AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

In today’s episode of Moving Medicine, AMA Chief Experience Officer Todd Unger talks with AMA Senior Vice President of Advocacy Todd Askew about the AMA’s latest advocacy efforts. Topics include the latest on provider relief fund reporting, increased access to affordable coverage through the ACA for millions of Americans, updated guidelines from the CDC for prescribing opioids and the latest on AMA advocacy efforts for maternal health care.

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Speaker

- Todd Askew, senior vice president of advocacy, AMA

Transcript

Unger: Hello, this is the American Medical Association's Moving Medicine video and podcast. Today I'm joined by Todd Askew, AMA senior vice president of advocacy in Washington, D.C. He's going to take us through some updates on key advocacy issues that are very important to physicians.

I'm Todd Unger, AMA's chief experience officer in Chicago. Todd, great to have you back. Why don't we start with a big win from the advocacy team related to provider relief reporting. What is the issue
here? Talk us through what physicians need to know in this regard.

**Askew:** Sure. Thanks, Todd. Thanks for having me back. So you'll recall back in the early part of the pandemic, the federal government was in a rush to get some support out to physician practices to make sure that they would be able to keep some revenue flowing to make up for a lack of patients but also so that'd still be available to provide needy care.

And so the first phase of this provider relief funding, for most physicians it just appeared in their checking in their banking accounts as a percentage of their Medicare receipts with the notation that, hey, at some point we may come back and we’re going to ask you to report on this. But they were in such a rush to get it out, they never really defined what type of reporting would be done.

You know, it would be for physicians who receive more than $10,000. And so they kind of left this something may be coming but we don’t know what it is for physicians to be on the lookout for.

**Unger:** Now in terms of timing, this is where AMA weighed in to help physicians?

**Askew:** Right? So what happened was sometime later this past year, CMS decided, "Oh, we’re going to ask physicians to report on what they did with this money." And they sent out the request for reports to any physician who had received more than $10,000 in provider relief funding in this first phase.

The problem was a lot of the people they sent it to didn’t work there anymore. That maybe a practice had an administrator who was the contact or somebody that had quit or moved to another job or just had a new email address. And so for many, many practices, I think about 16,000 recipients, they never got any information back from them. And really starting very soon, they were going to start requiring this money to be repaid despite the fact that a lot of these physicians never even knew that they were supposed to report.

**Unger:** And thankfully AMA secured an extension for that.

**Askew:** Right, absolutely. So, we worked with the specialty. We contacted CMS. We made sure that they understood that they were about to start recouping this money from physicians who would’ve no idea why, because they had never received any communication.

And so CMS reopened the portal. They said that if physicians could demonstrate some hardship, they didn’t have to prove it. They just had to say we didn’t get the email or we changed practice location or something like that, CMS would allow them once they had claimed a reason for not being able to report, in a delayed fashion and avoid recruitment. So that period is just now closing. And you can say, I'm going to still report, even though I didn't know about it earlier, and we should start seeing physicians be able to file those reports with CMS any day now and avoid recoupment of those funds.
Unger: So great work on that extension. Is there any additional work that'll be done in this arena?

Askew: Yeah, I think probably likely because as I said this was phase one, right? There were two additional phases and money went out in similar ways, not exactly the same way. But it is expected that there will be reporting requirements for those phases and we’re going to have to work very closely.

We’ll continue to work closely with CMS to make sure that the physicians who need to report actually get that information and know that they need to report so we don’t find ourselves in this situation again for reporting requirements for subsequent phases of the provider relief fund.

Unger: Now we haven't talked about the Affordable Care Act in some time but there was another AMA advocacy win in that regard. Tell us what's happening there and what it could mean for uninsured Americans.

Askew: Oh yeah. This is a really important development the AMA other providers, the patient advocacy community really everybody's been working on really since day one of the Affordable Care Act.

So the Affordable Care Act basically allowed people, even if they had access to employer-sponsored insurance but it wasn't affordable, which was defined as a percentage of their income. I think it was like 8 1/2 percent. I may be a little bit off there. They would be eligible for subsidies to purchase Affordable Care Act coverage. Really highly subsidized coverage that would make care extremely affordable if they could not afford the coverage offered by their employer.

