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**Sent:** Wednesday, October 28, 2015 8:02 PM  
**To:** Philip Schuh  
**Cc:** Moe Auster  
**Subject:** report to council regarding coalition.

**MSSNY Joins Physician Leaders in our Nation's Capital to Advocate for Administrative Simplification**

On October 21-22, MSSNY Board of Trustees member Dr. Robert Hughes joined MSSNY staff and physician leaders from other states in Washington DC to advocate for legislation to reduce some of the overwhelming bureaucratic hassles physicians are facing in various aspects of the Medicare program. The meetings were coordinated by the Coalition of State Medical Societies of which MSSNY is a part along with 9 other state medical societies.

Joint advocacy meetings with representatives of the California, Florida and Texas medical associations were held with numerous Senators and Representatives who serve on key health care policy committees in support of legislation to:

- Reduce the hassles associated with complying with onerous federal regulations governing the use of electronic medical records (HR 3309, Ellmers);
- Restore some fairness in the conducting of audits by Medicare Recovery Audit Contractors (HR 2568, Holding);
- Repeal the excise tax on comprehensive health insurance plans ("Cadillac Tax") that was contained within the ACA scheduled to go into effect in 2018 (several bills including: S.2075, Brown; S.2045, Heller; and HR 2050, Courtney).

The Coalition's retained lobbyist, Larry Meyers, joined us on several meetings.

There was wide support for many of the provisions contained within each of these proposals, and substantial efforts are being made to incorporate elements of these proposals into various end of year "must do" bills under development by Congress. Meetings were held with the offices of Senator Charles Schumer, Rep. Tom Reed (Ways & Means Committee), Rep. Chris Collins (Energy & Commerce Health Subcommittee) and Rep. Chris Gibson from New York; Senator John Cornyn, Rep. Dr. Michael Burgess and Rep. Kevin Brady (Chair, W&M Health Subcommittee) from Texas; Senator Bill Cassidy (Senate HELP Committee) from Louisiana; Rep. Dianne Black (W&M Health Subcommittee) and Rep. Marsha Blackburn (E&C Health Subcommittee) from Tennessee.

Some of the other highlights of our meetings included:

- Meeting with the top health policy staff to Rep. Dr. Tom Price (W&M Health Subcommittee) of Georgia to thank him for his efforts to pursue the Medicare Patient Empowerment Act (HR 1650) and offering our assistance to find additional co-sponsors for this legislation. They also advised us of their efforts to pursue legislation (HR 3100) that would prohibit the Department of Health and Human Services or any state from requiring a health care provider, as a condition of the provider's licensure, to participate in a health plan or comply with requirements for meaningful use of electronic health records.
- At a meeting with Rep. Dr. Michael Burgess, he discussed his desire to have Congressional hearings to review the implementation of ICD-10. We advised him of our concerns regarding insurers taking back payments once the initial informal "grace period" passed. We also urged that he push for hearings regarding implementation of the new value-based payment structure (MIPS) created under the SGR repeal legislation enacted earlier this year.
- Every office that we met with was very concerned about the sharp increase in the cost of prescription medications and was asking for our thoughts.
- Every office that we met with was very supportive of the provisions of HR 6 (the 21<sup>st</sup> Century Cures Act) to assure EHR systems were truly interoperable;
- Senator Schumer's health care policy staff warned us regarding discussions that were occurring to extend the Medicare 2% sequester an additional year (in 2025) to help prevent sharp increases in Medicare Part B premiums. While we expressed our concerns, this provision was included in the Budget agreement announced this week.
- Senator Schumer's office wanted to work with us to obtain information from CMS regarding the number of physicians who had achieved meaningful use in New York State.

# The Coalition of State Medical Societies

## *Standing Up for Physicians and Patients at the Nation's Capital*

Representing physicians from coast to coast, the Coalition of State Medical Societies comprises 10 state medical associations with more than 180,000 physician and medical student members. The repeal of Medicare's Sustainable Growth Rate (SGR) formula was an important step forward for health care access for our seniors, and the coalition is grateful for the efforts of the many Senators and Representatives who worked to achieve this repeal.

