HEALTH SYSTEM REFORM

The American Medical Association continues its advocacy efforts to maintain and improve patient access to affordable, meaningful health insurance coverage. As Congress considered legislation to replace the Affordable Care Act, the AMA, guided by the core objectives it shared with legislators on the first day of the 115th Congress, continued to press for appropriate reform. Key elements of our health system reform objectives include:

- Individuals who are currently insured must not lose access to high-quality, affordable coverage.
- Key insurance market reforms must be maintained, including affordable coverage for pre-existing conditions, guaranteed issue and no annual or life-time coverage limits.
- Medicaid, CHIP and other safety net programs must be adequately funded.

Working collaboratively with a variety of health care stakeholders—including organizations representing patients, physicians, hospitals, insurers and employers—the AMA maintained a high public profile and helped defeat proposals that would have slashed federal support for low-income subsidies for purchasing insurance, as well imposing enormous reductions in Medicaid spending. The AMA launched an interactive website, patientsbeforepolitics.org, to encourage physician and patient engagement, as well as to provide the latest information on legislation moving through Congress and highlight the AMA’s efforts to shape the future of U.S. health care.

By focusing on a handful of targeted congressional districts that the AMA team identified, the campaign generated:

- More than 400,000 emails and 38,500 phone calls to members of Congress
- Over 7 million digital/social media engagements

Learn more about the AMA’s vision for health reform at ama-assn.org/ama-health-reform-vision.

REGULATORY RELIEF

Administrative tasks consume two hours of physician time for every hour spent in patient care. In conjunction with other physician groups, the AMA secured wins in the proposed physician fee schedule rule, including:

- CMS retroactively modified the policies for the 2016 Physician Quality Reporting System, Meaningful Use and value-based modifier, which will result in reduced penalties for physicians in 2018.
- CMS delays implementation of appropriate use criteria.

The AMA, in consultation with the Federation, has developed a regulatory relief agenda that is being aggressively pursued. A few of the issues being addressed include:

- Improving usability of electronic health records, supporting physicians and patients who use EHR apps, and preventing data blocking
• Reducing certification requirements
• Reducing barriers for physicians to prescribe controlled substances
• Reforming the Recovery Audit Contractor system and easing regulations that restrict innovative payment and delivery models
• Ensuring that the U.S. Food and Drug Administration does not overregulate laboratory-developed tests or the appropriate practice of drug compounding in physician offices

ELECTRONIC PAYMENTS
Since 2014 the AMA has advocated for CMS to issue clear guidance on physician rights with respect to electronic payments from insurance companies. CMS recently issued guidance in the form of FAQs stating that health plans cannot require physician practices to accept virtual credit card payments, which are often accompanied by exorbitant service fees. CMS also affirmed the adoption of the electronic fund transfer (EFT) standard as a mandatory standard by the U.S. Department of Health and Human Services, and that health plans and their vendors must deliver the practice’s payments through standard EFT upon request, without charging fees.

NEW MEDICARE CARD
In direct response to AMA advocacy efforts, CMS will develop and implement a look-up tool for providers and patients to obtain a beneficiary’s new Medicare Beneficiary Identifier or MBI. This change will address concerns expressed by multiple state and specialty societies about patient and physician awareness of the transition to new Medicare identification cards. Physicians will need a Medicare Administrative Contractor Portal account to access the look-up tool.

In addition to the new look-up tool, which will be available in June 2018, and at the AMA’s request, CMS has begun its patient and provider education efforts earlier than originally planned. Physicians should expect a significant outreach effort through the end of 2017 to prepare for the start of the transition period in April 2018.

CYBERSECURITY
As cybersecurity threats increasingly expose physicians and their patients to risk, the AMA has taken several steps to increase awareness and understanding of sound cybersecurity practices:

• Developed resources to help physicians conduct a checkup of their systems, and to secure their networks and office computers, available at ama-assn.org/delivering-care/cybersecurity
• Proposed a new improvement activity under MIPS to give credit to physicians who voluntarily adopt a cybersecurity framework

• Encouraged the Office of Civil Rights to provide protections to physicians who voluntarily adopt cybersecurity frameworks
• Urged stakeholders to develop tools to help small practices implement best practices and adopt cybersecurity frameworks
• Raised concerns to the U.S. Food and Drug Administration about device cybersecurity and the need to maintain security of data sent to electronic health records
• Engaged with the administration to monitor and disseminate information to physicians about ransomware and the recent “WannaCry” cyberattack
• Joined an Advisory Committee for the Health Information Trust (HITRUST) Alliance’s Common Security Framework to provide the physician perspective, including small and mid-sized practices
• Partnered with HITRUST to provide cybersecurity education and practical advice to small and mid-sized practices across the country

The AMA is also working to evaluate physician awareness, motivation, and behavior around cybersecurity to best assist physicians and most effectively engage relevant stakeholders.

