AMA provides comment to FTC on non-compete agreements

On Feb. 7, the AMA submitted comments (PDF) to the Federal Trade Commission (FTC) on the utility of non-compete agreements included in employment contracts.

The comments follow a recent FTC workshop examining non-competes and their impact on employees. In the comments, the AMA raised concerns about the sometimes-negative impact of non-compete agreements on employed physicians and their patients, as well as perspectives of physician practices with legitimate interests in the use of non-compete agreements with the physicians they employ. The AMA urged the FTC to not take further action on non-compete agreements at this time, instead encouraging the commission to defer to the many states which either have already or are currently taking action on non-compete agreements.

Administration proposes new rules for Medicare Advantage networks

Last fall, the AMA asked Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma to adopt a suite of policy proposals (PDF) to enhance Medicare Advantage (MA) physician network adequacy and directory accuracy. In response, Administrator Verma said that the agency will take the AMA’s recommendations into account in future policy development on these issues. She also said that if there is a significant change in an MA plan's network due to no-cause terminations, CMS may review the network to ensure it complies with network adequacy requirements and ask for a detailed description of the steps the plan will take to ensure that affected enrollees are able to locate new physicians and maintain continuity of care.

In a new proposed rule, CMS is seeking input on a number of provisions affecting network adequacy. For example, CMS proposes to codify minimum standards that MA plan networks must meet for their enrollees’ maximum time and distance to access physicians and other health professionals in each of 30 specialties and certain types of facilities, with variation in the standards for metropolitan, rural and other types of counties. The agency also proposes to require minimum ratios per 1,000 Medicare beneficiaries of physicians and other health professionals in most of these specialties. In addition, the
rule acknowledges concerns previously expressed by the AMA and other physician organizations that CMS should not allow MA plans to replace in-person health care delivery with telehealth services. Based on these concerns, CMS emphasizes the importance of MA plans maintaining an in-person network and states it is not proposing any changes to how it currently calculates minimum requirements in each specialty.

CMS does propose to allow MA plans to supplement their in-person networks by contracting with telehealth providers, and it proposes to give plans a telehealth credit if they contract with physicians in five specialty areas and offer telehealth services (dermatology, psychiatry, neurology, otolaryngology and cardiology). The AMA welcomes this opportunity to provide input into future MA network regulations. Comments are due on April 6.

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