

Staff Recruitment and Retention in Health Care:

How Can COPIC Help?



The issues of staffing shortages and provider burnout continue to be challenges in health care. This is forcing human resources leaders to examine how to differentiate themselves as they compete for staff, and consider ways to invest in employee engagement to prevent turnover. COPIC can provide support in navigating issues surrounding human resources through specialized trainings and access to our HR Helpline at no additional cost to insureds.

EVOLVING WORKFORCE LANDSCAPE

According to the Society for Human Resources Management, the pandemic hasn't fundamentally changed what employees want; employees continue to look at the overall value proposition of the company as they consider "total rewards." **Total rewards** are the combination of everything that an organization offers its employees from compensation and benefits to flexibility, recognition, and career development. Some health care organizations are being creative in this area, covering things like the cost of board exams, licensing fees, and even transitional housing. Other recruitment trends include:

- Sourcing candidates, including international talent, from health care job boards, such as Health eCareers, Career Vitals, and Healthcare Source.
- Building strategic talent pipelines with professional associations, universities, and other training facilities and considering mentoring programs for new grads.
- Considering long-term staffing needs and intentionally staying connected with exceptional candidates that may be a good fit down the road.

Flexibility is the one variable that continues to give health care employers an advantage for attracting and retaining talent by offering adjustable work schedules and a variety of shift options. Interestingly, organizations such

as the Cleveland Clinic have adopted staggered shifts at nonconventional times, flexible shift lengths that split shifts into shorter scheduled times, and team scheduling for a group of caregivers to work the same block through a six-week schedule. Additionally, there are offerings of split nurse positions, where inpatient nurses are dividing time between care areas such as critical care and post-anesthesia care. Allegheny Health Network launched "Work Your Way," a mobile internal staffing model to provide flexible work/life solutions for nurses, surgical technologists, and other team members. The goal of the program is to provide freedom and flexibility to choose how and when you want to work.

SUPPORT THROUGH COPIC'S HR SERVICES

Managing human resources in health care comes with unique challenges. That's why COPIC offers our expertise through trainings, an HR Helpline, and other resources.

Trainings

COPIC offers a variety of training programs that address current issues and trends in HR, including:

- Emerging Trends in Recruitment
- Retention and Employee Engagement
- Top 10 Employment Laws Every Manager Should Know

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REMINDER: DEADLINE
TO EARN COPIC
POINTS IS 10/31/23

- Hiring for Cultural Fit
- Managing Difficult Employees
- Emotional Intelligence
- Harassment Prevention
- The Power of Communication
- Successfully Building a Customer Service Practice

COPIC also offers an HR Best Practices half-day seminar, which provides current information aimed at reducing the risk of employment practice litigation. It provides best practices in talent acquisition, benefits and compensation administration, employee relations, policy interpretation, and employment laws.

For more information, please contact Human Resources at (720) 858-6057 or via email at HRServices@copic.com.

HR Helpline

COPIC's HR department is available to help with issues such as performance and disciplinary issues, termination, and the application of federal employment laws, including ADA, FMLA, ADEA, and FLSA. Here are some situations where we provide support:

- We have a long-tenured employee who is not performing their job. Can we terminate them?
- Our employee is constantly late to work and leaves early yet marks her timecard for an eight-hour day. How do we address this issue?
- We have an employee who just returned from family leave (FMLA) and is now requesting vacation time. How should we address that?

The HR team can provide guidance on developing office policies to proactively set your practice up for success. And, we can help identify resources for practices to contact directly if we are unable to provide the appropriate guidance. The HR Helpline can be reached at (844) 208-4680.

Scan to call COPIC's
HR Helpline



IN ORDER TO MEET THE NEEDS OF TODAY'S WORKFORCE, HEALTHCARE LEADERS NEED TO DEVELOP AND TAILOR A CULTURE WHERE THEIR PEOPLE NOT ONLY WANT TO STAY BUT THRIVE.¹

¹ <https://www.ajg.com/us/news-and-insights/2022/dec/total-rewards-your-untapped-strategy-for-workforce-engagement-and-retention/>

What's New: COPIC RESOURCES

BITE-SIZE WEBINARS

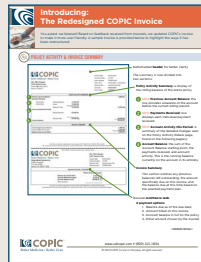


COPIC continues its lunch time educational series to explore trending topics in health care from legal and regulatory updates to managing patient interactions. Save the dates to attend these upcoming presentations, which take place 12-1pm MT.

