Physicians’ unified message to Congress: Reform Medicare pay now

More than 120 state medical associations and national medical specialty societies have joined the AMA in urging Congress to institute Medicare payment reforms in order to maintain patients’ access to care.

Reduced Medicare physician payment rates are being outweighed by the rising cost of running a practice plus the administrative and financial burdens associated with participating in Medicare. This is encouraging market consolidation and threatens access to health care services, physicians said in a letter to congressional leaders.

“The vast majority of physicians practicing in the United States continue to be deeply alarmed about the mounting financial instability of the Medicare physician payment system,” says the letter (PDF) signed by the AMA and the other physician organizations.

“This instability is being driven by a confluence of fiscal uncertainties physician practices face related to statutory payment cuts, perennial lack of inflationary updates, significant administrative barriers, and the cumulative impact of the pandemic,” the letter adds. “The Medicare payment system remains on an unsustainable path threatening beneficiaries’ access to physicians.”

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

AMA, AHA, MGMA ask CMS to consider impact of complicated AEOB requirements

The AMA, the American Hospital Association (AHA) and the Medical Group Management Association (MGMA) recently sent a joint letter (PDF) to the Centers for Medicare & Medicaid Services (CMS) urging regulators to reject proposals that would complicate the implementation of the Advanced Explanation of Benefits (AEOB) provisions of the No Surprises Act (NSA).
Under the NSA, health plans are required to provide insured patients with an AEOB prior to care to increase price transparency and inform health care decisions. The AEOB is initiated through the submission of good faith estimates to the plan by physicians and other providers that would be involved in the patient’s care. This provision has not yet been implemented by CMS. However, CMS has implemented a sister provision for uninsured or self-pay patients, who must now receive a Good Faith Estimate (GFE) of anticipated charges directly from the so-called “convening provider.” This convening provider, which may be the scheduling physician, the hospital or other participating providers, collects estimates from “co-providers” involved in the care and combines those estimates for a single GFE to be presented to the patient. These requirements are proving very difficult for physicians to implement in their practices, as the industry standards for exchange of this information do not exist and the additional administrative burdens, especially on the convening provider, are proving to be substantial.

Recognizing these barriers to implementation in the uninsured GFE process, the joint letter specifically discourages the adoption of the convening provider model in the AEOB process, stating that such a process would be impracticable, costly and not in patients’ best interest. Instead, AMA, AHA and MGMA ask that each provider be permitted to submit their individual estimates to the insurer to initiate the AEOB.

New FDA guidance on naloxone will strengthen work of harm reduction groups

Harm reduction organizations will be able to purchase and distribute increased amounts of naloxone in communities across the nation thanks to new guidance issued last week from the U.S. Food and Drug Administration (FDA). The guidance provides clarity to naloxone manufacturers that they can provide naloxone directly to harm reduction organizations without those organizations being forced to comply with burdensome bureaucratic requirements. The AMA strongly supports the new FDA guidance.

“Throughout the drug overdose epidemic, harm reduction organizations have been at the front lines, offering care and hope in hundreds of communities. These organizations have accomplished amazing work despite shoestring budgets and bureaucratic challenges,” said Bobby Mukkamala, MD, chair of the AMA Substance Use and Pain Care Task Force. Read Dr. Mukkamala’s full statement.

View a visual “before and after” explanation of the FDA guidance.

Information blocking requirements on the horizon

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In April 2021, the Office of the National Coordinator for Health Information Technology’s (ONC) rules on information blocking went into effect. Information blocking is defined as practices that are likely to interfere with, prevent or materially discourage the access, exchange or use of electronic health information (EHI). Physicians, hospitals, electronic health record vendors, health information exchanges and health information networks (also known as “Actors”) are all subject to ONC’s regulations. Since April 2021, information blocking requirements have been focused on a narrow subset of all EHI. However, starting Oct. 6, 2022, ONC’s information blocking requirements shift to the entire set of EHI. After Oct. 6, physicians and other Actors will be responsible for the access, exchange and use of the full EHI requirement. The AMA has created a resource (PDF) that provides an overview of the information blocking regulations, EHI definition and recommendations for physicians to prepare for the upcoming deadline. The AMA is actively engaged with ONC to address the shortcomings of its rules and is urging flexibility in HHS’ enforcement of information blocking.

The AMA, along with nine other health care provider organizations, sent a letter (PDF) to the U.S. Department of Health and Human Services (HHS) Secretary, Xavier Becerra, requesting that HHS offer providers an additional year to comply with the Oct. 6, 2022, information blocking deadline. With physician burnout rates at an all-time high, moving forward with unclear and inconsistent information blocking policies could further strain health care providers, their support staff and may inadvertently undermine HHS’ goals to reduce provider burden, improve interoperability, and empower patients with their information. In addition to postponing the compliance deadline, the letter requests that HHS use corrective action warning communication to providers—especially before they impose any financial penalties or begin formal investigations.

**Webinar recording available: A time-limited PSLF Program waiver**

On Oct. 6, 2021, the U.S. Department of Education (ED) announced a temporary change to the Public Service Loan Forgiveness (PSLF) Program rules as a result of the COVID-19 emergency.

For a limited time, borrowers may receive credit for past periods of repayment that otherwise would not qualify for PSLF. This one-time waiver will allow individuals to rectify federally held student loans and qualify for PSLF if they are working for a qualifying employer and apply before Oct. 31, 2022.

The AMA and the ED hosted a webinar to discuss the PSLF Program and answer your questions about the limited-time waiver. Jesse M. Ehrenfeld, MD, MPH, AMA president-elect, was joined by Ashley Harrington, JD, senior advisor to chief operating officer, Department of Education’s Office of Federal Student Aid.

Access additional information discussed during the webinar:


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Many FAQs can be found at the bottom of the PSLF limited waiver announcement page.

- Not sure what kind of loan or repayment plan you have? Log into the FSA website and look under "My Aid" to see a breakdown of every loan you have with the Department.
- You can start your PSLF application using this Help Tool.
- You can see if your current or a prospective workplace is eligible for PSLF using the employer search tool.
- If you think that there are still errors with your account history and credit toward PSLF after filing an application, you can file an appeal through the reconsideration process.
- View your repayment options using the Loan Simulator.
- There are a number of places that borrowers can turn to for support. This contact page lists out who you should contact in which situation. When in doubt, start with your servicer.
- If you want a refund of payments made on your federal student loans during the repayment pause, call your servicer.
- If you have questions about the recent announcement on debt cancellation, read this fact sheet.

More articles in this issue

- Sept. 30, 2022: Advocacy Update spotlight on Medicare payment cuts
- Sept. 30, 2022: State Advocacy Update