is enacted the Board will set the amount doctors, therapist and hospitals will be paid by tying treatment costs to Medicare rates and setting the base rate amount. The Board will determine what medications can be provided to workers and set the prices pharmacies can charge for medications. Specific regulations will be enacted to address the prescription of opiods. It may set the prices for prosthetic devices such as artificial joints, spinal cord stimulators, TNS units, lumbar fixation devices such as screws and plates, artificial limbs and other devices. These costs will only be reimbursed at the manufacturer's invoice price plus a markup amount determined by the Board.

This legislation refers to medical costs being subject to reimbursement not direct payment to the provider. This reimbursement requirement, as well as, tying medical expenses to Medicare rates may shift the cost of medical care from the responsible employer or its insurer to Union health trusts, private insurance, some other form of government insurance such as ANHS, VA, Medicaid or Medicare, the uninsured worker or to be borne by the treating medical provider.

Pursuant to this proposed legislation the Board will be empowered to regulate all fees and charges for medical treatment. This in effect will take away the doctor's discretionary role in the treatment of his or her patient. The unintended effect may be that the Board can second guess the doctor's judgment and mandate the treatment it deems necessary, not the treatment deemed best. Medical care will be replaced by a government program in which treatment is determined not by physicians but by Board members appointed by the Governor.

I am sure the legislature will act thoughtfully when considering this proposed legislation. It should consult with injured workers, Union health trusts, other medical insurers and most importantly the medical community.

Sincerely

/ Michael J. Jensen



Please enter into the record my testimony to the Labor + Commerce
Committee Name
Committee on HR 316 WCfces for medical treat. Dated 3-7-14
Bill / Subject
The proposal is broad reaching and may have serious ramifications, I urae
the leadstature to proceed with caution.
The proposer RBRUS based system has its foundation in the Medicaire
Physician fee schedule, which is fundamentally flower and broven system. It
munimum use users of other states but is not a good tot for masea give ou
inique dynamics and challenges including cost at business and medical provider
recruitment and retention.
As a business owner it is only thru focuser management strategy & cost shifting
that my clinic has been able to continue to see patients who's payers use
an RBRUS system like Medi cave, workers compensation is a workers progra
and a salety net to insure war kers stay employed at return to wark quickly.
If payment for medical services over not cover costs this sofery nexts
compromises. Existing RBRUS schedules do not cover our costs.
This bill has a 5 year sunset. The years of a medicare type fee
schedule could not be absorbed by my clinic and it. would greatly
where my small business to serve patients in North Pole.
. Given the potential unintended consequences and the negative
ramifications this bill could have an small business healthcare provider
and protects we serve. I strongly recomend not considering This bill or
turning the legislation over to a study committee to fully investigate
potential our comes.
SIGNED:
Testifier
NORTH POLE Physical Therapy ADD ALASKA CHAPTER American Physical Therapy Ass Representing
157 lewis st. NP, AK 99705, (907)488-4978
Address / Phone Number



Please enter into the record my testimony to the Labor & Commerce
Committee on HB 316 Committee Name Dated 3/7/14
My concern regarding HB 316 is implementation of a fee schedule based on Medicune & Medicaid
Centers. Currently my practice is able to accept all patients, but with Current ve-imbursement levels as Medicare / Medicaid, I
will not be able to continue my private for limit fractice as such. We will have to limit this patient. As a small business owner I this patient. As a small business owner I will not be able to maintain my practice will not be able to maintain my practice.
with Medicure / Medienid rutes. Nith Medicure / Medienid rutes. I too, am an employer and understand. I too, am an employer and understand.
the need for reported, as such, my broad reaching proposal as such, my broadice. Concern is my ability to keep my practice. Viable: SIGNED: Ruth Carson
Testifier Equinox Physical Therapy Representing PO BOK 84109 FOKS, At 99708 907-388-2788
Address / Phone Number



Please enter into the record my testimony to the 100se labor & Commerce
Committee on HB 316 Committee Name Dated 3-7-2014
Bill / Subject
Le Proposed changes to workers compensation
will diminish provider payments so significantly
to See work comp patients in our community
to Link payments to CMS RVBG (Medicare) would
Essentially Eliminate Most physicians from edring for these patients, Especially since longress is Now Considering a 26% Reduction in these payments as of this year. also, payments for prescription Meds, often given at the physician offices, should remain Based on AWP (Average wholesale phice) Not on
Manufactures invoice price (A Much lower figure), we can the Longer provale this service.
SIGNED: Ridard V Cobden MD. Testifier
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Representing
1405 Kellum 57 #101 Feir Banks AR 99701
Address / Phone Number



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