- 9/6: Terminating Care with a Patient
- 10/4: Informed Refusal
- 12/6: Top Ten Employment Laws

Attendance at the live virtual presentation earns eligible insured facilities and physicians one COPIC point. Please contact Cathi Pennetta at cpennetta@copic.com or (720) 858-6228 for registration information.

REDESIGNED COPIC INVOICE



Introducing the redesigned COPIC invoice! Based on feedback from our insureds, we have updated our invoice to make it more user friendly. The next time you receive an invoice, you will receive information that will walk you through the changes. Or, you can visit our website at www.callcopic.com/docs/default-source/resource-center/invoiceredesignannouncement_6-26-23.pdf

Scan to see how we've
improved our invoice.



NOVEMBER 1 PRACTICE ADMINISTRATOR MEETING

COPIC hosts these virtual meetings to address topics of interest to practice administrators and provide access to our experts. They also offer a forum to connect with peers and discuss challenges in health care. The final meeting this year will take place on November 1 (from noon-1pm, MST) and focus on human resources issues in health care.

Email invitations are sent to practice administrator staff several weeks prior to the meeting. If you would like to be added to the invitation mailing list or have any questions, please contact Wendi Utzinger at wutzinger@copic.com.



THE EVOLVING THREAT LANDSCAPE

Extortion techniques are evolving. Today, **multiple threat actors** can be involved in an attack. Even with proof of deletion, your data may still be out there in other threat actors' hands, exposing your organization to legal and reputational risks. Extortion incidents no longer just involve encrypted files. Now threat actors are also threatening to expose the fact that your data was stolen and are looking for payment to prevent this.

Double extortion occurs when the threat actor both encrypts and exports (or exfiltrates) data from the victim's network. The threat actor demands a ransom both for a key to decrypt data on the network and for a promise they will delete stolen data. The data may then find its way into the dark web for others to leverage.

- Even if the original threat actor has been paid for data destruction, it is almost impossible to ensure that the information is not accidentally or intentionally shared with other threat actors.
- This now happens in the majority of extortion incidents.

Triple extortion occurs when the threat actor encrypts and also threatens to publish exfiltrated data online AND engages in further pressuring of the victim.

- The attacker may threaten denial of service attacks against the victim's remaining infrastructure.

- Threat actors may also review exfiltrated data and threaten to contact any individuals whose details are contained within if the targeted organization doesn't pay.

Just as the number of threat actors involved in a single incident is increasing, so are the risk exposures. It's getting **easier to deploy ransomware and malware**, and that gives threat actors more access than ever before. Tools are cheap to rent and competition between ransomware providers has driven the cut that the tools' authors are charging down from 40% of ransom to around 10-15%. In addition, some tools are being made publicly available and anyone with minimal coding skills can re-use them.

There is risk in organization's own behavior as well. **Organizations are moving business operations into the cloud** to scale operations more efficiently than they could using their own infrastructure, and are increasingly taking

advantage of machine learning and artificial intelligence functionality. Additionally, **agile development is used to quickly publish data and services online** to keep up with competition. This may present commercial opportunities, but comes with risks if speed is prioritized over security. All of these decisions present potential threat vectors.

When it comes to defending data, multi-factor authentication (MFA) is absolutely essential. There are more and less secure forms of MFA, and attackers are increasingly using techniques like social engineering to get around protections. This is not a place to skimp; without MFA, a threat actor who uses correct credentials to connect to an organization's system may be undetectable. Forms of MFA that can be considered more secure include push notifications, time-based one-time passwords (TOTP), OAuth (Open Authorization) tokens, hardware tokens, authenticator apps, biometrics, or a FIDO2 key like YubiKey or RSA SecurID.

Did you know that COPIC's medical liability insurance policies include embedded cyber liability coverage? The coverage is designed to offer protection and support against growing cyber risks, and it also provides access to resources that you can utilize to proactively plan for and prevent cyber breaches. Visit www.callcopic.com/coverage-options/cyber-liability for more information.

Source: <https://reports.beazley.com/2022/cyber/1-extortion.html>

The claims handling and breach response services are provided by Beazley USA Services, a member of Beazley Group. Beazley USA Services does not underwrite insurance for COPIC. Policies purchased through COPIC are subject to COPIC's underwriting processes. CICO23_US_02/23

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COPICNEWS

ISSUE 196 • 3RD QUARTER 2023

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Did you miss a previous edition of COPIC newsletters? Don't worry. A full archive of past newsletters can be accessed on callcopic.com.

