

*Through services such as the State Network News e-newsletter, AMDA demonstrates its commitment to state chapters. This quarterly e-newsletter with a distribution to 4500 AMDA members is designed to promote state chapter events and inform AMDA members about exciting happenings in your state, including state legislative and regulatory issues. We encourage all AMDA members to join and actively support their state chapter.*

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## Why Join AMDA at the State Chapter Level?

AMDA state chapters work year-round advocating for change in long term care medicine. Become a member of your state chapter and help implement change.

For more information on state chapter membership please contact:

[statechapters@amda.com](mailto:statechapters@amda.com)

## The Virginia Medical Association (VAMDA) - A State Chapter in Transition

The Virginia Medical Directors Association (VAMDA) has been transitioning and has continued to move in a positive direction during the last few months. In March 2011, Mary Evans, MD, CMD was handed the reins and became president following the long tenure of William Hovland, MD, CMD who revitalized the organization and held the first annual meeting in October 2006.

Since Dr. Evans became president she has kept the positive momentum going and is implementing resources to ensure VAMDA continues to prosper. They are currently in negotiations with an association management company to assist VAMDA's Executive Director, Steve Zollos, with the day to day operations of managing the association.

Excellence in Long Term Care – VAMDA's 2011 annual conference will be held on Saturday September 10th at the Virginia Crossings Resort in Glen Allen, VA.

For more information, visit <http://www.vamda.org/conference.html>.

## **New State Chapter Presidents**

Mary Evans, MD, CMD  
*Virginia Medical Directors Association (VAMDA)*

Candie J. Moore, ARNP, GNP-BC  
*Missouri Association of Long Term Care Physicians (MALTCP)*

James Rider, MD,  
CMD *Kansas Medical Directors Association (KMDA)*

For a complete list of AMDA State Chapter Presidents visit:  
<http://www.amda.com/governance/statechapters.cfm>

## **The Missouri Association of Long Term Care Physicians (MALTCP) in collaboration with the University of Missouri hosts its 21<sup>st</sup> Annual Conference “Caring for the Frail Elderly”**

This year’s event marks the 20<sup>th</sup> Anniversary of MALTCP. The purpose of this conference is to provide a forum for updating health professionals caring for the elderly in the areas of medical management, interdisciplinary care, and system change. We are proud to welcome Karen P. Leible, RN, MD, CMD, President of AMDA presenting the *Medical Director’s Role in Quality Assurance Process Improvement* and Keith Knapp, PhD President and CEO, Christian Care Communities, Lexington, Kentucky speaking on *Twenty-first Century Innovations in Long-term Care*.

This conference provides something for everyone with topics such as: MDS 3.0, Billing and Coding, Legal Issues, EMR’s in Nursing Homes, Quality Improvement, QIS Survey process, and many clinical topics such as wound care, Neurodegenerative disease, Dementia, MRSA, Palliative Care, Parkinson-plus syndrome, renal disease in LTC, and Osteoporosis, to name a few.

Anyone interested in attending can contact [Carterna@health.missouri.edu](mailto:Carterna@health.missouri.edu) or call (573) 882-4105.

## **Massachusetts Medical Directors Association (MAMDA) Holds Successful, Well-Attended Meeting in Tampa**

The Friday night state chapter meetings during Long Term Medicine—2011 in Tampa, Fla., in March included an animated and productive gathering of the Massachusetts Medical Directors Association (MAMDA). Over 50 participants, including a handful from neighboring Connecticut, came together to network, share ideas, and discuss issues and upcoming events.

MAMDA President Vincent Perrelli, MD, CMD, welcomed the crowd and lauded the fact that the recently revived chapter is now stronger than ever. “Between last year’s AMDA meeting in Long Beach and this event, we have passed bylaws, filed for incorporation and tax exempt status, established a strong board of directors, and developed several functioning committees,” he said. The chapter’s fiscal year ended on a high note, with a balanced budget and plans in the works for an educational symposium/annual meeting later this year.

Stressing the interdisciplinary nature of long term care and the importance of teamwork to quality care, Dr. Perrelli said that the chapter will continue to welcome not only medical directors and attending physicians but also nurse practitioners, dietitians, and other team members into its ranks. In this regard, MAMDA is somewhat of a family affair. Dr. Perrelli noted, “My wife is a nurse practitioner, and she is out there promoting our state chapter to her colleagues.

Several of them have joined, and they say that they get collegial interaction that they don't get anywhere else.”

For more information about MAMDA, visit its website at [www.mamda.org](http://www.mamda.org).

## **State Legislative Update - July 2011**

For many states, July 1 marked the first day new state laws took effect. Below are just some of the new state laws affecting long-term care.

