

ROLL CALL

STATEMENT CONCERNING THE ANNUAL NOTICE OF PUBLIC MEETINGS

ANNOUNCEMENTS

- MINUTES** Approval of the November 10, 2010 Open Board Minutes
- Approval of the September 17, 2010 Physician Assistant Advisory Committee Minutes

NEW BUSINESS

1. **ASSEMBLY BILL NO. 3475**

Seeks to provide for use of Physician Orders for Life sustaining Treatment and establishes the “Physician Orders for Life-Sustaining Treatment Act” and a registry.

When the Board reviewed a prior version of this bill, it voted to support the concept, however, it expressed some concerns that should be addressed prior to finalization. It was concerned that there may be some bureaucratic issues that may need to be addressed. While it attempts to create a document which would transcend all local requirements and that would travel with the patient to all sites, it did not appear that this would be feasible. Additionally, there is the assumption that providers will be able to discern the patient’s wishes at all times that would complement the advanced directives. Unfortunately, the ‘last’ wishes of a patient are often conditional and written with a “if this, then that.” The “POLST” does not necessarily accommodate conditions in the advanced directives. The Board noted that the proposal does promote an appropriate dialogue between the health care provider and the patient prior to any circumstances that would require the use of such documents. The Board also believed that nursing homes that have their own requirements might not be in a position to accept the POLST. In many ways, the Board was more in favor of having the DNR be used and deemed as appropriate in all settings. The Board also acknowledged the importance of the creation of standard language and the requirement of adherence by

and in the various healthcare settings. More work was needed on the mechanics of changing the document to reflect the current wishes of a patient.

2. ASSEMBLY BILL NO. 3491

Seeks to limit the settings where certain surgeries may be performed.

The Executive Committee opposed this bill as it questioned why one particular specialty was singled out as requiring such requirements. It also questioned whether the bill was over reaching in its requirements. While it recognized the intent is patient safety, it appeared that the overall result would be limited to the procedures listed.

3. SENATE BILL NO. 2372

Seeks to clarify out of network payment responsibilities under health benefits plans; seeks to require certain coverage and procedure disclosures to consumers; seeks to revise procedures for changes to manage care plan contracts.

The Executive Committee recommended opposition to the bill as it currently written. While it readily applauded the effort of crafting new ways to inform patients of when a particular service or provider may not be within their network and consequently, might incur out of pocket expenses, this bill would not necessarily achieve that end. The written requirements are not only onerous, but wholly outside the purview of information that a health care provider would have and would create an enormous burden on the health care provider to obtain and may in fact delay, necessary referrals. Generally, it was the opinion of the Committee that it is the patient's responsibility to know what their deductible and/or co payments are. Each company has a number of plans each with variances as to what and/or who may be covered that it may be impossible for one health care provider to know when another health care provider is or is not covered. More than likely, this information isn't even available to the health care provider that is making the referral. It would be impossible for the physicians to rank insurance carriers as this information would not be available to them and is so subjective in nature. This may not be in the best interest of the patient as it will lead to inordinate delay and/or ultra conservative decisions in making referrals.

OLD BUSINESS

INFORMATIONAL

Assembly Concurrent Resolution No. 151.

PUBLIC COMMENT