

Dateline|Washington

prepared by the Division of Advocacy and Health Policy

Congress overrides Medicare veto

On July 15, Congress voted to override President Bush's veto of the Medicare Improvements for Patients and Providers Act of 2008 (H.R. 6331). The President's veto of H.R. 6331 was issued earlier that same day. This legislation ends the 10.6 percent cut in Medicare reimbursement that went into effect on July 1 and replaces the 5.4 percent cut scheduled for January 1, 2009, with a 1.1 percent increase. The House of Representatives voted 383 to 41 and the Senate voted 70 to 26 to override the President's veto. On July 16, ACS Executive Director Thomas R. Russell, MD, FACS, participated in a press conference with leaders from the American Medical Association, the American Osteopathic Association, and the Chicago (IL) Chapter of the AARP to commend members of the House and Senate for their actions. With more than two-thirds of Congress supporting the override, the bill was enacted in spite of the President's veto.

Thousands of Fellows contacted their legislators multiple times to urge members of Congress to support H.R. 6331. Fellows' advocacy efforts played a critical role in building the congressional support needed to override the President's veto and in helping to bring much-needed stability in Medicare payments to surgical practices over the next 18 months.

CMS issues fee schedule

On June 30, CMS released the proposed rule for the 2009 Medicare physician fee schedule. As required under the formula used to set Medicare payment, the proposal called for reducing physician reimbursement by 5.4 percent. However, enactment of H.R. 6331 nullified that provision. On July 16, the Centers for Medicare & Medicaid Services, as required under H.R. 6331, replaced the mid-year 2008 Medicare physician fee schedule rate of -10.6 percent with a 0.5 percent update, retroactive to July 1.

In addition, the proposed rule calls for expanding the Physician Quality Reporting Initiative (PQRI), which provides financial bonuses to health care professionals who report quality data. Suggested changes for the 2009 PQRI include the following:

- Establishing quality measures based on 175 metrics drawn from the 113 current 2008 PQRI measures, 17 new measures that have been endorsed by the National Quality Forum (NQF), 20 new measures adopted by the AQA, and 25 new measures awaiting NQF endorsement or AQA adoption at press time
- Adding measurements for coronary artery disease, human immunodeficiency virus/acquired immune deficiency syndrome, coronary artery bypass surgery, rheumatoid arthritis, perioperative care, and back pain
- Instituting two reporting periods—January 1 to December 31 or July 1 to December 31—to provide eligible professionals with more opportunities to participate
- Accepting PQRI data from clinical registries and electronic health records systems

CMS also proposes to require health care professionals who conduct diagnostic testing in their offices to meet certain quality and performance standards currently applied to independent testing facilities. At press time, the College was drafting comments on the proposed rule, and the final regulations were scheduled for issuance by November 1.