REMINDER: DEADLINE TO EARN COPIC POINTS IS 10/31/23



There is still time to earn points through on-demand courses, upcoming webinars, and other programs. For more information, contact our Patient Safety and Risk Management department at grkm@copic.com or visit www.callcopic.com/earnpoints.

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THE LEGISLATIVE LANDSCAPE

COPIC has long believed that taking an active role in advocating on legislative issues is an important way to allow the health care community to devote its resources to quality improvement and patient care. COPIC monitors regulation and legislation in Colorado to ensure that access to safe, quality health care delivery is maintained and new, unreasonable burdens are not placed on health care providers.

By working closely with our colleagues at the Colorado Medical Society and the Colorado Hospital Association, COPIC tracks legislation using the lens of stabilizing the tort environment, promoting learning in health care, ensuring the delivery of safe, quality care, and protecting the patient and physician relationship.

THE GENERAL ASSEMBLY ADJOURNED. WHAT'S ON THE HORIZON?

Rulemaking, implementation, and interim committees.

The work of COPIC's Public Affairs team does not stop with the final drop of the gavel at the legislature. Tracking and engaging on legislation is just one part of our work in the policymaking process. Once the state legislature completes its 120-day session, Governor Polis is then tasked with signing bills into law or utilizing his veto power within 30 days of adjournment. Now that the dust has settled from the legislative session, the executive branch and its many state departments begin their work of implementing legislation that was passed by the legislature and signed by the governor.

This is a busy season for state regulators. Included in bills are implementation deadlines, also known as "effective dates." These timelines, or deadlines for regulators, either render the laws effective immediately or push out implementation timelines for months, sometimes years, to allow for the proper regulatory framework and rulemaking

to be setup and established. Rulemaking is a process that allows for additional feedback and guidance to influence how laws are put into place. Regulators, by law, are required to hold hearings to allow for comment from the public and stakeholders.

In addition to a steady stream of rulemaking hearings and stakeholder meetings, the General Assembly will begin to consider policy topics for interim committees to take up and study over the summer and fall months in preparation for the 2024 legislative session.

These processes have already begun and COPIC's Public Affairs team is tracking rulemaking hearings to determine if and how Colorado's newly implemented laws will impact the practice of medicine and your ability to deliver safe, quality care. If you have any questions about certain bills, timelines, or implementation guidelines, please reach out to COPIC's Public Affairs team for additional information and resources.

PROTECTING COLORADO'S BALANCED TORT ENVIRONMENT

Recent COPIC articles and communications have reiterated the importance of maintaining Colorado's stable tort environment in order to protect access to care and reduce costs. COPIC is aware of efforts aiming to destabilize Colorado's laws and reforms which have ensured this critical balance to both patients and providers for over 35 years. This article will provide a little backstory and focus on several pieces of the larger puzzle that is Colorado's tort environment. To provide context and

a higher-level view, let's start with the Health Care Availability Act (HCAA)

COLORADO'S BOOK OF LONG-HELD TORT REFORMS: THE HEALTH CARE AVAILABILITY ACT

The HCAA was a major tort reform package passed by the state legislature in 1988 with bipartisan support. These reforms struck a balance to ensure Colorado citizens have access to both high quality health care providers as well as fair compensation if they are harmed due to negligence. The HCAA was crafted after years of a

destabilized, under-regulated tort environment that caused Colorado's health care providers to experience unpredictably large awards which resulted in skyrocketing, unsustainable medical liability insurance premiums in the early 1980s. This resulted in providers being forced to leave the state and practice medicine elsewhere, eliminate high-risk services from their practice, or fight for reforms to protect their ability to provide needed care to the patients of Colorado. They chose to fight.

LEGISLATIVE LANDSCAPE (FROM PAGE 1)

The HCAA established a key statutory structure to govern medical malpractice litigation. While the HCAA was modeled after other states also responding to a similar crisis, the brain-trust behind HCAA baked in many reforms that are unique to Colorado. It is due to this thoughtful, multi-pronged reform package that Colorado's tort environment has been able to withstand legislative and legal attacks over the last 35 years. Several major pillars of tort reform and the HCAA that you are likely most familiar with include:

- ➔ Financial liability requirements (e.g. mandating insurance coverage);
- ➔ Limitations on damages (e.g. caps on noneconomic damages);
- ➔ Establishing judicial procedure (e.g. expert witness standards and disclosure of evidence and judgments); and
- ➔ Limitations on actions (e.g. statutes of limitation).

