

Briefing on the Issues Going to Capitol Hill

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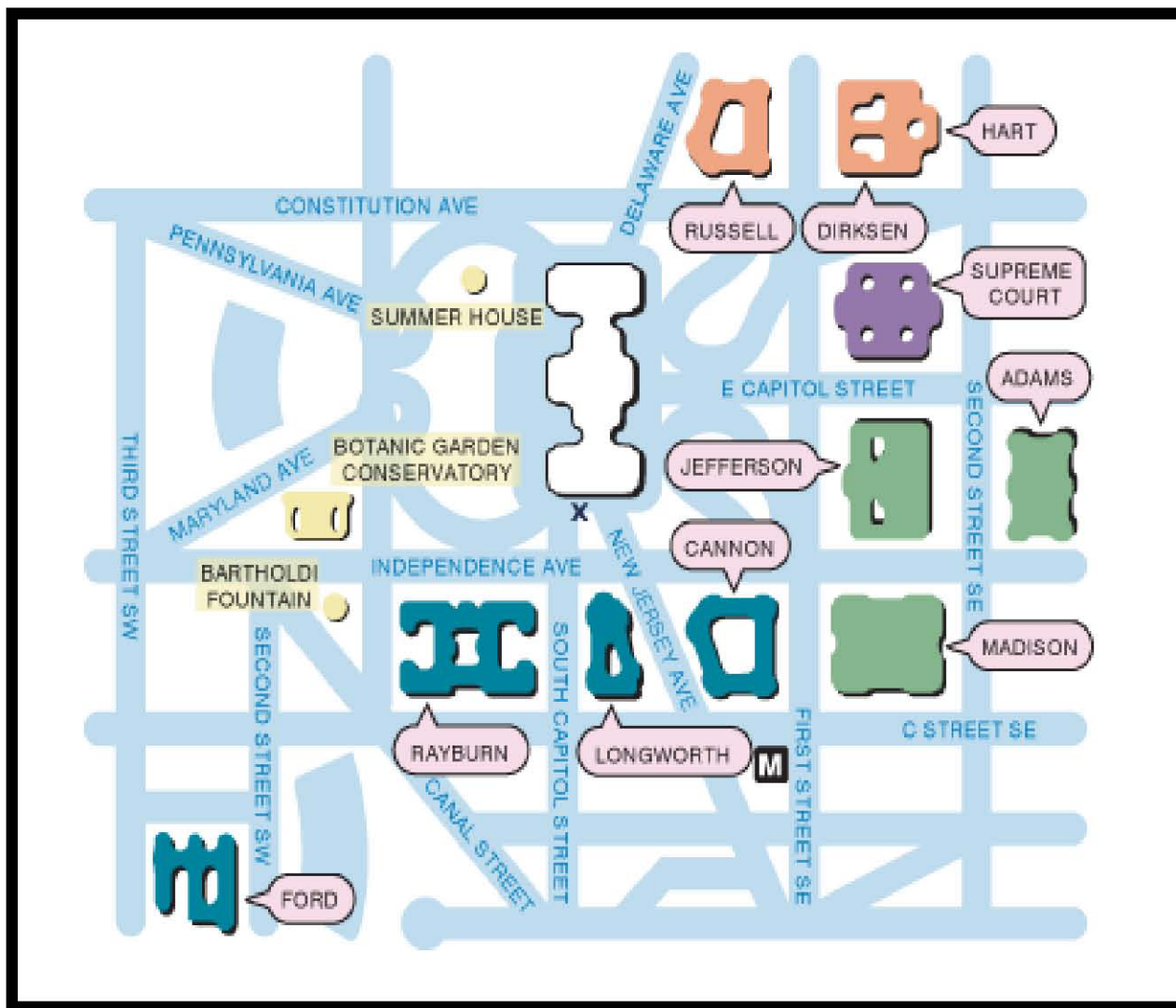
- Christian Shalgian
- Geoff Werth
- Adrienne Roberts
- Sara Morse
- Shawn Friesen

Overview

- What to expect on Capitol Hill
- Issues
- Answer questions
- Review tomorrow morning

What to expect....

- Each of you have a couple of meetings with a Senator and/ or Rep. tomorrow morning
- The meetings will be held in Senate and House office buildings on Capitol Hill
- Congressional staff
- Small meeting space and short meetings
- Packets of information



M – Marks South Capitol Metro Station

Building Guide:

What can you talk about?

