SOUTH CAROLINA ONCOLOGY SOCIETY

LEGISLATIVE UPDATE

Holly Pisarik Senior Vice-President of Advocacy and Policy Counsel South Carolina Medical Association

PRESENTATION OVERVIEW

- State of South Carolina Physicians
- South Carolina Political Landscape
- 2024 Legislative Recap
- Upcoming 2025 Legislative Session
- Advocacy and Getting Involved

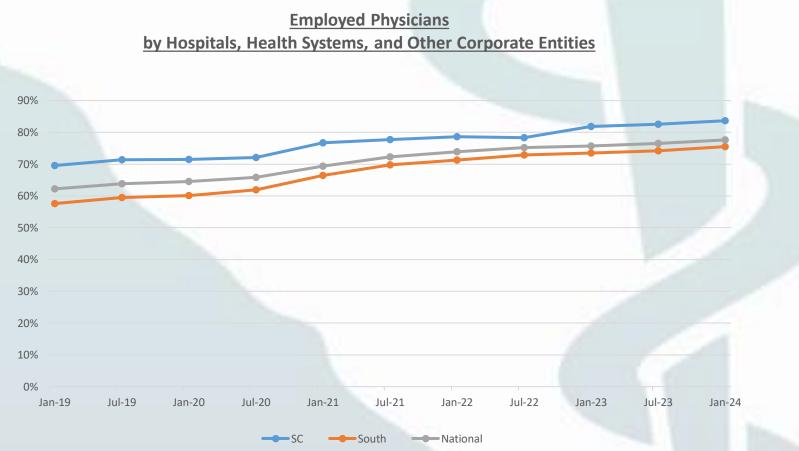
STATE OF SOUTH CAROLINA PHYSICIANS

Employment

• Physician Burnout

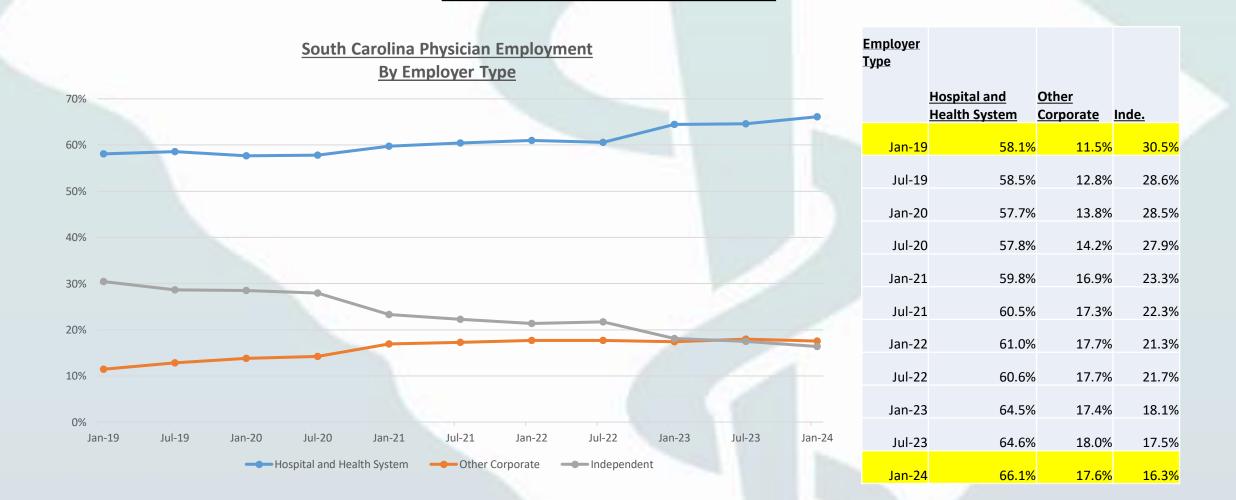
• Disciplinary

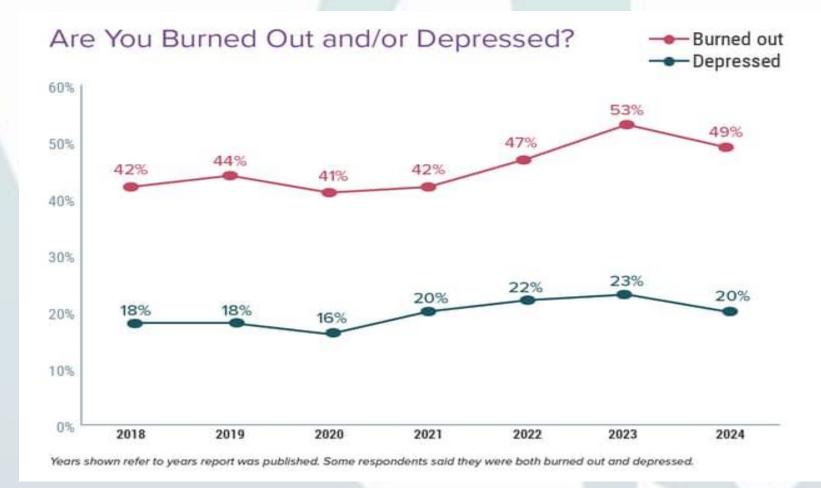
STATE OF SC PHYSICIANS -EMPLOYMENT



Employed	I		
	<u>sc</u>	<u>South</u>	<u>National</u>
Jan-19	69.5%	57.5%	62.2%
Jul-19	71.4%	59.5%	63.8%
Jan-20	71.5%	60.1%	64.5%
Jul-20	72.1%	61.9%	65.8%
Jan-21	76.7%	66.4%	
Jul-21	77.7%	69.8%	001070
Jan-22	78.7%	71.3%	
Jul-22	78.3%	72.9%	75.2%
Jan-23	81.9%	73.5%	75.7%
Jul-23	82.5%	74.2%	76.5%
