AMA president testifies at House Committee hearing on Roe reversal impact

AMA President Jack Resneck Jr., MD, provided testimony (PDF) to the House Committee on Energy and Commerce Subcommittee on Oversight and Investigations as part of its hearing, “Roe Reversal: The Impacts of Taking Away the Constitutional Right to an Abortion.” Dr. Resneck discussed the ramifications of the Dobbs decision on physicians and patients.

"The recent Dobbs decision overturned nearly a half-century of precedent, ending patients’ rights to comprehensive reproductive health care, allowing government intrusion into the medical exam room, and criminalizing medical care. And, now, physicians in many states are reporting chaos and confusion,” Dr. Resneck said in his statement for the record. “Physicians have been placed in an impossible situation, trying to meet their ethical duties to place patients’ health and well-being first, while attempting to comply with vague, restrictive, complex, and conflicting state laws that interfere in the practice of medicine and jeopardize the health of our patients. Physicians are worried about prosecution of their patients and themselves in the midst of significant legal uncertainty and this is dangerous for our patients.”

"We have only begun to assess the full impact of the Dobbs decision on our physicians and their patients. At this point, we have more questions than answers. The AMA is committed to its longtime opposition to criminalizing medical practice and will continue to challenge criminal or civil penalties on patients who receive reproductive health services, as well as physicians, other health professionals, health systems, and patient advocates for aiding, assisting, supporting, or providing reproductive health services or referrals to patients. We will also continue to protect the patient-physician relationship and access to evidence-based reproductive health care, including abortion.”

Unified opposition voiced on restricting reproductive care access
The AMA applauds President Joe Biden’s executive order pledging to explore pathways to protect access to reproductive health care services. According to AMA President Jack Resneck Jr., MD, “For physicians and patients alike, this is a frightening and fraught time, with new, unprecedented concerns about data privacy, access to contraception, and even when to begin lifesaving care. Our hope is that these first steps announced today are clarifying and effective as we continue the critical work necessary to ensuring access to comprehensive reproductive health care.”

In his executive order, President Biden lays out a plan to:

- Safeguard access to reproductive health care services.
- Protect the privacy of patients and their access to accurate information.
- Promote safety and security of patients, physicians and other health professionals and clinics.

The AMA also joined the American College of Obstetricians and Gynecologists and more than 75 other medical professional societies in voicing unified opposition to legislative interference in the relationship between patients, physicians and other health professionals.

For more information, read the full story from Andis Robeznieks, AMA senior news writer.

**HRSA releases new lists of Health Professional Shortage Areas**

The Health Resources and Services Administration (HRSA) has released the lists (PDF) of designated primary medical care, mental health and dental Health Professional Shortage Areas (HPSAs) as of April 29, 2022. A HPSA may be a geographic area such as a county or service area, represent a specific demographic such as a low-income population, or be a designated institution such as a federally qualified health center. However, due to the COVID–19 pandemic’s impact on the health workforce and health care service delivery,

HRSA is providing a longer transition time for jurisdictions and facilities to prepare for potential changes of HPSA designations with the release of this current list. HPSA designations that are currently proposed for withdrawal will remain in this status until they are re-evaluated in preparation for the publication of the 2023 HPSA Federal Register Notice. If these HPSAs do not meet the requirements for designation at the time of the publication of the July 2023 HPSA Federal Register Notice next year, they will be withdrawn.

This additional time will allow jurisdictions to re-evaluate their HPSAs against the designation criteria and plan for potential changes in staffing. For the most updated list please see the HRSA website.

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Appropriate use criteria penalty phase delayed indefinitely

The Centers for Medicare & Medicaid Services (CMS) announced on July 7 that the Appropriate Use Criteria (AUC) Program will not move into the penalty phase on Jan. 1, 2023, even if the COVID-19 public health emergency ends in 2022, as previously finalized. Rather, CMS will continue the educational and operations testing period indefinitely as the agency is unable to forecast when the payment penalty phase will begin. The AUC Program penalty phase would require any physician ordering an advanced diagnostic image for a Medicare beneficiary to consult AUC and communicate specific AUC information to the rendering physician, who must then attach the AUC information to the imaging claim in order to be paid.

