

## MSAAP 2012 Wrap Up

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The 2012 Legislative Session was very successful for MSAAP, although there were an unusual number of bad bills introduced that made it further through towards passage than in previous years.

There were 17 bills introduced in the two houses dealing with child abuse, including two bills purporting to strengthen the legal protection for children from abuse. HB 16 and SB 2087 in fact *weakened* current child abuse law and required a lot of work. We received support for needed changes from Mississippi Medical Association, the state's OB-GYNs, the Children's Justice Center at UMC, and the national AAP. We made very specific recommendations for changes, showing how the bills in original form weakened current state laws protecting children. Senate Jud A Chairman Briggs Hopson, to whom the bills were referred, used our recommendations to craft a bill that actually *improved* state law by being clear about child sexual abuse and how it should be handled, adding photo processors to the list of specifically identified mandatory reporters, and allowing the required immediate reporting to be to either law enforcement or DHS.

Another group of bills meant to clarify the definitions of child abuse fell apart in House Jud B Chairman Andy Gipson's committee. This issue promises to return next session.

The necessary bills to reauthorize Medicaid were also fraught with negative potential as CCO companies pressed for expansion of MississippiCAN. A concurrent effort to introduce the Patient Centered Medical Home was aided by new Medicaid Director David Dzielak, who left the language about the PCMH option open enough that physicians and other health professionals can develop a model that will work for Mississippi and meet the goals of better patient care, increased reimbursement for physicians who offer PCMH services, and decreased hospitalizations for PCMH patients. Included also is language increasing reimbursement for after-hours care by MDs, RNs, and PAs to 100% of Medicare. The over-all ceiling for MississippiCAN, which will now include PCMHs, was increased from 15% to 45%.

The issue of CCO drug formularies that were more restrictive for pediatric patients was addressed by a new provision that any MS-CAN preferred drug list may not be more stringent than Medicaid's. The bill also authorizes Diagnosis Related Groups or DRG payments to hospitals for in-patients, and Ambulatory Payment Classifications for outpatients.

There were 5 bills introduced to limit or do away with Face-to-Face recertification for Medicaid patients; none made it through the first committee deadline.

Administration of CHIP was transferred to Medicaid. Medicaid promised not to change the program before the current CHIP contract runs out.

Another success for MSAAP that received little notice was clarification that ATVs may not be ridden on public roads, and adding a helmet requirement for children under 16 on dirt bikes. This bill started out as a technical amendment bill to clarify that NHTSA sets the standards for ATV helmets, but was amended after a horrific ATV accident in the Tupelo area involving four children, one of whom died.

Eight bills attempting to ban or limit texting while driving all died.

The state Brain Injury Association had a Concussion Bill introduced in both houses to put in place more stringent requirements for coaches to recognize and remove from play student athletes who show signs of having a concussion. This bill died over disagreement about who would be responsible for evaluating a young athlete for signs of brain injury.

Four bills loosening requirements for childhood immunizations were introduced but none passed out of committee. Also killed early on were the CPM midwifery registration bills.

The anti-smoking and Smoke Free bills went nowhere. Money from tobacco lobbyists stifled that effort.

Finally, MSAAP worked hard to revive an effort by Dr. Rick Boyte at Batson Hospital, Calvary Methodist Church on Capitol Street, and St. Margaret's Foundation to create a 24-hour care program for ventilator dependent children who now live at Batson. The Health Department and State Health Officer Mary Currier, the Governor's Office, and Medicaid all gave their support to a conference report that gave a CON to that project, in a year when legislative leadership had promised that no CONs would be considered. It was a miracle.

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