Jan-24	83.7%	75.5%	77.6%

STATE OF SC PHYSICIANS – EMPLOYMENT





**Medscape Physician Burnout & Depression Report 2024: 'We Have Much Work to Do'; Medscape Physician Burnout & Depression Report 2024: 'We Have Much Work to Do'

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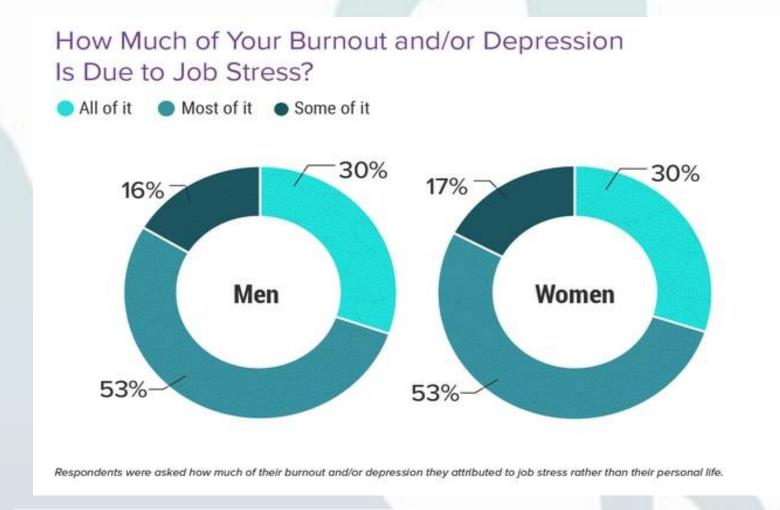
Which Specialties Have the Greatest Burnout Rates?

Emergency Medicine	63%
Ob/Gyn	53%
Oncology	53%
Pediatrics	51%
Family Medicine	51%
Radiology	51%
Pulmonary Medicine	50%
Anesthesiology	50%
Gastroenterology	50%
Internal Medicine	50%
Urology	49%
Cardiology	45%
Nephrology	47%
Physical Medicine & Rehabilitation	
Dermatology	46%
Critical Care	46%
Surgery, General	45%
Diabetes & Endocrinology	45%
Neurology	44%
Orthopedics	44%
Otolaryngology	44%
Pathology	43%
Psychiatry	41%
	39%
Ophthalmology Disatis Surgery	39%
Plastic Surgery	37%

Not all specialties are shown.

