



March 8, 2024: National Advocacy Update



Senators introduce the No Fees for EFTs Act

On Feb. 27, Sens. Bill Cassidy, MD (R-LA) and Maria Cantwell (D-WA) introduced the Senate companion bill of the No Fees for EFTs Act, to prohibit health plans from imposing fees on health care providers to get paid electronically.

This bill is a companion bill to the House legislation that was introduced by Representatives Greg Murphy, MD (R-NC), Marianne Miller-Meeks, MD (R-IA), Morgan Griffith (R-VA), Kim Schrier (D-WA), Ami Bera, MD (D-CA) and Derek Kilmer (D-WA).

Momentum for this companion bill grew during the AMA National Advocacy Conference when physicians met with lawmakers to push for this important legislation (PDF). The AMA sent letters to the House (PDF) and Senate (PDF) in support of this legislation.

By way of background, under the Affordable Care Act, health plans were required to offer medical practices the option to receive reimbursements electronically. Insurers and their payment processing third party vendors have found a loophole in the law to impose charges, generally between 2-5%, on health care providers for electronic fund transfers (i.e. direct deposit). This legislation would ban these predatory fees. Physicians should not have to pay fees to get paid.

AMA shares recommendations with CMS to ensure new model positively impacts maternal health

The AMA recently sent a letter (PDF) to CMS about opportunities to ensure the new Transforming Maternal Health (TMaH) model will have a significant, positive impact on maternal health and birth outcomes for pregnant and postpartum individuals and their infants.

This letter focused on multiple considerations that would address the maternal mortality crisis. Specifically, the AMA calls for CMS to allow all interested states to participate in the TMaH program. Under the current TMaH program model, only 15 states would be able to participate in the program, and it is imperative that this is expanded to all states so that all populations living in a maternity care desert, or in states with a high rate of maternal mortality, be permitted to participate. Additionally, this letter calls for CMS to expand program funding to participating states as, in the current model, they can only receive about \$1.7 million per year, which is equal to \$25 per birth if the states with the



largest number of Medicaid births participate. To fulfill this model's goal of expanding access to care, the AMA urges CMS to prioritize support for physicians, hospitals and other providers that deliver obstetric care in underserved communities and to high-need populations.

This letter also recommends that CMS and states take steps to address the leading causes of maternal mortality and morbidity by:

- Providing the financial resources necessary for implementation of evidence-based patient safety bundles
- Utilizing home BP monitoring, also called self-measured blood pressure (SMBP), to close the gaps in hypertension care for birthing people in the postpartum period
- Equipping states to prevent morbidity and mortality related to opioid use disorder by providing guidance on removing policies that punish women for being treated with medications for opioid use disorder (MOUD), ensuring the availability of MOUD if and while incarcerated or under judicial supervision, and ensuring continuity of care upon release from a jail or prison

As the Center for Medicare and Medicaid Innovation (CMMI) works to finalize the details of the TMaH program, the AMA believes that these recommendations will help ensure that it addresses the underlying causes of this nation's maternal health crisis. Please visit the AMA website to learn more about the AMA's advocacy work regarding maternal health.

Medicare Appropriate Use Criteria program pause: Updated claims information

CMS issued an update (PDF) on the Medicare Appropriate Use Criteria (AUC) program, which was paused for reevaluation in the 2024 Medicare Physician Payment Schedule final rule. Effective Jan. 1, 2024, physicians should no longer include AUC consultation information on Medicare claims. However, claims containing AUC-related codes with dates of service in 2023 and 2024 will continue to process.

As background, the AUC program required practitioners that order advanced diagnostic imaging services to consult AUC using an electronic Clinical Decision Support Mechanism (CDSM) tool when ordering these imaging services. Physicians who provide the imaging services then reported the AUC consultation information obtained by the ordering practitioner on the claims for the imaging services. Any future changes to the AUC program will be proposed in rulemaking.



CMS releases guide to new health equity services covered by Medicare

CMS released a new resource (PDF) about four services newly covered and paid for under Medicare to help address patients' health-related social needs, including:

1. Caregiver training—CMS will pay for training of one or more caregivers to help patients carry out a treatment plan for certain diseases or illnesses, such as dementia. There are multiple CPT codes for use depending on the number of caregivers trained and the time spent with the caregivers.
2. Social determinants of health (SDOH) risk assessment—CMS finalized a new G-code to pay for administering an SDOH risk assessment with an evaluation and management visit, behavioral health office visit or annual wellness visit.
3. Community health integration—CMS will pay for services to provide tailored support and system navigation to help address unmet social needs that significantly limit a physician's ability to carry out a medically necessary treatment plan.
4. Principal illness navigation—These services by certified or trained auxiliary personnel under the direction of a physician, such as a patient navigator, include health system navigation, identifying or referring patient or caregivers to supportive services, and patient self-advocacy promotion. Note, Medicare separately covers and pays for care coordination services that focus on clinical aspects of care.

AMA and medical specialty societies urge the VA to involve more physicians in the NSP development process

On Feb. 21, the AMA and 29 medical specialty societies submitted a sign-on letter (PDF) to the Department of Veterans Affairs (VA) advocating for more physician involvement and transparency in the effort to develop National Standards of Practice (NSP) for 51 health care occupations, referred to as the Federal Supremacy Project.

The letter specifically urges the VA to disclose the names of all participants and to include unbiased physician representatives on the NSP Work Groups. The letter also urges the VA to halt the development of NSPs that conflict with state law arguing that they will lead to a confusing mix of standards that are not meaningfully different than the current variability among state scope of practice laws. Visit the Veteran Affairs site for more information about the VA's effort to develop National Standards of Practice.



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