

SNAC Recommendations on Increasing Provider Volunteerism

SNAC Volunteerism Sub-committee

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Team

- Drafted multi-disciplinary team with cross industry experience
- The Team: Laura Brennan State of Or, Traci Gratto CCHC, Beryl Fletcher ODA, Dr Ron Carver, VIM, Priscilla Lewis PHS

The Charter

- Identify meaningful legislative changes that could support, enhance and encourage volunteer provider efforts in Oregon.
- The goal: Increase the pool of providers serving the safety net through the elimination of barriers and the offering of incentives that will lead to additional access to care for low-income Oregonians.
- Arrive at recommendations for the Governor's office for legislative strategies to achieve this end.

What are the legislative tools available for increasing volunteerism?

- Raising incentives and reducing barriers
- Provide incentives through Charitable Immunity - Providing a degree of indemnification from malpractice claims
- Reduce barriers for provider volunteers by expansion of volunteer licensure requirements

Where does Oregon stand?

- Charitable immunity laws reveals the individuality of response to the issue by each state.
- 43 states and the District of Columbia have some sort of charitable immunity legislation.
- Oregon has progressive charitable immunity laws.
- 12 states specifically reference retired physicians in their charitable immunity statutes; three states (Pennsylvania, West Virginia and Washington) have legislation only for retired physicians.
- Oregon leads the country in key areas however some states have more forward thinking retired physician volunteer programs

Focus for this session

- Expanding “Limited Volunteer Medical Licensure”
- Why? Meets greatest need at lowest cost
 - need for access greatest for MD volunteers at this time
 - Many non-interventional specialties are most needed
 - Low to no-cost to implement
 - Impacts high need communities
 - Successful models exist in other states
 - Makes sense to legislators/appeals to electorate
 - ODA has working model

Key Elements of “Limited Volunteer Medical Licensure” in Oregon

1. Physician must hold Active Medical License in good standing from another jurisdiction
2. No examination would be required if physician retired no more than two years
3. Minimal paperwork for application
4. Minimal fee associated with application
5. Licensure limited to practice in a non-profit medical clinic (safety net clinic) under supervision by a physician with active medical license
6. Licensee receives no compensation
7. No scripts outside of practice setting

Other Points for reconciliation

- Active Medical License held for at least ten years (this attempts to address BME's concern about qualifications of the applicant from another state or jurisdiction)
- Annual renewal fee would be same as for "Emeritus" Medical License renewal fee
- "Limited Volunteer Medical Licensure" could not be used to circumvent usual procedures for obtaining a full Active Medical License in Oregon
- Applicant would have a clean record with the National Data Bank (no malpractice problems)

Who supports? Who does not?

- Supporters: OMA, OAHHS(?), Safety Net affiliates, Sen Ben Westlund
- Opposed: BME

Next Generation proposals

- Tax relief to safety net providers aka SB 3087
- Low Cost malpractice options for safety net providers aka ODA and rural providers
- Focus on all licensed providers – RN, MA, LPN, PT etc to incent them

Questions?