

## April 23, 2021: National Advocacy Update

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### **Biden administration encourages states to supply more vaccines to primary care physician offices**

In order to address disparities in immunization, the Centers for Disease Control and Prevention (CDC) recently issued guidance (PDF) encouraging states to significantly increase allocation of vaccines to primary care providers.

The AMA has been urging the Biden administration to increase the vaccine distribution to physician offices and this is a good first step. Analysis has found that those counties with higher level of social vulnerability also had lower levels of vaccination. To address this issue, CDC recommends that at least 60% of doses distributed to medical offices be allocated to those located in the most socially vulnerable communities. CDC will provide states with a list of medical offices that should be prioritized. To speed the distribution of vaccine, CDC is instructing states to prioritize those medical offices who have already enrolled as COVID-19 vaccinators. As the situation evolves, CDC will continue to provide states with updated lists.

### **Combating maternal mortality deserves the highest possible funding**

The AMA and 62 national organizations are calling (PDF) for the highest possible funding for federal programs that would prevent maternal deaths, eliminate inequities in maternal health outcomes and improve maternal health overall in fiscal year 2022. More women die from pregnancy-related complications in the United States than in any other developed country and the rate of maternal deaths continues to rise. According to the Centers for Disease Control and Prevention (CDC), approximately 700 pregnancy-related deaths occur in the U.S. each year and 60% of these deaths are preventable. Providing strong and sustained funding to programs such as Title V Maternal and Child Health (MCH) Services Block Grant, Healthy Start, Safe Motherhood and Infant Health and the National Institutes of Health are critical to addressing our nation's maternal health crisis.

## **COVID-19 Hate Crimes Act passes with bipartisan support**

In response to the ongoing hate, violence and harassment of Asian Americans and Pacific Islanders (AAPI) in the last year, AMA sent a letter in support (PDF) of the “COVID-19 Hate Crimes Act” S.937/H.R. 1843 which would provide greater assistance with law enforcement response to these hate crimes. The bill was passed with overwhelming support in the Senate on April 22 with a vote of 94-1.

The legislation will designate a specific employee within the U.S. Department of Justice fully dedicated to facilitating expedited review of COVID-19 hate crimes ultimately reported to federal, state and local law enforcement. To help make the key provisions of the legislation more accessible and useful for various ethnicities along with marginalized and minoritized communities, the legislation also mandates the release of federal guidance for state and local law enforcement agencies on expanding culturally competent, linguistically appropriate public education campaigns, data collection and public reporting of hate crimes. Additionally, the Departments of Justice and Health and Human Services, in conjunction with the COVID-19 Health Equity Task Force and community-based organizations, are directed to issue guidance on best practices for mitigating racially discriminatory language when describing the current pandemic.

## **Application deadline for Primary Care First extended**

During an April 13 webinar featuring speakers from the Center for Medicare & Medicaid Innovation (CMMI), key staff announced that the application period for the second cohort of practices participating in the Primary Care First (PCF) model has been extended to May 21. These practices will begin their participation in the model in January 2022. Submission of an application is not binding on the practice, so primary care physicians interested in participating can wait to make a commitment until later in the year after they receive more data from CMMI and more specific information about what participation will mean for their practice and patients.

The webinar was jointly hosted by the AMA, American Academy of Family Physicians (AAFP) and American College of Physicians (ACP), and featured a model overview and live question-and-answer session with the CMMI model leads. In addition to the CMMI speakers, AAFP staff described several use cases that AAFP has developed to help practices estimate the impact of PCF participation on their practice's revenues. In addition, an ACP member in the first cohort of PCF practices, which began in January 2021, described his experience with the PCF model and how it differs from Medicare's Comprehensive Primary Care Plus model. Additional information on PCF is available at CMMI's PCF model website and on the AMA website.

## Physicians urge CMS to publish MIPS cost measure benchmarks

The AMA and 47 national medical specialty societies wrote (PDF) to the Centers for Medicare & Medicaid Services (CMS) urging immediate release of the 2018, 2019 and 2020 cost measure benchmarks used to evaluate physician performance in the Merit-based Incentive Payment System (MIPS). In addition, the organizations are calling on CMS to make cost measure benchmarking and patient attribution information available on a rolling, close to real-time basis during the 2021 performance year and for future performance periods. President Biden has made transparency a cornerstone of his administration. Without transparency of the cost measure benchmarks, physicians will not be able to begin to evaluate their MIPS performance relative to the target.

## Open Payments Program review and dispute period

Each year, CMS gives physicians and teaching hospitals 45 days to review their prior year's Open Payments Program data and dispute errors before publicly releasing the data. Disputes filed within the 45-day window can be addressed by the reporting entity—drug manufacturers or GPO—prior to the public release.

The review and dispute period began on April 1 and extends through May 15. CMS is statutorily required to publicly release the 2020 open payments data on June 30.

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