



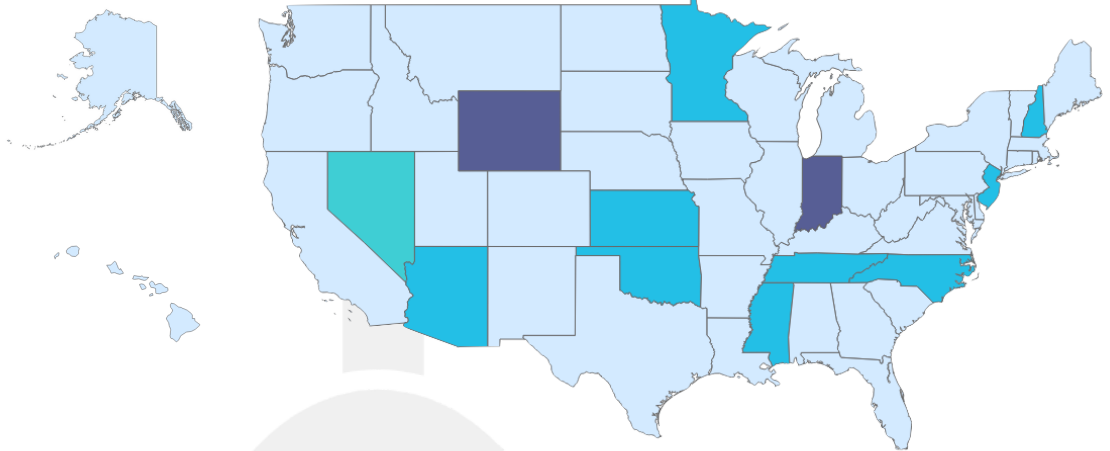
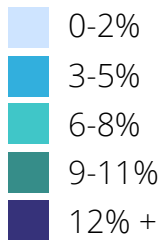
NeurosurgeryPAC

2020 Annual Report – A Quick Look

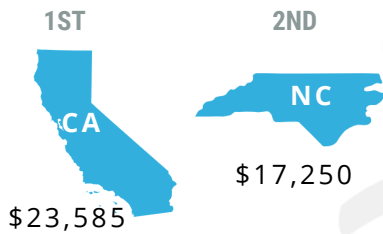


PERCENTAGE OF PARTICIPATION BY NEUROSURGEONS BY STATE

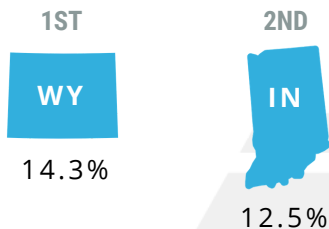
Percentage Breakdown



Top states by:
\$ raised in contributions:



% of participation:



WINNERS OF LEIBROCK STATE LEADERSHIP AWARD

TOP STATES BY MONEY RAISED IN CONTRIBUTIONS:

Winner	CALIFORNIA	with	\$23,585
Runner Up	NORTH CAROLINA	with	\$17,250

TOP STATES BY PERCENTAGE OF PARTICIPATION:

Winner	WYOMING	with	14.3%
Runner Up	INDIANA	with	12.5%



FINANCIAL STATEMENTS

Money raised in 2020	\$195,299
Money disbursed in 2020	\$183,000



NEUROSURGERYPAC WIN/LOSS ELECTION OUTCOMES

WINNING %

ALL ELECTIONS: 92%

Democrat **92%**

Republican **93%**

WINNING % SENATE

GENERAL ELECTION: 100%

Democrat **100%**

Republican **100%**

WINNING % HOUSE

GENERAL ELECTION 95%

Democrat **91%**

Republican **97%**



LEGISLATIVE PRIORITIES AND ACCOMPLISHMENTS

Organized neurosurgery made significant strides in accomplishing its legislative and regulatory agenda, thus ensuring that neurosurgical patients continue to have timely access to quality care.

PROTECT PATIENTS' TIMELY ACCESS TO CARE

Bipartisan legislation to streamline prior authorization in the Medicare Advantage program — the *Improving Seniors' Timely Access to Care Act* (S. 5044 / H.R. 3107) — garnered overwhelming support from 300 members of Congress. Compliance with Medicare's appropriate use criteria program for advanced diagnostic imaging was delayed for an additional year until 2022.

FIX THE BROKEN MEDICAL LIABILITY SYSTEM

Legislation based on proven reforms that are in place in California and Texas — the *Accessible Care by Curbing Excessive LawSuits (ACCESS) Act* (H.R. 3656) — was introduced. Additional liability protection for volunteers and EMTALA-related care — the *Good Samaritan Health Professionals Act* (S. 1350 / H.R. 6283) and the *Health Care Safety Net Enhancement Act* (H.R. 3984), respectively — was considered.

IMPROVE THE HEALTH CARE DELIVERY SYSTEM

Solutions that will lower costs, expand choice, protect patients from unanticipated medical bills and improve public health — including the *Consolidated Appropriations Act, 2021* (P.L. 116-260) and the *Competitive Health Insurance Reform Act* (S. 350 / H.R. 1418) — were signed into law.

SUPPORT QUALITY RESIDENT TRAINING AND EDUCATION

Recognizing the need to ensure the availability of well-educated and trained physicians, legislation to fund 1,000 additional Medicare-supported graduate medical education (GME) positions and increased funding for the Children's Hospital GME program — the *Consolidated Appropriations Act, 2021* (P.L. 116-260) — was signed into law. Additionally, legislation to add 15,000 Medicare-funded residency training positions and defer medical student loan interest during residency — the *Resident Physician Shortage Reduction Act* (S. 348 / H.R. 1763) and the *Resident Education Deferred Interest Act* (H.R. 1554), respectively — achieved strong bipartisan support.

ALLEVIATE THE BURDENS OF ELECTRONIC HEALTH RECORDS

To promote interoperability, reduce unnecessary data entry and improve the functionality of EHR systems, the Office of the National Coordinator for Health Information Technology issued new rules.

CONTINUE PROGRESS WITH MEDICAL INNOVATION

Increased funding for the National Institutes of Health, Food and Drug Administration and other federal agencies, whose research investments are responsible for incalculable medical breakthroughs, was included in the *Consolidated Appropriations Act, 2021* (P.L. 116-260).

END THE OPIOID EPIDEMIC

The U.S. Department of Health and Human Services continued to implement the *Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act* (P.L. 115-271).

CHAMPION FAIR REIMBURSEMENT

Legislation to prevent steep Medicare cuts resulting from new office/outpatient evaluation and management (E/M) visit codes — the *Consolidated Appropriations Act, 2021* (P.L. 116-260) — was signed into law. Additionally, legislation requiring Medicare to value the post-surgery, E/M portion of the global surgery codes equal to the stand-alone E/M code values — the *Medicare Reimbursement Equity Act* (S. 4932) — was introduced.