

March 22, 2018: National Advocacy Update

Ways and Means Committee holds roundtable on regulatory relief

On March 15, the AMA and several other physicians groups participated in a closed-door "Red Tape Relief Roundtable" held by the House Ways and Means Committee. The roundtable's focus was on the daily administrative burdens of physicians, with the intention of identifying issues that the Committee could address through aggressive oversight of federal agencies rather than through legislation.

AMA Senior Vice President for Advocacy Rich Deem highlighted several steps that the Centers for Medicare and Medicaid Services (CMS) can take now to simplify the complex Merit-based Incentive Payment System (MIPS) scoring system that would allow physicians to spend more time caring for Medicare patients and less time on reporting. These steps include changing advancing care information (ACI) reporting requirements to measure attestation alone, focusing ACI measures on interoperability and patient access, and providing a greater credit for physicians who use clinical data registries. Deem also spoke about reinstating CMS guidance clarifying that physicians do not have to accept payment from insurers via virtual credit card.

The AMA was joined by other groups in describing the need to address prior authorization requirements in Medicare Advantage and Part D prescription drug plans. The roundtable is part of an ongoing effort by Committee leaders to identify and correct regulatory burdens on health care providers in the Medicare program.

AMA recommends strategies to Congress to help address opioid epidemic

The AMA submitted a letter to the House Committee on Ways and Means (PDF) with recommendations for legislation and policies that it can pursue in an effort to address the opioid epidemic. An array of policies were recommended to increase patients' immediate access to effective treatment for opioid use disorder (OUD), including eliminating prior authorization requirements,

extending Medicare coverage for OUD treatments to include methadone, and experimenting with alternative payment models for treatment of OUD.

The AMA also encouraged the Committee to help eliminate barriers to multimodal treatment for pain and to support physician-led, team-based efforts to improve pain care that the AMA recommends be at the heart of efforts to reduce opioid-related harms. In addition, the letter reinforced the AMA's longstanding concern that Drug Enforcement Administration requirements for biometric devices used in multifactor authentication prohibit user-friendly electronics already found in physicians' offices such as fingerprint readers on laptop computers and mobile phones, from being used for electronic prescribing of controlled substances and sought the Committee's help to secure modifications to these rules.

House of Representatives urged to address gun violence

The AMA wrote a letter (PDF) to House Speaker Paul Ryan and Democratic Leader Nancy Pelosi on March 12, urging action on common-sense solutions to reduce the epidemic of gun violence in America. While supportive of plans to vote on the STOP School Violence Act of 2018 (H.R. 4909), which passed the House on March 14, the letter recommended a more comprehensive approach to this public health problem.

Specifically, the AMA urged them to consider:

- Providing specific funding for gun violence research
- Improving the National Instant Criminal Background Check System
- Expanding background checks and waiting periods to all commercial firearm sales
- Reinstating a ban on military-style assault weapons and high-capacity magazines

HHS urged to reconsider Title X family planning changes

The AMA wrote a letter (PDF) to Secretary of Health and Human Services Alex Azar on March 12, regarding new grant application guidelines for awarding Title X family planning funds. A Funding Opportunity Announcement issued several weeks ago made major changes to the program's priorities.

Specifically, it removed references to Quality Family Planning recommendations—nationally recognized clinical standards for the provision of high-quality family planning and sexual health care services. It also removed references to ensuring access to the 18 contraceptive methods approved by the Food and Drug Administration. Instead, the funding formula favors certain grantee characteristics, giving preference to faith-based clinics and those that offer natural family planning services and

abstinence-only counseling for teenagers. The letter urges the Secretary to reconsider these changes.

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