Advocacy Update
July 12, 2013

CMS releases two key proposed rules
The Centers for Medicare and Medicaid Services (CMS) released the Proposed Physician Fee Schedule rule for 2014. CMS highlights changes to the following issues: Physician Quality Reporting System, Electronic Health Record Incentive Program, Physician Compare, Shared Savings Program, Value-Based Payment Modifier, Complex Chronic Care Management Services, Telehealth Services, Practice Expense Geographic Adjustment, Medicare Economic Index, Misvalued Codes, and the Application of Therapy Caps to Critical Access Hospitals. AMA staff is in the process of reviewing these proposed policy changes.

In addition, CMS also published the 2014 Hospital Outpatient Department and Ambulatory Surgical Centers proposed rule. In the coming weeks the AMA will work with states and specialty societies to identify issues that need to be addressed in both rules with CMS. Comments are due to CMS in early September. The proposed regulations can be found on the Federal Register website.

New free evidence-based resources from AHRQ
The Agency for Health Care Research and Quality (AHRQ) recently announced a new effort entitled Treatment Options: Explore. Compare. Prepare. Information found at this site can help physicians stay informed on the comparative effectiveness of treatment options for a wide variety of health conditions. This initiative connects patients and caregivers to evidence-based information they can use to improve their health and health care experiences. This initiative was developed with input from partners including the American Medical Association.

CMS launches Physician Compare redesign
On June 27, CMS announced a redesigned Physician Compare website. The AMA has been working closely with CMS during this site implementation because physician input is critical to ensuring the information provided is both accurate and useful. We are pleased with CMS’s efforts to further use claims data to verify physicians’ demographic information and expand the search function related to how physicians and specialties are listed. However, as revealed through further analysis of the redesigned website, additional improvements are necessary to both the search function and underlying demographics of the data to ensure accuracy. The AMA will continue to work with the Federation of Medicine on making the necessary improvements to the site. These improvements should be completed prior to the agency posting any additional performance information. Click here to read more about the CMS Physician Compare website.

“Prescription for a healthier practice” series retrospective and preview of upcoming topics
For this month’s practice checkup, the AMA is encouraging physician practices to take a look at some of the resources featured in the “Prescription for a healthier practice” check-up series earlier this year. In January, we featured electronic eligibility as a way for physician practices to determine patient financial responsibility in order to receive payments at the time services are provided. Due to recent operating rules, health insurers must send robust eligibility information to physician practices regarding a patient’s
eligibility, including coinsurance, remaining deductible and copay amounts. These enhancements provide more than a “yes” or “no” response and offer physician practices the opportunity to determine detailed patient eligibility information. Physicians can click here to learn more about using electronic eligibility verification and join the AMA Administrative Simplification LinkedIn Group for additional helpful resources, including a preview of future topics in the series.

This tip is part of the AMA’s “Prescription for a healthier practice” series, designed to help physicians and their staffs examine how their practices are performing in key administrative processes. Help spread word of the series in your own communications; contact Kate Seremek for ready-made messaging.

**AMA weighs in on first significant revision of medical pain policy in nearly a decade**

For the first time since 2004, the Federation of State Medical Boards (FSMB) is significantly revising its Model Pain Policy, and the AMA recently provided detailed comments that balance physicians’ needs to manage pain while avoiding diversion and substance misuse. In achieving that balance, the AMA believes that the nation’s challenges in combating prescription drug abuse and diversion must be focused on public health solutions that promote physician education and public awareness. The full AMA letter to the FSMB can be found on the AMA website.