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** Medscape Physician Burnout & Depression Report 2024: 'We Have Much Work to Do'; Medscape Physician Burnout & Depression Report 2024: 'We Have Much Work to Do'



oo many bureaucratic tasks eg, charting, paperwork)	62%
oo many hours at work	41%
ack of respect from administrators/ mployers, colleagues, or staff	40%
sufficient compensation	38%
ack of control/autonomy	32%
omputerization of practice (EHRs)	24%
ack of respect from patients	22%
overnment regulations	13%
ther	9%

• **Medscape Physician Burnout & Depression Report 2024: 'We Have Much Work to Do'; Medscape Physician Burnout & Depression Report 2024: 'We Have Much Work to Do'

STATE OF SC PHYSICIANS –

DISCIPLINARY

SC POLITICAL LANDSCAPE

- SC House Dynamics
- SC Senate Dynamics
- SC Governor
- SC Agencies
- Elections

<u>SC POLITICAL LANDSCAPE –</u> <u>HOUSE DYNAMICS</u>

- 124 Members 20 women, 104 men
- 88 Republicans
- 36 Democrats
- Out of 88 Republicans, only 72 in caucus
- 16 are Freedom Caucus
- 2/3 are veto proof

Committee Assignments are made by Speaker Committee Chair are selected by Committee

<u>SENATE DYNAMICS</u>

46 Senators – 5 women, 41 men

• 30 Republicans

The South Carolina Senate Republican Caucus is working to advance state policy that encourages economic prosperity, addresses the state's critical needs, builds a business-friendly climate and creates a better South Carolina for all citizens.

• 15 Democrats

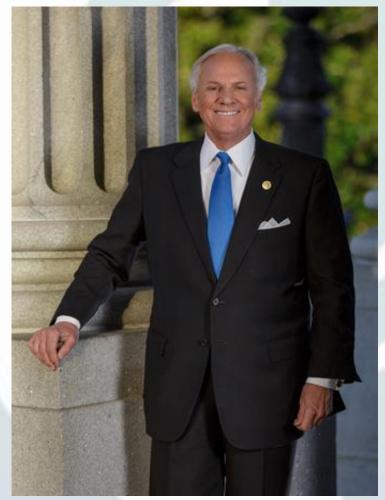
The South Carolina Senate Democratic Caucus has played an important role in many of the historic legislative accomplishments by our state. From defending the fundamental rights of all South Carolinians, to pushing for a better and safer future for the Palmetto State, Senate Democrats have always been change-makers and champions for progress.

• 1 Independent

Committee Appointments

- Senate Chairman are selected based on seniority
- Assignments are made by President of Senate but with seniority

SC POLITICAL LANDSCAPE – GOVERNOR



SC POLITICAL LANDSCAPE – AGENCIES

- 22 are Cabinet agencies
 - Directors appointed by Governor
 - SC Board of Medical Examiners part of SC Department of Labor, Licensing and Regulation which is a Cabinet agency
 - DHHS, Medicaid, Cabinet agency
 - DAODAS is a cabinet agency
 - Department of Public Health became a Cabinet agency
 - Department of Mental Health not a Cabinet agency

SC POLITICAL LANDSCAPE -**ELECTIONS**

<u>Every SC Senator and House Member are up for re-election in 2024. Some of those seats were already decided in the primary in June. Others will be decided in the general election in November.</u>

Primary Elections:

The Freedom Caucus successfully defended all its open seats and gained three potential new members. This would increase their group to twenty members, approximately one-quarter of the House Republican Caucus.

Major Losses

- 1. Bill Sandifer, Chairman of House LCI for the past decade.
- Assistant Majority Leader Jay West.
 Senator Dick Harpootlian.
- 4. Katrina Shealy

Senate

Additionally, with various losses and retirements, the Senate will see at least eight new Senators this year, with the possibility of more changes after the General Elections in November. Senators Sandy Senn, Penry Gustafson, and Dick Harpootlian were all defeated. There will be no female, Republican senators next session.

House of Representatives

In the House, with fifteen open seats and three primary losses, <u>there will be a minimum of eighteen new House members</u> starting in January. Several races will be contested in November. The LCI Committee will be notably affected, with at least seven new members, including the Chairman and several sub-chairs. This committee will be one to watch closely.