Arkansas—Act 190 provides that a long-term care facility notify a resident's guardian or responsible party within 24 hours, when the resident suffers an injury, the resident is taken outside the facility for medical care, the resident is moved to a different room, or there is any significant change in the physical or mental condition of the resident. A long-term care facility that does not comply is subject to a fine.

Colorado—HB 1285 removes the restriction on the medical services board from adopting rules to implement a managed care system for “Colorado Medical Assistance Act” clients who receive long-term care services. The Department of Health Care Policy and Financing will institute a process for stakeholder's input with respect to long-term care services when implementing a managed care system.

Connecticut—HB 5045 now requires health care providers who provide direct patient care to wear a photo ID badges in plain view. The badge must be issued by the facility and include the name of the provider, name of facility, and type of license, and the certificate or employment title that provider holds.

Florida—SB 1590 now requires medical boards to issue expert witness certificates to physicians licensed outside of Florida if they are providing expert witness testimony in a malpractice suit.

Iowa—HB 393 now allows physician assistants and advanced registered nurse practitioners to sign a death certificate, unless there is a non-natural cause of death. The physician assistant and advanced registered nurse practitioner must be licensed in Iowa and have been in charge of the deceased patient's care.

Indiana—Public Law 155-2011 now requires health care professionals applying for an initial license or certificate to submit to a national criminal history background check at the cost of that person. A board, a commission, or a committee may conduct random audits and require an additional check for anyone seeking a license renewal. This will include the licenses or certificates for physicians, nurses, pharmacists, health facility and residential care facility administrators.

Maryland—SB 722 now requires incentives for the adoption and use of electronic health records and for those to be paid in cash.

Maine—SB 452 directs the Commissioner of Health and Human Services to

implement the services for elders and other adults who need long-term home-based and community-based care, relating to consolidation of certain waivers and services, development of a long-term care services statewide plan that ensures access to care in the least restrictive environment, strategies and standards for direct care workforce training.

Montana—HB 377 allows the use of medication aides in long-term care facilities.

North Carolina—HB 331 authorizes physician assistants and nurse practitioners to complete death certificates. The law clarifies that any death certificate completed by a nurse practitioner shall be deemed to have been authorized by any board certified physician as the supervisor of the nurse practitioner, and the supervising physician shall be responsible for authorizing the completion of the medical certification.

New Hampshire—HB 426 added long-term care facilities to the unused prescription drug program run by the state.

New Jersey—SB 2458 established rights for residents who live in assisted living facilities and comprehensive personal care homes. These facilities will be required to distribute the statement of rights to each resident and post them in the facility as well. Some of the rights include receiving personalized services and care in accordance with the resident's individualized general service or health service plan, receiving a level of care and services that address the resident's changing physical and psychosocial status, maintaining his or her independence and individuality, being treated with respect, courtesy, consideration and dignity, and privacy.

Nevada—SB 129 now requires facility operators, administrators and employees who provide care in skilled nursing facilities, intermediate care facilities and others, to complete training to recognize and prevent the abuse of older persons.

Oklahoma—HB 1441 clarifies that pharmacies may maintain controlled substance in an emergency medication kit used at facilities, including nursing facilities and assisted living communities. The kits may be used only for the emergency medication needs of a resident. The state Board of Pharmacy maintains the rules for the kit including the amount maintained, the procedures regarding the use, the recordkeeping, and security requirements.

Oregon—HB 2366 requires the Health Care Workforce Commission to work with physicians and others to develop a strategic plan for recruiting more primary care providers in the state.

Tennessee—SB 505 requires licensed health care practitioners to affirmatively communicate proof of licensure to patients and expands list of practitioners to include chiropractors, dentists, medical doctors, optometrists, osteopaths, advance practice nurses, physician assistants, psychologists, acupuncturist, and certified midwives.

Virginia—HB 267 requires a physician, upon receiving notification that an advance directive has been made, to notify the declarant of the availability of the Advance Health Care Directive Registry. This law eliminates the requirement that

an advance directive or revocation of an advance directive be notarized before being submitted to the Advance Health Care Directive Registry.

Virginia—SB117 allows supervised nurse practitioners and physician assistants to determine cause of death and sign death certificates. They must have access to the decedent's medical history and the death must be due to natural causes

Washington—HB 1315 allows nursing homes to employ physicians. The nursing home may not in any manner, directly or indirectly, supplant, diminish, or regulate any employed physician's judgment concerning the practice of medicine or the diagnosis and treatment of any patients.

To view a comprehensive list of all state legislature activity visit <http://www.amda.com/advocacy/legal/state.cfm>