



2015 LEGISLATIVE AGENDA

REFORMING THE REFORM

ABOLISH THE INDEPENDENT PAYMENT ADVISORY BOARD (IPAB)

Established by the Affordable Care Act (ACA), the IPAB is a 15-member government board whose members are appointed by the president. The principal responsibility of this board is to cut Medicare spending. Proposed spending cuts automatically go into effect if Congress does not replace the recommendations with cuts of equal magnitude. Congress only has a very short time in which to pass its own proposal—making it a virtual certainty that the board’s recommendations would be adopted. The AANS and CNS strongly urge repeal of the IPAB because leaving Medicare payment decisions in the hands of an unelected, unaccountable governmental body with minimal congressional oversight will negatively affect timely access to quality neurosurgical care for our nation’s senior citizens and those with disabilities.

EXPAND SUPPORT FOR QUALITY RESIDENT TRAINING & EDUCATION

An appropriate supply of well-educated and trained physicians—both in specialty and primary care—is essential to ensure access to quality healthcare services for all Americans. Unfortunately, the nation is facing a serious shortage of physicians, due to an aging population and the expansion of health insurance coverage through the ACA. And while medical schools in the U.S. have increased their enrollments, and additional medical and osteopathic schools have been established, the number of Medicare funded resident positions has been capped by law at 1996 levels. To ensure an adequate supply of physicians, Congress should (1) eliminate the current graduate medical education (GME) funding caps and increase the number of funded residency positions; (2) expand funding to fully cover the entire length of training required for initial board certification; channel a larger percentage of GME funds directly to the academic departments responsible for resident education; (3) allow resident and fellows to bill for the services they render after achieving verified competence in particular skills; (4) provide the profession with the tools, including antitrust relief, to ensure a well-trained physician workforce; (5) maintain current financial support for children’s hospital GME; (6) encourage all other payers to contribute to GME programs; and (7) ensure that the Accreditation Council for Graduate Medical Education (ACGME), American Board of Medical Specialties (ABMS) and Association of American Medical Colleges (AAMC) retain their preeminent roles in overseeing resident training and education.

CONTINUE PROGRESS WITH MEDICAL INNOVATIONS

America has a long tradition of excellence and innovation in patient care, and neurosurgeons have been on the cutting edge of these advancements. However, American medical innovation is at serious risk. The AANS and CNS support the repeal of the medical device excise tax included in the ACA. This tax imposes over \$30 billion in new excise taxes and is adversely affecting medical innovation and patient care. In addition, the Food and Drug Administration’s (FDA) device approval process should be streamlined. Finally, Medicare payment and coverage policies can stifle innovation if they are overly limiting. Approaches such as accountable care organizations, bundling and not paying for procedures in which new technology is used may seem cost effective in the short run, but if they prohibit the development of safer and better procedures that get patients back to health, work, and activity faster, they may be much more costly in the long run. The AANS and CNS urge Congress to take steps to remove inappropriate regulatory burdens on medical device innovation, which hurt America’s competitive advantage in healthcare advancements, and delay or deny appropriate care for patients.

ALLEVIATE THE MEDICAL LIABILITY CRISIS

The AANS and CNS support legislation to provide common sense, proven, comprehensive medical liability reform. Federal legislation modeled after the laws in California or Texas, which includes reasonable limits on non-economic damages, represents the “gold standard.” The Congressional Budget Office has shown that comprehensive medical liability reform would save the federal government nearly \$70 billion over ten years. Other solutions should be adopted including: (1) applying the Federal Tort Claims Act to services mandated by the Emergency Medical Treatment and Labor Act (EMTALA); (2) liability protections for physicians who volunteer their services; (3) liability protections for physicians who follow practice guidelines established by their specialties; and (4) clarifying that the ACA did not create any new causes of action.

PROVIDE FUNDING TO PRESERVE AND ENHANCE ACCESS TO TRAUMA & EMERGENCY CARE

There are significant gaps in our trauma and emergency healthcare delivery systems, and trauma is the leading killer of Americans under the age of 44. The AANS and CNS strongly urge Congress to fully fund trauma and emergency care programs, which will improve trauma care and emergency care systems. As recommended by the Institute of Medicine in its groundbreaking 2006 report, these systems, among other things, “improve patient outcomes by directing patients to facilities with optimal capabilities of any given type of illness or injury.”

