AMA makes recommendations to CMS on rural maternal health care

In response to a Centers for Medicare & Medicaid Services (CMS) request for information, the AMA made a number of recommendations to reduce and prevent rising rates of maternal mortality and morbidity and to ensure access to high-quality care for patients in rural communities.

Specifically, CMS should apply the increase to standalone office visit codes to office visits included in the surgical and maternal global codes, improve access to treatment in rural areas for pregnant and postpartum women with opioid use disorder, and maintain expanded telehealth access.

While the letter highlighted promising models for addressing workforce shortages in rural and underserved areas, the AMA stressed the need for adequate payments for physician practices that care for patients in rural communities. In addition, the AMA recommended steps to ensure consistent data collection and effective evaluation to improve maternal and infant health outcomes and quality, as well as to address social determinants of health including housing, transportation and food insecurity.

HHS should ease regulatory requirements so more physicians can provide MAT

The AMA sent a letter to the U.S. Department of Health and Human Services (HHS) Secretary Alex Azar detailing suggestions for how to close the gap between the number of patients with opioid use disorder (OUD) who would benefit from medication-assisted treatment (MAT) and the number who are currently receiving it.

Many barriers remain to making treatment available to all those who need it, foremost among them is the requirement for physicians to obtain a special registration from the U.S. Drug Enforcement Administration (DEA) and subject themselves to an overly burdensome and stigmatizing regulatory and recordkeeping regime in order to prescribe buprenorphine. The AMA is recommending that the administration enact H.R. 2482, the "Mainstreaming Addiction Treatment Act" or MAT Act. This act
would eliminate the need for physicians to obtain a waiver from the DEA to provide MAT in their practices, as well as the need to take an eight-hour training course and get rid of the limits on the number of patients for whom they can prescribe MAT. It would also enable physicians working with their patients to manage other medical conditions to treat them for OUD concurrently without being subjected to separate regulatory procedures.

Eliminating these requirements would go a long way towards making MAT more available to patients who need it and making it easier for physicians to provide it. Additionally, there are high levels of stigma toward individuals with OUD and medications that treat OUD among the public and health professionals. Instead of helping to eliminate stigma, waiver requirements may reinforce and amplify it. There is also fear of inviting the scrutiny of the DEA by pursuing a waiver to treat OUD patients with buprenorphine. The DEA is a law enforcement agency, not a health care agency, and waived physicians who have experienced DEA audits have expressed concerns that DEA auditors do not understand medical records and do not conduct the audits appropriately. The AMA is recommending the removal of the DEA requirements to help allay physician concerns and hopefully increase the number of physicians treating patients with OUD.

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