



Dec. 1, 2023: National Advocacy Update



AMA Advocacy Insights webinar: Strategies to address the nation's worsening overdose and death epidemic

The 2023 AMA Overdose Epidemic Report (PDF) finds that—despite positive actions from physicians, growth in harm reduction services and policy advancements—the nation's drug overdose and death epidemic is deadlier than ever. The annual report details many of the reasons the epidemic persists, largely due to illicitly manufactured fentanyl and the continued lack of meaningful implementation and enforcement of policies that support affordable, accessible and evidence-based care for patients with substance use disorders or pain.

Learn more in this webinar on Dec. 12 at 11:30 a.m. Central time about policy actions that need to be taken, harm reduction strategies that should be implemented more broadly, and efforts by physicians and the AMA Substance Use and Pain Care Task Force to end the epidemic.

Moderated by Jesse M. Ehrenfeld, MD, MPH, AMA President, speakers will include:

- Bobby Mukkamala, MD, chair, AMA Substance Use and Pain Care Task Force
- Daniel Blaney-Koen, JD, senior attorney, Advocacy Resource Center, AMA
- Jennie Jarrett, PharmD, director, Science and Drug Policy, AMA

Bipartisan legislation introduced in the House to prohibit fees for EFT payment

On Nov. 28, Representatives Greg Murphy, MD (R-NC), Morgan Griffith (R-VA), Marianne Miller-Meeks, MD (R-IA), Ami Bera, MD (D-CA), Kim Schrier, M.D. (D-WA) and Derek Kilmer (D-WA) introduced the “No Fees for EFTs Act (H.R. 6487),” bipartisan legislation to protect physicians from unnecessary fees associated with electronic fund transfers and payment transactions.

Under the Affordable Care Act, health plans are required to offer medical practices the option to receive reimbursements electronically. Insurers impose charges between 2-5% on health care providers for electronic fund transfers (EFTs). AMA's advocacy staff worked closely on the drafting of this legislation to clarify in plain language that health plans and their vendors are prohibited from



imposing fees for EFT payment.

The AMA strongly supports this legislation, and the press release from the sponsors included the following quote from AMA President Jesse M. Ehrenfeld, MD, MPH: "Insurers have slashed reimbursement rates, foisted prior authorization requirements on physicians, and created narrow networks. But requiring physicians to pay fees to get paid? This bill would give much needed relief to physician practices and score a victory for common sense."

HHS proposes information blocking provider disincentives regulation

The Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Medicare & Medicaid Services (CMS) published a proposed regulation specifying the appropriate disincentives for health care providers that the Department of Health and Human Services (HHS) Office of Inspector General (OIG) has determined committed information blocking. This new regulation focuses on health care providers (PDF) that are also Medicare-enrolled providers or suppliers. For the purposes of this rule, CMS has singled out Merit-based Incentive Payment System (MIPS) eligible physicians, hospitals and accountable care organizations (ACOs) or ACO participants. If OIG determined that a provider has committed information blocking, CMS would use its payment policies to implement the disincentives or restrict participation in the Medicare Shared Savings Program (MSSP). This brief (PDF) includes more detailed information on the proposal.

The AMA has identified several aspects of the proposed rule that need to be modified, reworked or addressed in future rulemaking, including how HHS has not adequately provided physicians rights to appeal information blocking findings or penalties as well as the rigid approach taken in the regulation toward disincentives. The AMA will submit comments on this proposed regulation which are due Jan. 2, 2024.

This effort complements the OIG regulation published earlier this year (PDF) that defines the specifics around the civil monetary penalties for other regulated actors for information blocking violations: health information technology (health IT) developers, health information exchanges and health information networks. More details on information blocking are available online.

Proposed nondiscrimination standards for individuals living with disabilities



On Nov. 13, the AMA submitted comments (PDF) in response to a proposed rule (PDF) that would update Section 504 of the Rehabilitation Act of 1974 with new nondiscrimination standards for individuals living with disabilities. Specifically, the rule addresses new protections for medical services, patient communications and value assessment methodologies, as well as new accessibility standards for medical equipment and “new technologies” including web-based content and mobile phone applications.

The AMA largely supported many of the proposed protections in the rule, while noting the importance of clinical discretion and reducing administrative burden on practices. The AMA took particular concern with the proposed new technical standards for web-based content and mobile phone applications, recommending an alternative strategy that would involve promoting accessibility standards for web-based content and phone applications through health IT certification while designing a principles-based approach to cover remaining web-based and social media content. Throughout the letter, the AMA underscored the importance of providing practices with necessary resources and support to implement these new protections while maintaining services at full capacity, and of taking a corrective action approach to enforcement, working with practices to bring them into compliance, rather than penalizing practices that are making an effort to comply, which would likely disproportionately impact practices with fewer resources, including those serving marginalized patient populations.

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