

Oct. 30, 2020: National Advocacy Update

Deadline approaching to apply for additional COVID-19 Provider Relief Funds

HHS is disbursing another \$20 billion in CARES Act Provider Relief Funds. Under this Phase 3 General Distribution allocation, physicians who have already received Provider Relief Fund payments may apply for additional funding that considers financial losses and changes in operating expenses caused by the coronavirus.

Recognizing that the COVID-19 pandemic has increased anxiety and depression in the country and behavioral health providers have continued to provide care through telehealth and other means, HHS is also announcing that the nation's behavioral health care providers, including psychiatrists, are eligible for funding. Previously ineligible physicians, such as those who began practicing in 2020, will also be eligible to apply. Physicians have until Nov. 6 to apply for Phase 3 General Distribution funding.

CMS agrees to postpone radiation oncology payment model

A recent issue of *AMA Advocacy Update* described a new Centers for Medicare & Medicaid Services (CMS) final rule outlining details of an alternative payment model (APM) that would provide episode-based payments for radiation oncology (RO) services. The RO APM will be mandatory for practices that account for 30% of RO episodes provided to Medicare patients. The previous story also indicated that the AMA joined with the American Society of Radiation Oncology, American College of Radiation Oncology, American Society for Clinical Oncology, and several other organizations in a letter to HHS Secretary Azar and CMS Administrator Verma seeking a delay in the implementation of the RO APM, which had been slated to begin in Jan. 2021. CMS has now responded to this recommendation and stated that, based on feedback from RO stakeholders, it is postponing implementation of the RO APM for six months until July 2021 and will be issuing new rulemaking to this effect.

AMA opposes proposal to eliminate duration of status for J-1 visa holders

On Oct. 23, the AMA submitted comments strongly opposing the Department of Homeland Security (DHS) Proposed Rule "Establishing a Fixed Time Period of Admission and an Extension of Stay Procedure for Nonimmigrant Academic Students, Exchange Visitors, and Representatives of Foreign Information Media." Commonly referred to as the Duration of Status Proposed Rule, if implemented it would significantly disrupt the specialty and subspecialty training of foreign medical graduates by eliminating "duration of status" as an authorized period of stay for J-1 Visa holders and replacing it with the program end date. If implemented, this proposal would require all J-1 physicians to annually apply for an extension of stay creating impossible timelines for both the applicants and the teaching hospitals sponsoring their training. As a result of the serious potential consequences of this proposed rule, the AMA also signed onto an opposition letter with other leading health care organizations. In the letter, the AMA urged DHS to exempt physicians from the proposed rule and maintain the current system of monitoring J-1 physicians, which involves sponsorship by the Educational Commission for Foreign Medical Graduates, meeting annual competency requirements developed by the Accreditation Council for Graduate Medical Education (ACGME), and the Student and Exchange Visitor Information System (SEVIS). The AMA also worked with Reps. Brad Schneider (D-IL), Abby Finkenauer (D-CA) and David McKinley (WV) to secure bipartisan cosigners of a letter sent to DHS in opposition to the proposed regulation.

CMS seeks physicians for 5% APM incentive payments

The Medicare Access and CHIP Reauthorization Act provides annual incentive payments equal to 5% of the physician's Medicare claims for physicians who participate in Advanced APMs. The payments are made two years after the physician participates in the APM, so physicians who qualified as APM participants in 2018 are due to receive their 5% incentive payment this year. This month CMS issued the APM incentive payments to qualified participants, but there are many physicians whom CMS has been unable to locate, perhaps due to dislocations related to COVID-19. Check here to see if you are on the list of physicians CMS has been unable to locate. Any physician who participated in a Medicare Advanced APM during 2018 and believes they qualified for the 5% incentive payment but did not receive it should provide the missing billing information to CMS by going to this website no later than Nov. 10.

Information blocking compliance resources now available

Earlier this year the Office of the National Coordinator for Health Information Technology (ONC) released regulations implementing provisions of the 21st Century Cures Act (Cures) requiring physicians to comply with new regulations on the access, exchange and use of patients' electronic health information (EHI). Information blocking is a large focus of the new regulations and is defined as practices that prevent or materially discourage the access, exchange or use of EHI. Physicians, hospitals, electronic health record (EHR) vendors, health information exchanges (HIE) and health information networks (HIN) are all subject to ONC's rule and are collectively referred to as "actors." Actors whose actions are likely to interfere with the access, exchange, or use of EHI could be considered information blockers and subject to penalties or disincentives. EHR vendors and HIE/HINs can receive up to \$1 million in civil monetary penalties per violation. Penalties and other "disincentives" for physicians and all other health care providers have yet to be determined by HHS. However, physicians participating in the Promoting Interoperability (PI) Program could see an impact to their CMS Merit-based Incentive Payment System (MIPS) incentives if they are found to be information blockers. The AMA is urging HHS to refrain from creating any new physician penalties. Actors are required to comply with ONC's information blocking regulations by **April 5, 2021**. In anticipation of physician compliance with ONC's information blocking rule, the AMA has created a two-part educational resource to help physicians and their medical practices understand the requirements and develop an information blocking compliance program. Part 1 outlines what information blocking is, key terms to know, examples of information blocking practices and a summary of exceptions for when physicians may restrict access, exchange and use of EHI. Part 2 will help physicians start down the path of compliance, including questions to consider, considerations for maintaining a compliance program and next steps. The AMA will continue to update these resources as the federal government releases new guidance. The AMA is also engaged with the Administration to address concerns that HHS' rule forces physicians to release office notes and lab test results prior to physicians reviewing the information with the patient. The AMA is working to reduce the complexity and cost required for physicians to comply with these new regulations.

AMA opposes proposed biometric regulations by DHS

On Oct. 13, the AMA sent a letter to DHS urging the agency to withdraw its proposed rule on Collection and Use of Biometrics by U.S. Citizenship and Immigration Services (USCIS). There were multiple health, ethical and social equity-related issues highlighted in the letter particularly as it relates to the mandatory collection of DNA from immigrants and their U.S. sponsors. The AMA is concerned about the scientific rigor of biometric data processing at DHS facilities, the ability to collect these samples with informed, non-coercive consent and maintaining data privacy. Especially during this public health emergency, it is critical that the Administration prioritize supporting and protecting the health and well-being of immigrants and their U.S. citizen sponsors.

Q&A: How public health approach to gun violence is breaking barriers

The AMA views gun violence as a public health crisis and advocates that restrictions on federal funding for firearms violence research be removed. The AMA supports federal and state research on firearm-related injuries and deaths and increased funding for and the use of state and national firearms-injury databases to inform state and federal health policy. Megan L. Ranney, MD, MPH, an emergency physician at Brown University in Providence, Rhode Island, and co-founder and chief research officer at the American Foundation for Firearm Injury Reduction in Medicine (AFFIRM), has been a leader in the movement calling for the federal government to spend money on gun violence research. (The AMA is partnering with AFFIRM in its effort to restart the science of firearm-injury prevention.) When the Centers for Disease Control and Prevention (CDC) recently announced that it was releasing more than \$7.8 million to be spent on 16 grants funding research into preventing firearm-related violence and injuries, Dr. Ranney's name was on one of the awards. Dr. Ranney, a group of co-investigators across the country, and her partners at AFFIRM Research received a first-year grant of \$650,000 to evaluate the effectiveness of "bystander interventions" among youths participating in 50 4-H Shooting Sports clubs. Dr. Ranney recently spoke with the AMA about her journey as an activist, physician-scientist, the significance of her CDC grant, and AFFIRM Research's approach to preventing firearm violence. [Read the full story.](#)

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