WHY IS IT IMPORTANT THAT THESE REFORMS BE DEFENDED?

Maintaining a stable, balanced tort environment is crucial to the recruitment and retention of quality physicians and to provide accountability and protection for patients who are injured during the course of care. Let's start by unpacking a key provision within the HCAA: Caps on Non-Economic Damages.

CAPS ON NON-ECONOMIC DAMAGES

Twenty-eight states, including Colorado, limit non-economic damages in medical liability cases. In Colorado, the total amount recoverable for both economic and non-economic damages is limited to \$1 million. Jury awards greater than \$1 million can be ordered by a judge; this is also known as a "soft cap." Out of the \$1 million limit, no more than \$300,000 may be awarded for non-economic damages. This hard cap on non-economic damages covers pain and suffering, inconvenience, emotional stress, and impairment of quality of life—non-economically quantifiable damages. Economic damages—damages such as medical expenses and wages (past, current and future wages) have no such hard limit and fall under the "soft" cap.

From an economic standpoint, health care professionals consider a state's medical liability environment when considering where to practice. Having fewer health care providers practicing in Colorado means longer wait times, greater distances traveled to reach providers, fewer specialist providers, and higher costs.

The existence of caps on damages in medical liability cases has also proven to reduce physician burnout, deter the practice of defensive medicine, improve patient safety, and increase access to quality care. Capping these subjective non-economic damages reduces the psychological burden physicians bear when providing individualized care

to patients and reduces the overall cost to deliver care. In a national survey¹ of physicians practicing in high-liability specialties, 42% of respondents reported that they had taken steps to restrict their practice because of liability concerns, including eliminating high-risk procedures and avoiding patients who had complex medical problems or were perceived as litigious.


Medical liability reforms, including capping non-economic damages, help protect patients and the medical community from increasing health care expenses, which is particularly important in underserved communities where quality, affordable health care is at a premium and providers operate on narrow margins. The reforms not only give providers a sense of stability in their practice, but they also allow the medical community to focus their attention and resources on delivering quality care to their patients.

COPIC's founders helped fight for the HCAA alongside the Colorado Medical Society and has worked to uphold these important reforms over the last 35 years. History has demonstrated that reasonable, thoughtful tort reforms create balance between protecting patients and attracting health care providers. It is central to COPIC's mission and purpose to protect patient access to quality care, protect the patient-physician relationship, and maintain a focus on improvement of care.

COPIC will continue to work closely with our colleagues at the Colorado Medical Society and the Colorado Hospital Association to monitor regulatory implementation of bills passed this session and keep you informed on how these policies will impact your practice and the delivery of care.

Visit COPIC's Legislative Action Center at www.callcopic.com/lac for more information on bills we are tracking during the legislative session, sign up for newsletter updates, or find your elected officials. If you have any questions, please contact COPIC's Manager of Public Affairs, Logan Dunning, at ldunning@copic.com.

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¹ Studdert DM, Mello MM, Sage WM, DesRoches CM, Peugh J, Zapert K, Brennan TA. Defensive medicine among high-risk specialist physicians in a volatile malpractice environment. *JAMA*. 2005 Jun 1;293(21):2609-17. doi: 10.1001/jama.293.21.2609. PMID: 15928282.



THE LEGISLATIVE LANDSCAPE

COPIC has long believed that taking an active role in advocating on legislative issues is an important way to allow the health care community to devote its resources to quality improvement and patient care. COPIC monitors regulation and legislation in Iowa to ensure that access to safe, quality health care delivery is maintained and new, unreasonable burdens are not placed on health care providers.

By working closely with our colleagues at the Iowa Medical Society, COPIC tracks legislation using the lens of stabilizing the tort environment, promoting learning in health care, ensuring the delivery of safe, quality care, and protecting the patient and physician relationship.

LEGISLATIVE UPDATE: JULY SPECIAL SESSION

The Iowa General Assembly adjourned the regularly scheduled legislative session on Thursday, May 4, 2023. The Iowa General Assembly introduced 1,785 bills in 2023, which is significantly more than the 1,371 bills introduced during the 2022 legislative session. Of the 1,785 bills introduced, 169 bills made it through the legislative process and to the governor’s desk.