Federal Level

On the federal level, all incumbents secured victory and will face contested races in November. In House District 3, formerly held by Rep. Duncan, Sherri Biggs, a nurse practitioner, won the Republican nomination and will face Bryon Best in November.

2024 LEGISLATIVE RECAP

- Telemedicine
- Mental Health Questions on BME Licensure Application
- Certified Medical Assistants
- Scope of Practice Expansion for Mid-Level Providers
- DHEC Reorganization/Public Health Agency
- Budget
- Legalization of Medical Marijuana
- Hospital at Home
- Gender Affirming Care
- Others of Interest Genetic Protection, Co-pay Accumulators



<u>TELEMEDICINE –</u> 2 NOTABLE EXCEPTIONS TO SC LICENSE <u>REQUIREMENT</u>

(4) be licensed to practice medicine in this State; provided, however, a licensee need not reside in this State if he has a valid, current South Carolina medical license; further, provided, that a licensee who resides in this State and intends to practice medicine via telemedicine to treat or diagnose patients outside of this State shall comply with other applicable state licensing boards; and

(a) this requirement is not applicable to an informal consultation or second opinion, at the request of a physician licensed to practice medicine in this State, provided that the physician requesting the opinion retains the authority and responsibility for the patient's care; and

(b) where an in-person physician-patient relationship is established in another state for specialty care and treatment is ongoing by that out-of-state provider, care provided pursuant to an existing treatment plan via telehealth in this State by the out-of-state provider between in-person visits is considered acts incidental to the care of the patient in another state and the out-of-state provider is not required to be licensed in this State. This exception may not be construed to apply to:

(i) episodic care that is provided by an out-of-state provider;

(ii) new health conditions that arise and are not connected to the condition being treated by the out-of-state provider; or

(iii) care provided by an out-of-state provider for extended periods of time without intervening in-person visits; and

(c) for purposes of subitems (a) and (b), the care provided to the patient by the out-of-state provider is deemed to have occurred where the patient was located at the time health care services were provided to him by means of telehealth; and

South Carolina Code Section 40-47-37

MENTAL HEALTH QUESTIONS ON BME LICENSE APPLICATION

PREVIOUS VERSION:

8. Are you currently being treated for any physical, mental or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice as a physician? YES NO

9. Do you currently have any mental illness (e.g. bipolar disorder, schizophrenia, paranoia or any other psychotic disorder) or any physical illness or condition that might interfere with your ability to competently and safely perform the essential functions of practice of practice? YES NO

10. Within the past two (2) years, has your ability to practice medicine been impaired by any physical or mental illness or by the use of alcohol and/or drugs? YES NO

REVISED VERSION:

8. Do you have any physical or mental disease or condition, including an addiction to drugs or alcohol, that currently interferes with your ability to competently and safely perform the essential functions of practice? (If you are voluntarily enrolled in the Recovery Professionals Program (RPP) and have remained in full compliance, you may answer 'No' with respect to any condition involving abuse of alcohol or drugs. If you have a physical or mental disease or condition that is appropriately being treated and does not currently impair your judgment or otherwise adversely affect your ability to practice, you may answer 'No.') Yes No

CERTIFIED MEDICAL ASSISTANTS

- Certified Medical Assistants tasks that cannot be delegated by a PA or NP
- (1) administering controlled medications, intravenous medications, contrast agents, or chemotherapy agents;

(2) injecting neurotoxin products, neuro modulatory agents, or tissue fillers;

(3) using lasers or instruments that results in tissue destruction;

(4) placing sutures;

(5) taking radiographs or using any ionizing radiation unless the CMA is also a certified limited practice radiographer;

(6) analyzing, interpreting, or diagnosing symptoms or tests;

(7) triaging patients; and

(8) performing a clinical decision-making task by means of telemedicine.

