



**Prior authorization/Administrative Burden reform**

Year after year, prior authorization continues to be the number one issue for PAFP members. In a study of Pennsylvania physicians, the PAFP found that prior authorization led to delays in patient care 98 percent of the time. Other administrative hurdles facing physicians, such as credentialing with health insurance providers, take physician time away from patients, further delaying care. The PAFP supports legislation that would bring transparency, consistency and efficiency to all prior authorization and credentialing processes and address other administrative hurdles to ensure timelier patient care.

**Scope of Practice Expansion**

Health care providers, such as Certified Registered Nurse Practitioners (CRNPs) and Physician Assistants (PAs), are integral, valuable members of the health care team, held in the highest regard by family physicians. However, patients are best served when a physician-led, highly coordinated team provides care. A patient's health care team understands their health history and unique health needs. Medications, biologics, childhood immunizations, and diagnostic tests should be prescribed by a member of the patient's physician-led health care team to ensure proper diagnosis and treatment. The PAFP opposes legislation that would expand non-physician providers' scope of practice beyond their education and training, eliminate collaborative agreements with physicians, and allow pharmacists to conduct diagnostic testing and administer childhood immunizations.

**Family Physician Workforce Development**

The PAFP, through a grant from the Pennsylvania Department of Health, administers the Family Medicine Residency Expansion program, which seeks to generate family physician residency graduates for the state's primary care workforce. Additionally, during the 2019-20 legislative session, the PAFP supported a resolution directing the Joint State Government Committee to conduct a study on the efforts of Pennsylvania's medical schools to promote family medicine and include relevant primary care experiences as part of the curriculum to expand the state's primary care workforce. The PAFP supports these and other policies – such as aligning licensing requirements for international medical graduates with those of U.S. graduates and eliminating restrictive covenants in physician employment contracts – that would help expand the Commonwealth's primary care physician workforce and increase access to family physicians for all Pennsylvanians.

**Health in All Policies**

Health in All Policies (HiAP) is a collaborative approach that integrates health considerations into policymaking across state government to improve the health of all communities and people. The PAFP supports the adoption of a HiAP strategy to help address social determinants of health and health disparities and assist the Commonwealth in developing the most effective and achievable means for improving the health and well-being of all Pennsylvanians.

### **Telemedicine services and reimbursement**

Telemedicine has become an increasingly common form of health care, especially given the recent COVID-19 pandemic; however, reimbursement rates for telemedicine services continue to fall short of those for in-person health care visits. The PAFP supports legislation enabling parity with in-person visits in the service of and payment for telehealth care. Specifically, the PAFP encourages the inclusion of the following provisions in any telemedicine policy: requires scope of practice and payment parity for all telehealth services on par with in-person office visits; requires reimbursement for telehealth audio-only visits at parity with in-person office visits; ensures that primary care telehealth services be conducted within the context of an existing, comprehensive primary care relationship; does not contain carve outs for the prescription of certain medications or treatment, including buprenorphine and opioids; permits interstate licensing for the practice of telemedicine; and standardizes home and work settings as eligible sites of service across all insurance providers to decrease regulatory burden of all telehealth services and provide high quality, safe and timely patient care.

### **Prescribing and Treatment Mandates for Opioid Use Disorder**

Given the current opioid crisis in Pennsylvania, access to care for patients suffering from substance use disorder is more critical than ever. State regulations that would place additional barriers on providers already federally approved to prescribe buprenorphine for Medically Assisted Treatment (MAT) for opioid use disorder could jeopardize patient access to office-based opioid treatment. The PAFP opposes legislation that would create additional hurdles at the state level for prescribers of buprenorphine and other MAT options who have already been approved to prescribe such medications by the federal Drug Enforcement Agency.

### **Alternative health care payment models**

Direct primary care (DPC) is an alternative health care practice and payment model, outside the bounds of traditional health insurance, in which patients pay their physician directly for a defined set of primary care services in the form of periodic payments through a civil contract between patient and physician. Value-based payment is a concept by which health care providers are held accountable for quality and cost of care by tying reimbursement to certain performance measures. The PAFP supports these and other alternative health care payment models to increase access to quality, affordable primary health care and improve population health.

### **Prescription Drug costs and transparency**

The PAFP supports legislation that would ensure the availability of effective, safe, and affordable medications through governmental authority to promote competition and availability, transparency, patient-centric pricing, drug price negotiation and review.

### **Public Health**

The PAFP supports legislation and policies that would help ensure the increased health, safety, and quality of life of all Pennsylvanians through collaboration with state agencies, the Pennsylvania General Assembly, and the Administration.

*PAFP's State Legislative Agenda is crafted through the Government and Practice Advocacy Committee with position decisions made by the Board of Directors.*