

Federal Legislative Priorities

American College of Surgeons (ACS)

Division of Advocacy and Health Policy (DAHP)



The Mission Zero Act

It has been a priority of the ACS to establish and maintain high-quality and adequately-funded trauma systems throughout the United States, including within the Armed Forces. The ACS was a sponsor of the 2016 National Academy of Medicine (NAM) report – *A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury*. This report outlines the steps necessary to secure a national trauma system and sets the goal of achieving zero preventable traumatic deaths.

Taking a step in the direction of the NAM report recommendations, ACS strongly supports H.R. 880, the *Mission Zero Act*. The *Mission Zero Act* creates a grant program to assist civilian trauma centers in partnering with military trauma professionals to establish a pathway to provide patients with the highest quality of trauma care in times of peace and war. H.R. 880, which was passed by the House of Representatives in February 2018, was introduced in the House by Chairman of the House Energy and Commerce Health Subcommittee, Michael Burgess, MD (R-TX), Representatives Cathy Castor (D-FL), Gene Green (D-TX), and Richard Hudson (R-NC) and Senators Johnny Isakson (R-GA), John Cornyn (R-TX), and Tammy Duckworth (D-IL) in the Senate. The ACS supports a timely, final passage of H.R. 880 in the Senate.

Removing Barriers to Colorectal Cancer Screening Act

The ACS supports bipartisan legislation introduced by Representative Charles Dent (R-PA) and Senator Brown (D-OH), the *Removing Barriers to Colorectal Cancer Screening Act*, H.R. 1017/S. 479, which would waive co-insurance under Medicare Part B for colorectal cancer screening tests and for the removal of tissue or other procedure in connection with the test. Under current law, Medicare waives co-insurance and deductibles for colonoscopies. When a polyp is discovered and removed, however, the procedure is reclassified as therapeutic for Medicare billing purposes and patients are required to pay the coinsurance.

Good Samaritan Legislation

The ACS supports the *Good Samaritan Health Professionals Act*, H.R. 1876/S. 781, sponsored by Representatives Marsha Blackburn (R-TN) and David Scott (D-GA) in the House of Representatives and Senators Bill Cassidy (R-LA) and Angus King (I-ME) in the Senate, which would ensure liability concerns do not preclude health care providers from volunteering in the event of federally-declared disasters. The medical profession has a long history of stepping forward to assist disaster victims. Unfortunately, the *Volunteer Protection Act*, failed to address the issue of liability protections for health care providers who cross state lines to aid disaster victims. This bill takes steps to address that oversight.

H.R. 1876 is vital to ensuring healthcare providers are protected when volunteering during federally-declared disasters. ACS supports this legislation and encourages the Senate to ensure final passage of this important bill.

ACS Accreditation of Cancer Programs

Representatives Lynn Jenkins (R-KS) and Mike Thompson (D-CA) introduced H.Res. 503, a resolution recognizing the importance of voluntary cancer program accreditation by the American College of Surgeons (ACS) in assuring patients have access to high quality cancer care. Voluntary accreditation from the ACS demonstrates a cancer program's commitment to providing high quality, comprehensive care to patients and their families and allows them to continuously evaluate performance and make improvements. ACS cancer program accreditation encompasses a wide variety of factors, and ensures that patients have access to tools and services from early distress screening to survivorship care plans.

Bleeding Control (BCon)

The Stop the Bleed program is an initiative of the ACS and the Hartford Consensus which encourages the education of first responders and civilian bystanders about bleeding control techniques, including the use of direct pressure, tourniquets, and gauze dressings. This is a revolutionary step in saving lives and turning bystanders of traumatic events into “immediate responders” and life-saving heroes. The ACS is working with congressional leaders to assist in disseminating Stop the Bleed training to the general public and the placement of bleeding control kits in public places.

Cancer Research Funding

The ACS and the Commission on Cancer (CoC) have been strong advocates in the fight against cancer and securing additional cancer research and prevention funding. Past congressional support for cancer research funded by the National Cancer Institute (NCI) and the National Institutes of Health (NIH), along with the Centers for Disease Control and Prevention (CDC) has been the foundation for progress made in the battle against this disease. According to the American Cancer Society, overall cancer mortality rates have been on the decline since the mid-1990s, and as many as 15.5 million Americans with a history of cancer are estimated to be alive today. In the Bipartisan Budget Act (H.R. 1892), Congress has continued to demonstrate its support for funding cancer research by including \$2 billion for NIH over fiscal years (FY) 2018 and 2019. As Congress continues efforts to fund the remainder of the current fiscal year and then begins work on FY 2019 appropriations, Members should maintain the bipartisan commitment to ensuring cancer research and prevention are a budgetary priority.

EMTALA

ACS supports the *Health Care Safety Net Enhancement Act*, H.R. 548/S. 527, sponsored by Representatives Charles Dent (R-PA) and James Langevin (D-RI) in the House of Representatives and Senator Roy Blunt (R-MO) in the Senate. This legislation would extend the liability protections of the *Public Health Service Act* to physicians providing care under the federal mandate of the *Emergency Medical Treatment and Labor Act (EMTALA)*. The EMTALA mandates that physicians provide care to and stabilize any patient who presents to a hospital emergency department. Surgeons and emergency medical specialists provide complex, high-risk surgical care for severely injured patients. In doing so, they accrue a disproportionately high liability risk which is broadly acknowledged to be one of the key factors contributing to the growing shortage of specialists participating in emergency on-call panels. H.R. 548/S. 527 will help to address this problem by providing *Public Health Service Act* liability protections to physicians who provide EMTALA mandated care.

Ensuring Access to General Surgery Act

The ACS helped craft and strongly supports legislation authored by Representatives Larry Bucshon, MD, FACS (R-IN) and Ami Bera, MD (D-CA) and Senators Chuck Grassley (R-IA) and Brian Schatz (D-HI), the *Ensuring Access to General Surgery Act*, H.R. 2906/S. 1351, which would direct the Secretary of the Department of Health and Human Services (HHS) to conduct a study to define and identify general surgery shortage areas. It would also grant the Secretary the authority to provide a formal shortage area designation for general surgery. The shortage of general surgeons is a critical component of the crisis in the health care workforce and surgery is an essential part of the community based health care system. Determining what constitutes and defines a surgical shortage area is an important first step in guaranteeing that all Medicare beneficiaries, regardless of geographic location, have access to quality surgical care.

MACRA Implementation

The ACS has been actively working with Congress and CMS to ensure implementation of the Medicare Access and CHIP Reauthorization Act (MACRA) meets the needs of surgeons and patients. The goal of MACRA is to provide better outcomes and lower health care costs. Throughout this process, ACS has, and will continue to outline areas of concerns to CMS and if necessary, collaborate with Congress in order to develop legislative solutions so that surgeons have the tools needed to be successful.