
Health care organizations call for Medicare payment reform

Health care organizations representing more than one million physician and non-physician health care clinicians signed on to a letter (PDF) to U.S. Representatives Ami Bera, MD (D-CA) and Larry Bucshon, MD (R-IN) applauding their introduction of the “Supporting Medicare Providers Act of 2022” (H.R. 8800).

This critical legislation provides a 4.42% positive adjustment to the Medicare Physician Fee Schedule (MPFS) conversion factor (CF) for CY2023, thereby mitigating payment cuts to the MPFS that are anticipated to take effect on Jan. 1, 2023.

Without Congressional action, the entire health care clinician community faces a cumulative payment reduction of approximately 8.5%, which includes both the CF changes, as well as a 4% Medicare cut stemming from the Statutory Pay?As?You?Go (PAYGO) Act. The 2% Medicare sequestration cut that fully resumed earlier this year further exacerbates these payment reductions.

The MPFS is the only payment system within Medicare without an annual inflationary update. This is particularly destabilizing as clinicians, many of whom are small business owners, contend with a wide range of shifting economic factors when determining their ability to provide care to Medicare beneficiaries. According to an AMA analysis of Medicare Trustees data, when adjusted for inflation, Medicare physician payments have declined by 22% from 2001–2021.

VA issues Interim Final Rule expanding reproductive health care coverage

In Oct. the AMA sent a letter (PDF) supporting the Department of Veterans Affairs (VA) Interim Final Rule (IFR) “RIN 2900-AR57—Reproductive Health Services.” Within the IFR the VA amended its medical regulations to allow for abortion counseling and abortions to be covered by VA health care and by the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) in the case of rape, incest or the life or health endangerment of the mother.
Within the AMA's comments, it was emphasized that abortion care should be done as part of a physician-led care team and recommended that the VA strengthen the IFR by specifically including an exception to allow abortions for fatal fetal abnormalities and to acknowledge in the text of the rule that the exception allowing abortions for the “health” of the pregnant beneficiary includes the patient’s mental health, in addition to physical health. Overall, though, the AMA recognizes the medical necessity of allowing for holistic reproductive care and supported the addition of these benefits within VA health care and CHAMPVA.

**Biden administration fixes the family glitch**

This week the Biden administration issued a final rule which closes the family glitch under the Affordable Care Act (ACA). The prior Internal Revenue Service (IRS) rule kept families from qualifying for ACA subsidized health insurance when one member received coverage from their employer that was considered affordable even if the cost of covering the entire family was unaffordable. The employee-only definition did not take into consideration the fact that the cost of family-based coverage is usually much more expensive than employee-only coverage.

Consequently, family members of workers—primarily lower-income workers—were ineligible to receive premium and cost-sharing subsidies to purchase marketplace coverage. The AMA has long called for the family glitch loophole to be fixed. The final regulation would close the loophole by extending eligibility for ACA financial assistance to the family members of workers who are not offered affordable job-based family coverage.

**House of Representatives passes legislation to better enforce mental health parity**

On Sept. 29, the House of Representatives passed H.R. 7780, the Mental Health Matters Act, by a vote of 220-205. This AMA-supported legislation, sponsored by Rep. Donald Norcross (D-NJ), would provide the U.S. Labor Department the authority to enforce the federal mental health and substance abuse parity requirements for employer-based group health plans.

Unfortunately, many patients cannot access mental health services because health insurers fail to comply with the current mental health parity law. H.R. 7780 would ensure employee-sponsored plans respond to the law and patient needs. The Labor Department is ideally situated to help make sure that employee-sponsored health plans respond to the law and patient needs. Mental health services are needed more than ever to deal with the combination of COVID-19 and the continued drug overdose epidemic.
The AMA will continue to urge passage of this important legislation in the Senate.

**Benefit category needed for home blood pressure devices**

The AMA and American Heart Association are asking (PDF) the Centers for Medicare & Medicaid Services (CMS) to make a Medicare benefit category determination for self-measured blood pressure (SMBP) monitoring devices to help increase the number of patients with hypertension who are able to achieve and maintain their target blood pressure (BP). There is currently no Medicare coverage for automatic SMBP devices used in the home, even though Medicare pays for the CPT codes for educating patients about SMBP and monitoring their SMBP readings, and CMS has recognized hypertension as the most important risk factor for coronary heart disease, stroke, congestive heart disease and end-stage renal disease. In addition, uncontrolled hypertension disproportionately affects historically marginalized populations, with Black adults experiencing significantly higher death rates from stroke than white adults, for example.

The joint letter outlines the importance of monitoring BP at home and how the rates of hypertension patients whose BP is under control have fallen in recent years. It describes what SMBP devices are and how patients can use the information they get from taking readings at home to improve self-management of their condition, especially through changes in eating plans, sodium intake, weight, physical activity and alcohol consumption. The letter also compares how hypertension patients use SMBP devices to how diabetes patients use home glucose monitors, which Medicare already categorizes within its durable medical equipment benefit.

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