REVERSING THE NATION’S OPIOID EPIDEMIC
With the AMA Opioid Task Force, the AMA along with several other of the nation’s medical societies have urged all physicians to act—in their practices and in their communities—to help reverse the opioid epidemic. While the increasing toll of opioid-related mortality and harm continues to show that much more work is needed, there are solid signs of progress in several areas within physicians’ control. Opioid prescribing has decreased nearly 17 percent nationwide since 2012, and prescription drug monitoring program use increased by more than 120 percent from 2014 to 2016 with 136 million queries in 2016.

The AMA continues to engage the Trump administration, Congress and key stakeholders to advocate that this epidemic requires long-term focus on overdose prevention and comprehensive treatment for pain care and for substance use disorders.

A new opioid microsite—end-opioid-epidemic.org—provides physicians with access to nearly 300 state- and specialty-specific education resources, and urges physicians to continue to show the leadership necessary to end the epidemic.

DRUG PRICING TRANSPARENCY
The AMA’s grassroots campaign and interactive website, TruthinRx.org, seeks to increase prescription drug-pricing transparency among pharmaceutical companies, pharmacy benefit managers and health plans. To date, more than 150,000 individuals have signed a petition in support of greater drug-pricing transparency.

In 2017 the AMA is initiating a cutting-edge social media action center as part of the “TruthinRx” campaign. Online activists
will have the ability to send customized image cards to their lawmakers urging reforms that will inject greater transparency into the marketplace for prescription drugs.

The AMA also has a new model state bill that offers state medical societies the opportunity to take the lead in advocating greater transparency for patients and accountability from pharmaceutical companies, pharmacy benefit managers and health plans.

PRIOR AUTHORIZATION

A survey conducted by the AMA in December 2016 on prior authorization (PA) showed that PA continues to be a manual, time-consuming process that siphons valuable resources away from patient care. Moreover, PA can delay treatment and impact optimal patient health outcomes.

The AMA has created the following resources as part of a national campaign to improve PA processes.

• **PA reform principles:** A coalition of 17 organizations—including the AMA, Federation members, provider associations and patient groups—created a set of 21 principles to ensure that patients have timely access to treatment and to reduce administrative costs. The coalition, now with the support of more than 100 additional organizations, is working to reduce the burden of PA through the adoption of the principles by insurers, benefit managers, accrediting organizations and policymakers.

• **Electronic PA (ePA) resources:** The AMA offers several resources to help practices streamline the PA process and reduce administrative burdens, including an ePA toolkit and a forthcoming how-to video demonstrating ePA technology.

• **Model legislation:** The AMA has developed model state legislation to reduce the impact of prior authorization on patients and physicians. States across the country continue to use the AMA’s model as a basis for their legislative proposals.

This advocacy is making an impact across the country. Just in the last year, at least eight states have enacted laws that limit PA or step therapy, and the AMA is engaged in conversations with national health plans, insurer trade associations and CMS to urge reform for PA and utilization management programs.

PROVIDER NETWORKS AND MEANINGFUL COVERAGE

As health insurers continue to downsize their provider networks and shift more of the cost of care onto patients, the AMA is actively engaging with its partners inside and outside of medicine to promote health plan accountability for fair coverage and value for premiums paid. Having health insurance should mean having access to timely, quality, appropriate care.

As such, the AMA is:

• Urging state and federal action to strengthen network adequacy rules, with the goal of establishing meaningful and measurable access standards for primary and specialty care

• Working with stakeholders to promote solutions to balance-billing problems that protect patients, hold insurers accountable for promised coverage and maintain incentives to contract

• Advocating policies to stop benefit manager practices that shift drug costs onto consumers and undercut physicians’ ability to provide the best clinical care for their patients

• Advocating for stronger transparency and accuracy requirements in provider directories, so patients have all the information they need to make informed decisions about their health insurance and care

Visit ama-assn.org/topic/advocating-patients-and-physicians for more information on AMA advocacy.