MODERNIZING MEDICARE

MOVE MEDICARE TO A DEFINED CONTRIBUTION SYSTEM

To modernize the program, the AANS and CNS believe that we need to move from Medicare's current defined benefit structure to a defined contribution model. Like the Federal Employee Health Benefit Program (FEHBP), this bipartisan model would pay Medicare beneficiaries a certain sum toward the purchase of an insurance policy that provides a defined set of services. Seniors would then pick from an array of health plan choices, allowing them to choose the plan that works best for them. It is essential that such a system incorporates consumer protections and that the premium subsidies are adequate to provide beneficiaries with appropriate coverage for their medical needs. To this end, the premium subsidy must be risk-adjusted so that the sickest beneficiaries are not unfairly penalized because of their health status and lower-income seniors should receive a higher federal subsidy than wealthier seniors. Finally, it is important that all current Medicare beneficiaries are allowed to remain in the existing Medicare program—if they so choose—and we believe that it makes sense to align the Medicare and Social Security eligibility ages.

CHAMPION AN IMPROVED MEDICARE PHYSICIAN PAYMENT SYSTEM

Year after year, because of Medicare's flawed sustainable growth rate (SGR) formula, physicians face significant cuts in Medicare reimbursement. And time and time again, Congress intervenes with a short-term "fix" to prevent these steep cuts. Congress needs avoid band-aid solutions for fixing the physician payment system and once and for all replace the Medicare SGR formula with a stable mechanism for reimbursing physicians. Any new payment system must also allow patients and physicians to privately contract without penalty to either patient or physician, and must maintain a viable fee-for-service option in Medicare. Preserving this option for Medicare beneficiaries is especially critical for those patients seeking specialty care—particularly neurosurgical services. Finally, to ensure access to vital surgical services, Congress must rescind the Centers for Medicare & Medicaid Services' (CMS) plan to eliminate the 10- and 90-day global surgery payment package.

RESTRUCTURE & STREAMLINE QUALITY IMPROVEMENT PROGRAMS

Organized neurosurgery is fully behind efforts to improve the quality of care that neurosurgeons deliver to our patients and we share with the public a sense of urgency and responsibility to meet the challenges of creating a sustainable healthcare system. And while Congress has taken the first steps towards implementing quality improvement programs, Medicare's Physician Quality Reporting System (PQRS), electronic health record (EHR) program and value-based payment modifier all need to be scrapped or drastically revised to better incorporate a workable and meaningful system for collecting and reporting clinical data. The current "one-size-fits-all" approach simply will not result in better patient outcomes.

As an alternative to the current approach, the AANS and CNS recommend that Congress adopt a pay-for-participation system under which data regarding physician quality are collected in a non-punitive environment and analyzed using accurate risk-adjustment mechanisms. Under such a system, physicians should receive performance feedback continually and in a timely manner. It is also essential that the determination of quality remain in the hands of the profession, rather than by the government or other third parties. To this end, neurosurgery has developed a centralized and nationally coordinated effort to allow individual neurosurgeons and practice groups to measure and analyze practice patterns and outcomes through a clinical registry, the National Neurosurgery Quality Outcomes Database (N²QOD).

The AANS and CNS support a non-punitive, staged approach, to implement EHR meaningful use, but this approach must take into account the current technological realities and the additional financial and administrative costs that will be incurred by physician participation. At present, the current EHR meaningful use standards are inappropriate for many specialists, who must "check-the-box" to meet Medicare's standards, rather than use EHR technology in a manner that improves care. In addition, EHR systems are very costly to implement and maintain—often with little or no demonstrated benefit to patients. Implementing a program that allows for flexibility and for physicians to adopt objectives and measures that enhance and meet the needs of their practice will result in extensive use of technology to advance the country's health care system.

For More Information Contact:

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The American Association of Neurological Surgeons was founded in 1931 and is dedicated to advancing the specialty of neurological surgery in order to promote the highest quality of patient care. The Congress of Neurological Surgeons was founded in 1951 and exists to enhance health and improve lives worldwide through the advancement of education and scientific exchange. The AANS and CNS are the two largest scientific and educational associations for neurosurgical professionals in the world and each represent over 4,000 practicing neurosurgeons in the U.S. Neurosurgery is the surgical specialty concerned with the prevention, diagnosis, treatment and rehabilitation of disorders that affect the spinal column, spinal cord, brain, and peripheral nerves.