The AMA has advocated extensively for a delay of the AUC penalty phase until CMS aligns the program with participation in alternative payment models and the Merit-based Incentive Payment System, and until the AUC Program can be implemented without creating significant administrative, technical and workflow challenges for physicians. Most recently, the AMA and 43 national medical specialty societies urged CMS to provide a detailed accounting of the program’s impact on practices, particularly small and rural practices, as part of a report to Congress and to delay the program while addressing its burden on physicians.

HHS extends COVID-19 PHE another 90 days

The U.S. Secretary of Health and Human Services, Xavier Becerra, renewed the COVID-19 public health emergency declaration, effective July 15. The PHE will remain in effect for at least another 90 days. As a result, Medicare flexibilities and waivers related to telehealth and more will remain in place through at least Oct. 13, 2022. Note that as a result of AMA advocacy, the Medicare telehealth flexibilities will be in effect for five months after the PHE ends, and the AMA continues to strongly advocate for these flexibilities to be made permanent. Secretary Becerra re-committed to providing no less than 60 days’ notice prior to the termination of the COVID-19 PHE.

9-8-8 is the new National Suicide & Crisis Lifeline

On July 16, 2022, the Department of Health and Human Services (HHS) launched the National Suicide & Crisis Lifeline with an easy to remember number—9-8-8. The new three-digit number is available for calls, chats or texts at any time in all states and territories. The next steps for states are to set up 9-8-8 call centers in different languages if they have not already and to work on assuring hotline callers that their privacy will be protected. The 9-8-8 Lifeline is a partnership between the
federal and state, local crisis call centers. The 9-8-8 Lifeline integrates the Department of Veterans Affairs, the Federal Communications Commission and the Substance Abuse and Mental Health Services Administration.

The number can service Veterans (dial 9-8-8 and then press 1), young people, health care professionals—anyone experiencing mental health distress or a suicide crisis can use the free number. Individuals can also dial 9-8-8 when concerned about a loved one who may need crisis support. The Centers for Disease Control and Prevention found in 2020 there was one death by suicide every 11 minutes and suicide was the second leading cause of death for young Americans aged 10 to 14 and 25 to 34. From April 2020 to 2021, more than 100,000 people died from drug overdoses. Studies have shown that after speaking with a trained crisis counselor, most Lifeline callers are significantly more likely to feel less depressed, less suicidal, less overwhelmed and more hopeful. In 2021, the Lifeline received 3.6 million calls, chats and texts. That number is expected to at least double within the first full year after the 9-8-8 transition.

AMA provides comments to shape White House hunger, nutrition and health policy

The AMA hosted a listening session on July 6, 2022, for specialty society and state medical society staff to offer their feedback on the five questions posed by the "White House Conference on Hunger, Nutrition, and Health." The AMA also received written responses via a survey shared with the Federation. Taken together, the comments shared the impact of hunger and diet-related disease, especially as it pertains to older adults and children. The AMA highlighted several barriers to consider when addressing hunger and diet-related disease on an individual, family or community level, including social determinants of health, health literacy, nutrition literacy and access to healthy and affordable fresh food that is culturally appropriate.

The AMA recommended the creation of a multidisciplinary federal task force to review the public health impact of obesity. The AMA also asked for continued improvements to federal nutrition programs like Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the National School Lunch Program, the School Breakfast Program and the Summer Food Service Program. The AMA suggested specific actions for non-federal stakeholders in partnership with the federal government, including nutritional quality information in restaurants, improved food access policies in health care organizations, and the creation of healthy food environments. The AMA was able to include patient perspectives on phenylketonuria (PKU) and homocystinuria as examples of how diet-related disease impacts individuals and families.
The White House conference will convene in Sept. 2022. The AMA will continue to monitor conference developments and will share the policies that are presented.

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