Fast-forward to July, Governor Kim Reynolds called the state legislature into a special session on July 11 to pass legislation banning abortions once a fetal heartbeat is detected, which is typically around the six-week point. Iowa’s pair of bills, House Study Bill 255 and Senate Study Bill 1223 are nearly identical to Senate File 359, the bill Reynolds signed in 2018 before state courts blocked the law from taking effect. This year’s legislation creates narrow exceptions for abortions in cases where a pregnancy is the result of rape or incest, in cases of certain fetal abnormalities including a miscarriage, and in cases where the physician’s reasonable medical judgment determines that the pregnancy constitutes a medical emergency. The bill was slated to take effect immediately

upon Governor Reynolds’ signature on July 14, 2023, but implementation has been halted due to a lawsuit filed questioning the bill’s constitutionality. The Iowa Supreme Court will now review the case, and if the law is upheld, it will be the Iowa Board of Medicine’s responsibility to promulgate rules to administer the legislation.

As we see more state legislatures responding to the Dobbs decision last year, COPIC will continue to work with our partners to understand the impacts these legislative changes have on the medical liability environment, what this means from a medical liability perspective, how it affects our insureds, and what we can do to help our insureds navigate the medical/legal environment going forward. COPIC will continue to monitor the Board’s implementation of this legislation and any ensuing court challenges. We also understand that there may be questions about the impact this legislation has on medical liability coverage. The COPIC Legal Helpline is a resource for any questions you may have regarding coverage. Contact our Legal Helpline at (720) 858-6030 or email legalhl@copic.com.

THE LEGISLATURE ADJOURNED (AGAIN). WHAT’S NEXT?

Rulemaking, implementation, and interim study committees.

The work of COPIC’s Public Affairs team does not stop with the final drop of the gavel at the General Assembly. Tracking and engaging on legislation is just one area of our work in the policymaking process. Once the state legislature completes its work for the year, Governor Reynolds then has 30 calendar days to either sign bills into law or utilize her veto power. Now that the dust has settled from the legislative session, the executive branch and its many state departments begin their work of implementing

legislation that was passed by the legislature and signed by the governor. This will be an even larger undertaking in a year that included a massive state government reorganization.

This is a busy season for state regulators. Included in bills are implementation deadlines, also known as “effective dates.” These timelines, or deadlines for regulators, either render the laws effective immediately or push out implementation timelines for months, sometimes years, to allow for the proper regulatory framework and rulemaking to be established. Rulemaking is a process that allows for

LEGISLATIVE LANDSCAPE (FROM PAGE 1)

additional feedback and guidance to influence how laws are put into place. Regulators, by law, are required to hold hearings to allow for comment from the public and stakeholders.

In addition to a steady stream of rulemaking hearings and stakeholder meetings, the General Assembly will begin to consider policy topics for interim committees to take up and study over the summer and fall months in preparation for the 2024 legislative session.

Of note, the legislation capping non-economic damages in medical liability cases included language that created a Medical Error Task Force. This task force will meet with the stated purpose of reviewing medical error rates of Iowa physicians. The task force will then make recommendations to the General Assembly and the

Director of the Department of Health and Human Services (DHHS) to address options for reducing medical error rates, improvements in education and training to minimize errors, and whether applicable penalties for medical errors and physician licensure review measures are sufficient.

The task force's report will be due to the General Assembly and the Director of DHHS by January 8, 2024.

These rulemaking and stakeholder processes have already begun and COPIC's Public Affairs Team will continue to track rulemaking hearings to determine if and how Iowa's newly implemented laws will impact the practice of medicine and your ability to deliver safe, quality care. If you have any questions about certain bills, timelines, or implementation guidelines, please reach out to COPIC's Public Affairs team for additional information and resources.

COPIC will continue to work closely with our colleagues at the Iowa Medical Society to monitor regulatory implementation of bills passed this session and keep you informed on how these policies will impact your practice and delivery of care.

Visit COPIC's Legislative Action Center at www.callcopic.com/lac for more information on bills we are tracking during the legislative session, sign up for newsletter updates, or find your elected officials.

If you have any questions, please contact COPIC's Manager of Public Affairs, Logan Dunning, at ldunning@copic.com.

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OPIOID PRESCRIBING:

Resources for Provider Education Requirements

Medical providers who prescribe opioids are required to complete certain training requirements on both a state and federal level. To assist with understanding and meeting these requirements, COPIC has developed an **Opioid Education Resources** section on our website.

