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prepared by the Division of Advocacy and Health Policy

Senate passes budget bill

On March 16, the Senate passed S. Con. Res. 83, the Fiscal Year 2007 Budget Resolution, in a 51-49 vote. Before passing the resolution, the Senate unanimously approved an amendment sponsored by Sen. Kay Bailey Hutchison (R-TX) that would create a deficit-neutral reserve fund. The purpose of this fund would be “to ensure that physicians receive an appropriate reimbursement rate under Medicare instead of a scheduled cut, which would threaten the adequate provision of care for seniors and disabled citizens.” Although the amendment does not have the force of law to prevent a 4.6 percent Medicare physician payment cut in 2007, it does demonstrate the Senate’s willingness to address the issue. Cosponsors of the amendment are Sens. Jon Kyl (R-AZ), Dianne Feinstein (D-CA), Susan Collins (R-ME), Elizabeth Dole (R-NC), and John Cornyn (R-TX). For more information about the Medicare fund, contact sfriesen@facs.org.

Also in the Senate budget resolution is an amendment that would provide an additional \$7 billion in discretionary spending for such health programs as the National Institutes of Health, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration. The amendment passed by a vote of 73 to 27 and was introduced by Sens. Arlen Specter (R-PA) and Tom Harkin (D-IA), the chair and ranking member, respectively, of the Senate Labor-HHS (U.S. Department of Health and Human Services)-Education Appropriations Subcommittee. For more information about this amendment, contact aroberts@facs.org.

The House Budget Committee began consideration of the budget resolution on March 29. At press time, the House had not yet passed its version.

Medicare pays improperly for consultations

According to a March 30 report from the Office of the Inspector General, the Medicare program allowed approximately \$1.1 billion more in billings for consultations in 2001 than it should have, accounting for approximately 75 percent of consultation services Medicare approved that year. Services billed as consultations were improperly paid for the following reasons: they did not meet Medicare’s definition of a consultation (19%, or \$191 million), they were billed as the wrong type or level of consultation (47%, or \$613 million), or they were unsubstantiated (9%, or \$260 million). Consultations billed at the highest billing level and follow-up inpatient consultations were particularly problematic; approximately 95 percent of each was incorrectly coded.

The report recommends that the Centers for Medicare & Medicaid Services urge Medicare carriers to educate physicians about the criteria and proper billing for all types and levels of consultations, with emphasis on the highest billing levels and follow-up inpatient consultations. To view the report, visit <http://oig.hhs.gov/oei/reports/oei-09-02-00030.pdf>.

College cosponsors trauma briefing

The American College of Surgeons and 17 other organizations concerned with trauma care in the U.S. recently sponsored a congressional briefing entitled, “Saving Lives When Minutes Count: Briefing on a Public Health Model for Trauma Systems.” Hosting the briefing were

NIH examines cardiac, trauma survival

eight members of Congress: Sens. Bill Frist (R-TN), Lindsey Graham (R-SC), Patty Murray (D-WA), Jack Reed (D-RI), and Pat Roberts (R-KS); and Reps. Gene Green (D-TX), Mike Simpson (R-ID), and Joe Wilson (R-SC). Speakers included Howard Champion, MD, FACS, president of the Coalition for American Trauma Care; J. Wayne Meredith, MD, FACS, ACS Medical Director of Trauma Programs; Col. John Holcomb, MD, FACS, Commander of the U.S. Army Institute of Surgical Research; William Rasco, FACHE, president and chief executive officer of the Greater San Antonio Hospital Council; and Michael Briggs and his daughter Wimberly, members of a South Carolina family that has been affected by trauma.

The briefing attracted more than 50 congressional staff from both the House and the Senate. Approximately 20 state trauma systems coordinators were also at the briefing, affording them an opportunity to provide information to the legislative assistants about what is happening in their respective states with regard to trauma systems development. For more information, contact aroberts@facs.org.

The National Institutes of Health (NIH) recently launched a \$50 million research program to determine the best means for improving survival following cardiac arrest or severe trauma. By next spring, the NIH's Resuscitation Outcomes Consortium, in conjunction with emergency medical services agencies, will conduct clinical trials that will involve public safety agencies, regional hospitals, community health care institutions, and medical centers in 11 regions in the U.S and Canada.

"These initial studies, and those that follow, will change the way all providers of trauma care, military and civilian, care for the most critically injured," according to Col. Holcomb, the consortium's trauma co-chair. "For the first time, we will know, based on large and well-designed studies, what interventions really make a difference." Another College Fellow, David Hoyt, MD, FACS, former Medical Director of Trauma Programs, ACS Division of Research and Optimal Patient Care, is the principal investigator for the San Diego, CA, region. For a complete list of participating regions and for more information, go to <http://www.nih.gov/news/pr/mar2006/nhlbi-24.htm>.

Indiana enacts bariatric surgery legislation

Classic textbook grassroots advocacy proved successful for the Indiana Obesity Coalition, which led the effort to enact legislation to address problems with the state's mandatory insurance coverage law for bariatric surgery. S.B. 266, which the Indiana House and Senate unanimously passed and the governor signed March 20, makes statutory changes that will result in the following: protection of physicians in cases where patients cannot be located for tracking purposes (existing law required monitoring of the patient for five years following surgery), the preservation of the confidentiality of the physician and institution when reporting deaths and complications to the department of health, and the reduction of the preoperative, nonsurgical, physician-supervised weight-loss period from 18 consecutive months to six months. For a copy of the legislation, contact jsutton@facs.org.