Congressional Successes in 2019
Several ACS-supported health policy priorities and activities are highlighted below.

College supported or led legislation introduced or reintroduced in the 116th Congress:

✓ Improving Seniors’ Timely Access to Care Act – Would increase transparency and oversight of Medicare Advantage plan prior authorization requirements.

✓ Medicare Care Coordination Improvement Act – Would create exceptions under physician self-referral law (Stark Law) and anti-kickback statutes to promote development and operation of alternative payment models.

✓ Keep Physicians Serving Patients Act – Would update geographic practice cost indices (GPCIs), which are currently calculated using inaccurate and outdated numbers that underestimate the cost of practicing in non-urban areas.

✓ Ensuring Access to General Surgery Act – Would direct the Health Resources and Services Administration to conduct a study to define a general surgery workforce shortage area and collect data on the adequacy of access to surgical services. Additionally, it would grant the Secretary of HHS the authority to provide a general surgery shortage area designation.

✓ Resident Physician Shortage Reduction Act – Would increase the number of residency positions eligible for graduate medical education payments under Medicare by 3,000 each year through 2025.

✓ Critical Access Hospital Relief Act – Would repeal the 96-hour physician-certification requirement for inpatient critical access hospital services under Medicare.

✓ PAHPAI and Mission Zero Act – Congress passed, and the President signed into law, the Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAI). The ACS-supported Mission Zero Act, which creates a grant program to assist civilian trauma centers in partnering with military trauma professionals, was included in this legislation.

✓ Health Care Safety Net Enhancement Act – Would extend the Federal Tort Claims Act liability protection to physicians providing EMTALA-related care.

✓ Prevent Bleeding Loss with Emergency Devices (BLEEDing) Act – Created as a direct result of a 2018 Stop the Bleed® (STB) training, this legislation would provide grant funding for bleeding control kits and training.
End the Cycle of Violence Act – Would provide grant funding to Hospital Based Intervention Programs to conduct research on best practices. This research will play a critical role in documenting the success of these programs and will create a road map for hospitals to follow.

Firearm Injury Prevention Research – The U.S. House of Representatives passed ACS-supported language providing $50 million for firearm morbidity and mortality prevention research.

Background Checks Act – The U.S. House of Representatives passed ACS-supported Bipartisan Background Checks Act. This bill requires all firearm sales to go through the National Instant Background Check System (NICS).

Removing Barriers to Colorectal Cancer Screening Act – Would waive Medicare’s cost-sharing requirement for preventative colonoscopies, even if a polyp or tissue is removed.

Palliative Care Hospice Education and Training Act – Would improve and further the training of health professionals in palliative care.


College led activities thus far in 2019 surrounding key health policy initiatives:

ACS Leads the Way on Examination of Physician Payment

Feedback on Increasing Price Transparency – ACS provided feedback to the U.S. Senate on how Congress can lower health care costs, incentivize care that improves the health and outcomes of patients, and increase the ability for patients to access information about their care to make informed decisions.

Addressing Medicare Physician Payment Reimbursement Shortfalls – The ACS testified before the Senate Finance Committee on improving MACRA implementation and concerns with the future of Medicare physician payment. This opportunity was the direct result of the 2019 Leadership and Advocacy Summit asks around Medicare physician reimbursement.

Congressional Sign-on Letter on Measurement of Surgical Quality - Key members of Congress led a congressional sign-on letter to CMS encouraging the agency to work with stakeholders on the development and implementation of meaningful quality measurement.

Congressional Sign-on Letter on E/M Global Surgery Codes – The health care professional members of Congress sent a letter to CMS opposing the CY 2020 Medicare Physician Fee Schedule proposed rule provision which would increase payment values for standalone office visit E/M codes, but not the E/M portion of the global surgical code.

Significant Advocacy Efforts on Surprise Billing

Educated through a Congressional Briefing on Capitol Hill – In addition to a massive hand-to-hand lobbying effort and making the issue of surprise billing front and center at the 2019 Leadership and Advocacy Summit, ACS hosted a standing room only briefing for members of Congress and staff on the physician perspective on solutions to the issue of surprise billing.
✓ **Proposed Solutions**

➢ **Statements for the Record** – At every opportunity, ACS submitted statements for the record to the Senate Committee on Health, Education, Labor and Pensions and the House Committees on Energy and Commerce and Ways and Means in opposition to insurer-dictated federal payment rate setting as a solution to surprise medical bills.

➢ **Provided Specific Feedback on Legislative Proposals** – ACS provided constructive feedback as key Senators, Representatives, and Committees sought input on surprise billing proposals.

✓ **Opposed Federal Rate Setting as a Solution to Surprise Medical Bills** – Formally and publicly opposed legislation which set payment for out-of-network care at the median in-network rate.

The ACS Supports Efforts to Address Matching Patients to their Health Information

✓ **Congressional Briefing on Patient Matching** – The ACS provided the physician perspective as part of an expert panel that examined the challenges associated with matching patients to their health information. The ACS supports solutions to patient matching such as adopting a Unique Patient Identifier (UPI). A twenty-year ban that prevented HHS from spending federal dollars to develop and adopt a UPI was repealed by the U.S. House earlier this year.

Tradition of Robust Trauma Agenda Continues

✓ **Firearms Testimony** – The ACS testified before powerful House Committees to discuss ACS recommendations on how to reduce firearm injury.

✓ **Support of Stop the Bleed**

➢ **Stop the Bleed Month** - Several members of Congress participated in STB Month through social media. Members shared the importance of STB and provided information on where to get trained in their districts.

➢ **Stop the Bleed Trainings** – ACS helped to facilitate four Stop the Bleed trainings for Senate staff with two more scheduled for the end of the year.