In particular, providers must now complete a new one-time, eight-hour training requirement issued by the Drug Enforcement Administration (DEA) on treating and managing patients with opioid or other substance use disorders. The details about this requirement are outlined in a letter released by the DEA, which is available at www.deadiversion.usdoj.gov/pubs/docs/MATE_Training_Letter_Final.pdf

COPIC's Opioid Education Resources are available on our website at www.callcopic.com/resource-center/guidelines-tools/opioid-resources and include:

- ▶ Opioid Continuing Education Requirements (by State) for Physicians
- ▶ CME Opioid Education Resource List
- ▶ COPIC On-Demand Courses
- ▶ Within Normal Limits Podcast Episode: "Fulfilling Opioid Education Training Requirements"

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COPIC
Opioid
Resources



If you have any questions, please contact our Patient Safety and Risk Management department at (720) 858-6396 or grkm@copic.com.



THE LEGISLATIVE LANDSCAPE

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By working closely with our colleagues at the Nebraska Medical Association (NMA), COPIC tracks legislation using the lens of stabilizing the tort environment, promoting learning in health care, ensuring the delivery of safe, quality care, and protecting the patient and physician relationship.

LEGISLATIVE UPDATE

The first session of the 108th Nebraska Legislature adjourned on June 1, the 88th day of the 90-day session. Senator Machaela Cavanaugh spent hundreds of hours filibustering a majority of introduced bills in protest of a bill that restricts medical care to transgender minors. The bill at-hand was eventually combined with another bill that prohibits abortions after 12 weeks of gestational age and signed into law. Cavanaugh’s filibustering efforts dramatically reduced the total number of bills that were successfully passed this session. In total, only 33 bills passed. That said, those 33 bills contained 291 individually introduced bills that were ultimately packaged together with bills of similar topic. Many bills that were not considered this session will remain active and eligible for consideration when the Unicameral gavels in again come January 2024.

NEBRASKA’S EXCESS LIABILITY FUND BILL PASSES

Since its introduction early in the legislation session, COPIC closely monitored Legislative Bill 68—a bill working to ensure long-term viability of the Nebraska’s Excess Liability Fund (Fund). The bill had been, for most of the session, caught up in the backlog of bills that were suspended in the process due to the months-long filibuster. COPIC is very pleased to report that the larger omnibus bill that included LB 68 passed the Unicameral and has been signed into law by Governor Pillen. As a refresher, LB 68 increased the underlying limit of the Fund from \$500,000 to \$800,000 and increased the annual aggregate limit for physicians and CRNAs from \$1 million to \$3 million to mirror that of hospital limits. The legislation will go into effect January 1, 2025.

THE UNICAMERAL ADJOURNED. WHAT’S NEXT?

Rulemaking, implementation, and interim study committees.

The work of COPIC’s Public Affairs team does not stop with the final drop of the gavel at the Unicameral. Tracking and engaging on legislation is just one part of our work in the policymaking process. Once the state legislature completes its work for the year, Governor Pillen is then tasked with signing bills into law or utilizing his veto power. In Nebraska, the governor has five days after a bill is passed to sign it into law or veto the legislation. Now that the dust has settled from the legislative session, the executive branch and its many state departments begin their work of implementing legislation passed by the Unicameral and signed by the governor.

This is a busy season for state regulators. Included in bills are implementation deadlines, also known as “effective dates.” These timelines, or deadlines for regulators, either render the laws effective immediately or push out implementation timelines for months, sometimes years, to allow for the proper regulatory framework and rulemaking to be setup and established. Rulemaking is a process that allows for additional feedback and guidance to influence how laws are put into place. Regulators, by law, are required to hold public meetings to allow for comment from the public and stakeholders.

In addition to the regulatory implementation of passed bills, the Nebraska Credentialing Review Program (also known as the “407 Program”) will begin its work reviewing proposals for changes in scope of practice or for new credentialing of Nebraska health professions.

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LEGISLATIVE LANDSCAPE (FROM PAGE 1)

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- ▶ Opioid Continuing Education Requirements (by State) for Physicians
- ▶ CME Opioid Education Resource List
- ▶ COPIC On-Demand Courses
- ▶ Within Normal Limits Podcast Episode: "Fulfilling Opioid Education Training Requirements"

If you have any questions, please contact our Patient Safety and Risk Management department at (720) 858-6396 or grkm@copic.com.