**Maine becomes fourth state to enact AMA “Truth in Advertising” legislation in 2013**

On June 18, Maine Governor Paul LePage signed LD 727, a “Truth in Advertising” bill based on AMA model legislation. The bill, “An Act Establishing Health Care Practitioner Transparency Requirements,” requires health care professionals—physicians and non-physicians alike—to clearly display their education and licensure so that patients have relevant information about the person who is providing their care. For example, now Maine health care professionals who see patients on a face-to-face basis must wear a name tag or other form of identification that displays their name, type of license (including the common term for the profession) and staff position. Furthermore, the bill ensures that when health care practitioners advertise their services, they are clear about what license they hold and are not promising more than what their education, training and licensure permits. Congratulations to our colleagues in Maine on this victory—the fourth AMA “Truth in Advertising” bill signed into law this year! Visit [ama-assn.org/go/tia](ama-assn.org/go/tia) for more information on the AMA's “Truth in Advertising” campaign.

**AMA supports Texas team-based care law**

The AMA is proud to have supported the efforts of the Texas Medical Association (TMA) in passing legislation that supports physician-led, team-based care. The new law replaces current site-based restrictions for prescriptive delegation and supervision of physician assistants and nurse practitioners with a more flexible, collaborative model for physician-led, team-based care. The legislation resulted from months of negotiations among the TMA, the Texas Academy of Family Physicians, advanced practice registered nurses and physician assistants prior to the legislative session. Visit [ama-assn.org/go/physicianledteams](ama-assn.org/go/physicianledteams) for more information on AMA advocacy in support of physician-led, team-based care.

**AMA advocacy supports successful Florida tort reform**

On June 6, Florida Governor Rick Scott signed a broad medical liability reform bill, S.B. 1792, transforming Florida’s practice landscape by requiring fairness in the use of medical expert witnesses. The bill, which
builds upon medical liability reforms enacted in 2011, goes even further in helping physicians practice medicine by:

- Requiring an expert medical witness to be in the same specialty as the defendant physician (current law required “same or similar”)
- Ensuring a physician’s constitutional right to counsel—a right made unclear by a December 2012 Florida Supreme Court case
- Giving parties equal access to medical fact witnesses

The AMA worked with the Florida Medical Association throughout the session, weighing in publicly with an April letter to Florida Senate President Don Gaetz that strongly encouraged these reforms. The provisions went into effect July 1, 2013.

**AMA signs letter of support for HR 1827**

The AMA along with 41 medical organizations joined the Connecticut State Medical Society in signing a letter to members of Congress supporting the Pediatric Subspecialty and Mental Health Workforce Rehabilitation Act (HR 1827). The legislation extends the current loan repayment program for pediatric subspecialists and providers of child and adolescent mental and behavioral health services working in Health Professional Shortage Areas, Medically Underserved Areas or other areas with Medically Underserved Populations. The legislation is consistent with AMA policy supporting funding for pediatric residency programs and ensuring the supply of psychiatrists and other well trained mental health professionals, especially in rural areas and those serving children and adolescents.

**“VIP” grassroots training webinar on July 24, 7 p.m. Eastern time**

On July 24 at 7 p.m. Eastern time, the AMA will host a grassroots advocacy training webinar as part of the Physicians’ Grassroots Network and Very Influential Physicians (VIP) key contact program. Susie Gorden, vice president of the Congressional Management Foundation (CMF), will present key findings of a recent survey CMF conducted of congressional schedulers. Often overlooked, schedulers act as gatekeepers and are critical in building good relationships with members of Congress and their offices. These survey results provide a unique perspective and will help grassroots advocates better navigate the meeting request process with congressional offices.

Webinar highlights include:

- Key components and data required by a congressional office to assess the value of meeting with specific constituent groups
- Optimum timing for submitting scheduling requests
- Tips and “pet peeves” when interacting with schedulers and House offices
- A Capitol Hill update from the AMA’s government affairs team and overview of the AMA’s Congressional Recess Action Kit, highlighting key issue talking points to stress with lawmakers during the August recess

Register today for this important webinar. We hope that physicians will participate in this valuable training in advance of the six week Congressional recess scheduled to begin Aug. 3. This recess period is part of the annual legislative calendar and allows lawmakers to spend extended time in their districts, interacting and meeting with constituents and community leaders.

If you are not already a member of the VIP program, please visit ama-assn.org/go/vip to join.