UNLICENSED ASSISTIVE PERSONNEL

(C)(1) A physician or physician assistant, pursuant to the physician assistant's scope of practice guidelines, may delegate nursing tasks to UAP under the supervision of the physician or physician assistant. Such nursing tasks include, but are not limited to the following:

include, but are not limited to, the following:

(a) meeting patients' needs for personal hygiene;

(b) meeting patients' needs relating to nutrition;

(c) meeting patients' needs relating to ambulation;

(d) meeting patients' needs relating to elimination;

(e) taking vital signs;

(f) maintaining asepsis;

(g) collecting specimens (urine, stool, sputum);

(h) point of care testing and screening tests;

(i) <u>recording information;</u>

(j) performing non-clinical tasks via telemedicine; and

(k) observing, recording, or reporting any of the nursing tasks enumerated in this subsection.

(2) Pursuant to the APRN's practice agreement, APRNs he may delegate any of the above nursing tasks to UAP-

SCOPE OF PRACTICE EXPANSION

- Independent Practice for NPs and PAs
- Healthcare Market Reform Measures Study Committee
 - Scope of Practice
 - Insurance Reform
 - Price Transparency
 - Demand and Supply Side of Healthcare

DHEC REORGANIZATION/PUBLIC HEALTH AEGNCY

- SC Department of Public Health
- SC Department of Environmental Services
- S.915 Executive Office of Health Policy and SC Secretary of Health

BUDGET

Increased Reimbursement Rates for Physicians

• Increased GME Funding

UPCOMING 2025 LEGISLATIVE SESSION

- Elimination of Non-Compete Agreements
- Fight against expansion of scope of practice
- Telemedicine Parity in Pay
- Prior Authorization Reform
- Medicaid Expansion
- Protection for Physician Mental Health Records
- Co-pay Accumulators
- Price Transparency
- Physician Recruitment and Retention in SC GME Funding, Loan forgiveness
- Finally PBMs?
- SCOS LEGISLATIVE PRIORITIES

ADVOCACY AND GETTING INVOLVED – THE SCMA ADVOCACY TEAM



ADVOCACY AND GETTING INVOLVED – WHY JOIN THE SCMA?

- Partnership with Specialty Societies
- Inter-Specialty Counsel
- Sole Voice for all Physicians

ADVOCACY AND GETTING INVOLVED -WHY DOES ADVOCACY MATTER?

 Last legislative session (2024), <u>the SCMA followed</u> <u>259 bills</u> that pertained to the practice of medicine in some way

 Legislation impacts access to care for patients, safety of care for patients, reimbursement for care, maintaining independence to practice, incentivizing physicians to practice in SC



ADVOCACY AND GETTING INVOLVED – INFLUENCE – WHY DO WE WANT IT AND HOW DO WE BUILD IT

- Attend political fundraisers
- Attend caucus events
- Be a resource on an issue
- Be responsive and attentive
- Build authentic relationships
- Show up on important issues
- Whose job MINE and YOURS

-IF WE DO THIS WELL, WE WILL BECOME A TRUSTED RESOURCE ON ISSUES WE CARE ABOUT!

- IF WE ARE NOT SENSITIVE TO THE REAL-WORLD DYNAMICS, WE CAN UNDERMINE THIS!

ADVOCACY AND GETTING INVOLVED – BUT NOT WITHOUT YOU.....



I might take my time in dealing with a lobbyist, BUT I'M GOING TO HAVE MY FEET PLANTED IN THE CONCRETE IF ONE OF MY PHYSICIANS REACHES OUT.

If you trust someone with your life or your well being, that's a powerful voice. Someone who takes the Hippocratic Oath and commits their life to it, and it manifests and is demonstrated daily in the local community,

BELIEVE ME ... I'M LISTENING.

Senator "Danny" Verdin III, Chairman, Senate Medical Affairs Committee



<u>GETTING</u> INVOLVED

- Join the SCMA
- Engage with SCMA Lobbyist
- Bring Issues to the SCMA Inter-Specialty Council
- Testify before House and Senate Sub-Committees
- Appear in the Lobby of the Statehouse
- Attend Physicians Day at the Statehouse
- Volunteer as Doctor of the Day at Statehouse
- Write Op-Eds
- Use Social Media
- Get to Know Local Legislators and Call Legislators
- Gather Data and Patient Examples
- Share Ideas with SCMA BOT
- Get involved with SCMA leadership

QUESTIONS?

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