Aug. 13, 2021: National Advocacy Update

Administration provides $90 million to improve health in rural areas

The Biden administration announced that it is providing almost $90 million to assist rural communities in combating opioid use disorders (OUD) and other forms of substance use disorders (SUD) and to improve access to maternal and obstetrics care.

This funding is being distributed by the U.S. Department of Health and Human Services (HHS) through the Health Resources and Services Administration (HRSA).

HRSA's Federal Office of Rural Health Policy is making these awards through four key programs:

- Rural Communities Opioid Response Program—Implementation: $78 million is being provided to 78 organizations across 35 states. These awards aim to reduce the morbidity and mortality of SUD/OUD in high-risk rural communities by strengthening and expanding SUD/OUD prevention, treatment and recovery services.
- Rural Communities Opioid Response Program—Psychostimulant Support Program: $7.5 million was awarded to 15 rural consortia across 13 states. These awards aim to strengthen and expand prevention, treatment and recovery services for individuals misusing psychostimulants so they can access treatment and move towards recovery.
- Rural Maternity and Obstetrics Management Strategies Program: $2.9 million was awarded to three recipients to test models to address unmet maternal and obstetric needs for their rural target populations. These awards aim to improve access to services for rural mothers and their children through improved care coordination, use of telehealth and increased access to prenatal and other related services.
- Rural Northern Border Region Planning Program: $760,000 was awarded to four community-based organizations to plan and identify key rural health issues in the rural Northern Border Regional Commission service areas.
The AMA encourages the administration to require states to report—in a standardized fashion—the effects of programs funded to increase overdose prevention, support increased access to treatment, enhance evidence-based pain care, further access to harm reduction or remove health inequities.

Learn more about the AMA’s advocacy (PDF) related to ending the nation’s drug-related overdose and death epidemic as well as AMA’s advocacy related to maternal health.

Collaboration needed to advance patient-centered APMs

Recently AMA President-elect Jack Resneck Jr., MD, and physicians from several specialty societies had the opportunity to meet with the Centers for Medicare & Medicaid Services (CMS) Innovation Center Director Liz Fowler and her leadership team to discuss ways in which CMS and the medical community can work together to improve the way alternative payment models (APM) are designed and implemented. The physician attendees were encouraged by the new director’s commitment to greater transparency, getting input from physicians early in the process and developing ways to share data with physicians. These steps are important to achieving shared goals of making sure APMs reduce health care costs in patient-centered ways and reduce the inequities in care that have been so evident during the pandemic.

The Innovation Center team also indicated that they are currently engaged in a strategy development process and expect to share the new strategy with the medical community in the fall. The recommendations from the Physician-focused Payment Model Technical Advisory Committee (PTAC) are also being considered during this strategic review. In an AMA Leadership Viewpoint by Dr. Resneck and a joint letter to Director Fowler (PDF), the physician community has made clear that greater transparency and a more collaborative relationship between practicing physicians, the CMS Innovation Center and the PTAC are needed. The rapid implementation of telehealth during COVID-19 has shown that physicians are enthusiastic about implementing innovations in care delivery when the financial barriers to doing so are removed. All physicians should have the opportunity to voluntarily participate in well-designed APMs.

United States Senate passes physician mental health and burnout legislation

On Aug. 6, the U.S. Senate passed S. 610, the Dr. Lorna Breen Health Care Provider Protection Act. This comprehensive legislation was introduced on March 4 by Senators Tim Kaine (D-VA), Jack Reed (D-RI), Todd Young (R-IN) and Bill Cassidy, MD (R-LA) and is dedicated to reducing and preventing
suicide, burnout and mental health conditions among physicians and other health care professionals. H.R. 1667 is the House companion bill which to date has not been considered by the House Energy and Commerce Committee. The legislation is named in honor of Lorna Breen, MD, a physician from Charlottesville, Virginia, who, due to the stress and trauma of serving on the front lines caring for COVID-19 patients in New York City during the height of the pandemic, died by suicide in April 2020.

The passage of the Dr. Lorna Breen Health Care Provider Protection Act by the U.S. Senate is an important step in seeing this legislation become law, particularly as the COVID-19 pandemic—primarily the Delta variant currently—continues to mutate and spread, negatively impacting the country and the world.

**AMA urges FDA to stop introduction of new menthol cigarettes and flavored cigars**

This week the AMA joined with the Campaign for Tobacco-Free Kids (PDF) and several medical specialty organizations and anti-tobacco groups in bringing attention to and urging the Food and Drug Administration’s (FDA) Center for Tobacco Products to take action against the continued introduction of new menthol cigarettes and flavored cigars without FDA marketing authorization. Under the Family Smoking Prevention and Tobacco Control Act (TCA), “new tobacco products” (those introduced or modified after Feb. 15, 2007), are not authorized to be introduced without rigorous premarket review by FDA and the issuance of premarket orders authorizing their sale.

The letter to FDA specifically raises concern over two companies’ recent introduction of new flavored tobacco products, and urges the agency to:

1. Prioritize enforcement against both sets of flavored “new tobacco products” that appear to be adulterated and misbranded without the required FDA marketing authorization.
2. Expedite the issuance of proposed and final rules to establish menthol cigarette and flavored cigar product standards to eliminate these products from the marketplace.

The AMA is a party to a lawsuit brought in 2020 against the FDA requesting that the court compel the FDA to fulfill its mandate to take action on FDA’s own conclusions that it would benefit the public health to add menthol to the list of prohibited characterizing tobacco flavors and therefore ban it from sale. The lawsuit led to a long-overdue announcement by FDA that it will promulgate a rule banning menthol cigarettes, finally responding to a citizen petition submitted to the agency in 2013 by 19 public health organizations.
Medicare releases 2020 MIPS scores, appeals due Oct. 1

Merit-based Incentive Payment System (MIPS) performance feedback, including final scores and payment adjustment information, for the 2020 performance period is now available for review on the Quality Payment Program website. The 2020 MIPS scores will determine whether a physician will receive an incentive, neutral payment adjustment or a penalty that is applied to the Medicare paid amount for covered professional services furnished in 2022. In response to AMA advocacy, the CMS applied an automatic Extreme and Uncontrollable Circumstances hardship exception and reweighted the Cost Performance Category to zero in 2020 due to the COVID-19 pandemic. The 2020 final score should reflect these COVID-19 flexibilities.

MIPS eligible physicians are encouraged to review their MIPS feedback closely. If a physician believes there is an error, CMS allows appeals through a targeted review process that is open until Oct. 1, 2021. Examples of targeted review circumstances include:

- Data was submitted under the wrong Taxpayer Identification Number (TIN) or National Provider Identifier (NPI).
- Eligibility and special status issues (e.g., the physician falls below the low-volume threshold and shouldn't receive a payment adjustment).
- Performance categories weren't automatically reweighted even though the physician qualifies for reweighting due to extreme and uncontrollable circumstances.

CMS released additional information, including FAQs, at their resource library.

More articles in this issue

- Aug. 13, 2021: Advocacy Update spotlight on 2022 Physician Fee Schedule proposed rule summary


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