- Medicare physician payment
- Pay for performance
- Trauma/ Emergency Workforce

Medicare Physician Payment

Where we are now

- Medicare Physician Payments Scheduled to Be Cut AGAIN
 - In 2008, the Medicare Conversion Factor (CF) Scheduled to Be Cut 9.9%
 - From 2008 to 2016, Payments to Be Cut by 41%
- Why? The Sustainable Growth Rate
 - Designed to Control Physician Spending
 - Payment Linked to Growth in Gross Domestic Product
 - Regulatory Decision to Include Drugs in SGR
 - Result:
 - Payments Cut 5.4% in 2002
 - Congress Acted to Stop Cuts Every Year Since 2002
 - Froze Payment Levels in 2006 and 2007
 - In spite of Payment Freeze, Regulatory Changes Led to Cuts for Many Surgical Procedures in 2007

Medicare Physician Payment

What's Next?

- What Are the Options for Congress?
 - Do Nothing—Payments Cut 9.9% in 2008
 - Stop Cut for Next Year and Additional 1 or 2 years
 - Enact Full-Scale Reform
 - AMA Proposal
 - Burgess Proposal
 - Service Category Growth Rate
 - Other Issues
 - Quality
 - Beneficiary Premiums
- What Is Our Message?
 - Don't Just Stop the Cut, Increase Payments in 2008
 - Large Scale Reform Is Needed
 - A Solution Is Needed to Preserve Patient Access to Quality Surgical Care

Cancer Research Funding

- ACS longstanding commitment to the fight against cancer
- ACS establishes multi-disciplinary Commission on Cancer (CoC) in 1922
- John E. Niederhuber, MD, FACS, Director of the NCI
- **↓ funding in '06, ↑ funding in '07, ? funding in '08**

Graduate Medical Education

- ACS is committed to the practice of academic medicine and will continue to support proposals to ensure the successful training of surgical residents
- As cost of higher education continues to increase → more students relying on student loans to finance their education
- Average debt incurred per medical student in 2006 was **\$130,571**
- **Higher Education Affordability and Equity Act of 2007, H.R. 1407**
- **Medical Education Affordability Act of 2007, S. 1066**

Health Information Technology (HIT)

- Delay in action on HIT this year?
- Many bills floating out there right now, almost all call for:
 - Formalizing the Office of the National Coordinator for Health Information Technology under HHS
 - Interoperability
 - Privacy Standards
 - Federal funding
- Difference between House and Senate version was the funding mechanism
- **With Democrats in charge → final bill likely to look similar to Senate version passed last Congress that relies heavily on grant and loan funding**

S. 657 & H.R. 727 – Trauma Care Systems Planning & Development Act of 2007

- Sponsored by Sen. Jack Reed (D-RI) and Sen. Pat Roberts (R-KS) and Rep. Gene Green (D-TX) and Rep. Michael Burgess, MD (R-TX).
- Reauthorizes the HRSA Trauma-EMS Program through FY 2012.
- \$12 million for FY 2008, \$10 million for FY 2009, and \$8 million for FYs 2010-2012.
- Creates new competitive grant program which targets states with more developed systems.
- Passed the House and Senate in March and signed by President Bush on May 3.
- Public Law (PL) 110-23.

Trauma Care Systems Funding

- ✦ \$3 million in FY 2001, \$3.5 million for FYs 2002, 2003, 2004, & 2005.
- ✦ \$0 provided in House L-HHS-E Approps for FY 2007.
- ✦ \$1 million in the Senate L-HHS-E bill.
- ✦ Final bill – \$0.
- ✦ President's FY 2008 budget – \$0.
- ✦ Requesting \$12 for FY 2008.

Legislative Surgical Emergency Workforce Agenda

- Leaders from 3 surgical groups have developed a legislative surgical emergency agenda.
- On-call issues for surgeons.
- Possible legislative solutions:
 - Liability protections.
 - Regionalization of care.
 - Tax deduction for EMTALA-related services provided to the uninsured.
- Working with ACEP on another bill based on recommendations from the IOM report.

July 2006 IOM Report – The Future of Emergency Care in the U.S.

- ACEP Summit, March 7, 2007
- Identified 5 recommendations under the following topics for inclusion:
 - emergency care research,
 - hospital-based care,
 - pediatric emergency medicine,
 - trauma, and
 - emergency medical services.
- Additional recommendation on the boarding of patients will require further discussion.

H.R. 1233 – Mitigating the Impact of Uncompensated Service & Time Act

- Sponsored by Rep. Mary Bono (R-CA).
- Would provide physicians with a tax deduction equal to the Medicare fee schedule for EMTALA mandated services for the uninsured.
- Please log on to the Legislative Action Center to send letters to the Hill.

Scope of Practice

- HR 2260, the Healthcare Truth & Transparency Act of 2007, introduced by Rep. John Sullivan (R-OK).
 - Would require all health professionals to disclose educational credentials.
- HR 1665, the Medicare Hearing Health Care Enhancement Act of 2007, introduced by Rep. Mike Ross (D-AR).
 - Would provide an inappropriate expansion of scope of practice to provide Medicare patients direct access to audiologists .



Questions???

Going to Capitol Hill....

What to expect.....