*Now we've set our sights on these onerous federal regulations and impediments to quality care for our patients:*

### **Electronic Health Record Meaningful Use Reform**

No federal program ever bore a more inaccurate name. The convoluted and tedious requirements for physicians' use of electronic health records (EHRs) are certainly not meaningful to doctors nor our patients. The combination of EHRs and federal regulations — neither of which were designed with the realities of medical practice in mind — leaves physicians clicking more but achieving less. For many physicians, health information technology is too expensive and too disruptive to patient care, and actually prevents physicians and providers from sharing patient data in a timely, secure manner.

**Congress** must enact legislation that provides positive incentives for physicians to acquire and maintain health information technology. Until EHR systems truly add value to medical care, we want Congress to reform the program and eliminate federal mandates that compel physicians to engage in unnecessary activities and reporting.



**Please cosponsor and support:**

- S 2141, the Transparent Ratings on Usability and Security to Transform Information Technology (TRUST IT) Act of 2015 by Sens. Bill Cassidy (R-LA) and Sheldon Whitehouse (D-RI); and
- HR 3309, the Flex-IT 2 Act, by Rep. Renee Ellmers (R-NC).

### **Medicare RAC Audit Reform**

Medicare pays Recovery Audit Contractors or "RACs" like bounty hunters to find potential overpayments made to physicians and health care providers. This gives these contractors incentives to disrupt doctors' practices as they comb through patient files looking for the tiniest of errors.

**Congress** must establish incentives for RACs to make more accurate audit findings, reduce the time period for which claims may be audited, and minimize practice disruptions; and direct RACs to focus only on practices with demonstrated inappropriate billing patterns and to provide due process and fair procedures for physicians who are subject to a RAC audit.

**Please cosponsor and support HR 2568, the Fair Medical Audits Act of 2015, by Rep. George Holding (R-NC).**

## Telemedicine

Like so many technologies, telemedicine offers great hope to make health care more effective and efficient. It can bring specialists' expertise to remote areas. It can bring the physician to the homebound patient's bedside. It can expand and improve the patient-physician relationship. But we can gain the advantages of telemedicine without caving in to those who want physicians to willy-nilly prescribe medications over the Internet to patients they have never seen and never will see again.

**Congress** must protect patient safety by maintaining the state-based system of licensing physicians. The practice of medicine takes place where the patient is, and physicians caring for the patient must be licensed to practice where the patient is.

**Please oppose S. 1778 and HR 3081, the TELE-MED Act of 2015, by Sen. Mazie Hirono (D-HI) and Rep. Devin Nunes (R-CA) until amended to protect state licensure.**

## ICD-10 Transition

The Centers for Medicare & Medicaid Services (CMS) announced a very narrow, one-year "grace period" protecting physicians from the coding errors that assuredly are accompanying the Oct. 1 mandatory transition to the ICD-10 coding system. (Most of those errors will be hidden until they begin manifesting in payment cuts

two to four weeks after the claims are filed.) This "grace period" is a start, but just a start. The threat of an ICD-10-driven disaster in the doctors' back office remains very real.

**Congress** must maintain strict oversight of the ICD-10 rollout, be prepared to act quickly in the event of a technical disaster, and ensure that:

- Claims will not be reduced or denied based on failure to comply fully with the new coding system,
- Physicians will not be penalized or audited for errors in or malfunctions of CMS' systems, and
- CMS makes advance payments available to help physicians experiencing serious payment delays.

**Please cosponsor and support HR 2247, the ICD-10 Act, by Rep. Diane Black (R-TN).**

## Maintenance of Certification

Language in the bill that repealed the Medicare SGR leaves many physicians worried that Maintenance of Certification (MOC) will become a condition for state licensure or for participation in Medicare, Medicaid, and other government health care programs.

**Congress** should clarify that there are not now and never will be such requirements.

***Our government must make it easier — not more difficult —  
for us to care for our patients.***



**These state medical associations compose the Coalition of State Medical Societies:**

Arizona Medical Association ★ California Medical Association ★ Florida Medical Association  
Louisiana State Medical Society ★ Medical Society of New Jersey ★ Medical Society of the State of New York  
North Carolina Medical Society ★ Oklahoma State Medical Association  
South Carolina Medical Society ★ Texas Medical Association