

Dateline Washington

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ACS testifies in support of trauma system funding

On March 13, Edward E. Cornwell III, MD, FACS, chief of trauma at the Johns Hopkins Hospital, testified before the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, to request \$6 million in fiscal year (FY) 2002 to fund the Trauma Care Systems Planning and Development Act. The primary purpose of the program is to provide grants to states so that they can plan, implement, and develop comprehensive trauma care systems. Congress approved \$3 million in FY 2001 for the program.

In his testimony, Dr. Cornwell highlighted the findings of a 1998 academic conference on trauma systems. The so-called Skamania Symposium featured an update on U.S. trauma system development, based on the results of a 1998 survey of state emergency medical service (EMS) directors. While the results of the survey found that only five states met all eight key trauma system criteria, it also showed that 28 states reported meeting six or seven of the key criteria—a significant improvement over a similar survey conducted in 1993. In addition, Dr. Cornwell discussed efforts under way at the Health Resources Services Administration (HRSA) to use current funding to conduct a survey of state health departments to assess the effectiveness and capabilities of each state's trauma and EMS systems. The full text of Dr. Cornwell's statement may be viewed on the College's Web site at <http://www.facs.org/dept/hpa/testimony/trauma2001.html>.

Physician relief and education package introduced

In early March, members of Congress introduced a bipartisan proposal known as the Medicare Education and Regulatory Fairness Act (MERFA). The legislation was introduced in the Senate by Senators Frank Murkowski (R-AK) and John Kerry (D-MA) as S. 452, and in the House by Representatives Pat Toomey (R-PA) and Shelley Berkley (D-NV) as H.R. 868. Sponsors on both sides of the Capitol consulted the physician and hospital communities extensively in designing the regulatory relief and education package.

The bill proposes to make the claims auditing and overpayment recovery processes more reasonable by prohibiting Medicare carriers from: conducting prepayment audits of physician practices without cause, recovering past overpayments while an appeal is pending on a disputed claim, extrapolating alleged overpayment amounts to other nonaudited claims when reviewing a practice for the first time, and conducting indefinite prepayment review of physician practices once they have resumed submitting properly coded claims. MERFA also requires carriers to set up reasonable repayment plans for physicians whose overpayments have been confirmed and to cooperate with health care associations to create educational initiatives for physicians about coding and documentation guidelines.

New IOM report on quality released

On March 1, the Institute of Medicine's (IOM's) Committee on the Quality of Health Care in America released a new report entitled *Crossing the Quality Chasm: A New Health System for the 21st Century*. The report is the final installment in a series that included the highly publicized 1999 report *To Err Is Human: Building a Safer Health System*.

The new quality report contends that the American health care delivery system is in need of fundamental change, and it sets out a series of recommendations that challenges physicians, hospitals, health plans, purchasers, and others to work toward improving health care quality. In particular, the committee offers 10 new "rules" intended to make the health system more responsive to patient needs and preferences and to encourage their participation in decision making. It also calls on Congress to establish a \$1 billion "Health Care Quality Innovation Fund" to help subsidize promising projects and communicate the need for rapid and significant change throughout the health system. The full text of the report can be found on the Web at <http://www.nap.edu/catalog/10027.html>.

ACS urges level playing field in Patients' Bill of Rights

The issue of health plan liability continues to be one of the major stumbling blocks to enactment of a Patients' Bill of Rights. The American College of Surgeons weighed in on this issue with a letter to President Bush, urging him to ensure that any Patients' Bill of Rights that ultimately is enacted creates a truly level playing field with respect to liability exposure for physicians and health plans. This is the same message the College sent in a letter to key Senators and Representatives last year.

In early February, Sen. John McCain (R-AZ) and Rep. Greg Ganske, MD, FACS, (R-IA) introduced the "Bipartisan Patient Protection Act of 2001." This legislation addresses many of the issues that were included in a bill the College supported last year, such as an independent external appeals process, access to specialty care, and a ban on "gag clauses." A major difference, however, is the inclusion of a \$5 million cap on punitive damages for health plans. Some members of Congress have also proposed capping noneconomic damages when malpractice suits are brought against health plans. The College argued in its letter to President Bush that it would be unfair to enact a Patients' Bill of Rights that caps damages for suits brought against health plans without also capping damages for lawsuits brought against physicians, hospitals, and other health care practitioners and providers.