The problem was, and the way the statute was drafted and the way that it was initially interpreted by the Obama administration, they said that determination of affordability only applied to individual coverage. So if an employer offered individual coverage that was affordable for the employee by the definition. However, the family coverage they offered may not be affordable for the employer, that individual's family would not be eligible for ACA tax credits, just because the individual could afford individual insurance but couldn't afford family insurance.

So you had about five million people who were potentially affected by this interpretation. Now, many of those were already insured. They had found a way to afford the employer coverage. They had insurance through other jobs. They were covered through other means but you had a lot of people that potentially should have had access to affordable coverage through the ACA who did not because of this interpretation of the statute.

Now advocates, AMA included, have been talking with the Obama administration, with the Trump administration and now with the Biden administration, about the ability we feel they had to reinterpret the statute around the issue of affordability and the Biden administration has now done that. And so
they have reinterpreted what it means to have access to affordable coverage to include family coverage. And we think probably at least 200,000 people are going to be able to gain health insurance because of this reinterpretation. So it's just a further strengthening of the Affordable Care Act's promise that families will have access to affordable health insurance. So it's a great thing, yeah.

Unger: Great news. And finally, the AMA also commented on the CDC's proposed update guideline for prescribing opioids. We learned a little bit about this and the overdose epidemic in a recent episode we had with Dr. Bobby Mukkamala, our AMA board chair and chair of the AMA Substance Use and Pain Care task force. Can you provide an update on that?

Askew: Yeah. So back in 2016, CDC offered guidelines for prescribing opioids. In those guidelines, they put specific dosage and day limits for what they thought was appropriate for opioid prescribing. However, many people took CDC's guidelines and kind of interpreted them as a standard that would be a hard limit, and that saying it would be inappropriate in all cases to provide opioids to patients at a higher dosage or longer duration than was laid out in CDC's guidelines.

And so that presented a real dilemma for patients who had real problems with pain that was not addressed by those lower limits or shorter durations. So we have and as others have but AMA's had a very strong voice here in pressing CDC to clarify, to say these are not supposed to be absolute limits. This is general guidance. And so just recently CDC did that and they have reissued guidelines, in 2022 have emphasized that these are guidelines but they are not a replacement for clinical judgment or for individualized person-centered care. That in the professional judgment of the physician, if a different dose or different duration is needed, that is entirely appropriate as long as the physician is acting in the best interest of that patient.

And so, it's been a really big win for pain patients and a big win for physicians who struggled to help their patients make sure that their pain was able to be under control.

Unger: We have time for one more question, Todd, and I want to ask you about another area of AMA advocacy, which is about prioritizing maternal health. And we've seen some success there with additional funding. What's the latest news on that front?

Askew: Absolutely. We were very pleased that in the recently enacted 2022 Omnibus Appropriations Bill about a billion dollars' worth of maternal health care priorities were emphasized. I think we have been paying a lot of attention to maternal health. It is kind of one of the embodiment of the inequities in the health care system because women of color tend to suffer from maternal death a lot more than others. And the state of maternal health care in the United States does not stack up very well, quite frankly, to much of the industrialized world.

So we were really pleased the administration and Congress have both been very active in emphasizing support for maternal health programs. And the AMA is really pleased that this is a
continuing theme. I don't think this will be the end of it. I think that they've funded some really important programs here, some innovative programs that we support and other things like not just health care but like implicit bias training for health care professionals. Making sure that there's integrated health care services both during and after pregnancy, maternal vaccination awareness initiatives, a lot of effort on rural maternal care.

So a broad range of programs to address this real glaring problem in the U.S. health care system and a serious problem when it comes to equitable health care.

**Unger:** Obviously some big wins patients and physicians and members out there. Your membership with the AMA supports advocacy like this that you hear about today. So we invite you to stand with us.

That's it for today's episode. Todd, thanks for being here. We'll continue to update all the folks out there on our advocacy efforts. We'll be back with another Moving Medicine video and podcast soon. In the meantime, don't miss another episode. Hit subscribe on that YouTube channel or find all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us. Please take care.

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