



American
Association of
Neurological
Surgeons



AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS – CONGRESS OF NEUROLOGICAL SURGEONS

2012 LEGISLATIVE AGENDA

REPEAL THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA)

America's neurosurgeons strongly support improving our nation's healthcare system; however, the AANS and CNS firmly believe that PPACA goes far beyond that which is necessary to fix what is broken with the current healthcare system. Rather than enacting a carefully targeted set of reforms that would improve access to affordable health insurance and redress a number of deplorable insurance practices, the PPACA vastly expands the federal government's role in healthcare and fails to address significant problems with the current system. The AANS and CNS urge Congress to repeal PPACA and replace it with common sense reforms. If, however, Congress is unable to repeal the law, the AANS and CNS urge lawmakers to make changes as outlined below.

ABOLISH THE INDEPENDENT PAYMENT ADVISORY BOARD (IPAB)

Established by PPACA, the IPAB is a 15-member advisory board whose members are appointed by the President and which essentially has no meaningful Congressional oversight protections. The principal responsibility of this board is to cut Medicare spending. Proposed spending cuts automatically go into effect if Congress does not replace the recommendations with cuts of equal magnitude. Congress only has a very short time in which to pass its own proposal -- making it a virtual certainty that the board's recommendations would be adopted. The AANS and CNS strongly urge repeal of the IPAB because leaving Medicare payment decisions in the hands of an unelected, unaccountable governmental body with minimal congressional oversight will negatively affect timely access to quality neurosurgical care for our nation's senior citizens and the disabled.

CHAMPION AN IMPROVED MEDICARE PHYSICIAN REIMBURSEMENT SYSTEM

Year after year, because of Medicare's flawed sustainable growth rate (SGR) formula, physicians face significant cuts in Medicare reimbursement. And time and time again, Congress intervenes with a short-term "fix" to prevent these steep cuts. Congress needs avoid band-aid solutions for fixing the physician payment system and once and for all replace the Medicare SGR formula with a stable mechanism for reimbursing physicians. A critical component of a new payment system must also allow patients and physicians to privately contract without penalty to either patient or physician. The AANS and CNS are committed to working with Congress to pass a long-term solution to avert the ongoing payment cuts and identify common sense approaches for reforming the Medicare program.

RESTRUCTURE & STREAMLINE QUALITY IMPROVEMENT PROGRAMS

While Congress has taken the first steps towards implementing quality improvement programs, the current Physician Quality Reporting System (PQRS – formerly PQRI) needs to be drastically reworked to better incorporate a system for clinical data collection and reporting. A "one-size-fits-all" approach will not result in better patient outcomes. The AANS and CNS support a pay-for-participation system under which data regarding physician quality are collected in a non-punitive environment and analyzed using accurate risk-adjustment mechanisms; public reporting of data only occurs at the aggregate level and not at the individual level; and physicians receive performance feedback continually and in a timely manner. Congress should rescind the PQRS penalties, reconsider the value-based payment modifier, and streamline the federal quality improvement programs created by PPACA.

ALLEVIATE THE MEDICAL LIABILITY CRISIS

The AANS and CNS support legislation to provide common sense, proven, comprehensive medical liability reform. Federal legislation modeled after the laws in California or Texas, which includes reasonable limits on non-economic damages, represents the "gold standard." The Congressional Budget Office has shown that comprehensive medical liability reform would provide \$54 billion in savings to the federal government. Other solutions should be adopted including: (1) Applying the Federal Tort Claims Act to services mandated by the Emergency Medical Treatment and Labor Act; (2) liability protections for physicians who volunteer their services; (3) liability protections for physicians who follow practice guidelines set by their specialties; and (4) clarifying that PPACA did not create any new causes of action.

CONTINUE PROGRESS WITH MEDICAL INNOVATIONS

America has a long tradition of excellence and innovation in patient care and neurosurgeons have been on the cutting edge of these advancements. However, American medical innovation is at serious risk. Policymakers have the opportunity to facilitate innovation or speed its destruction. The Food and Drug Administration (FDA) and the Institute of Medicine are currently examining the FDA's expedited device approval path, referred to as 510(k), and the FDA has released 70 proposed recommendations, some of which are potentially troublesome. Additionally, the FDA may be considering an overly restrictive "off-label" device policy. Finally, Medicare payment and coverage policy can stifle innovation if it is overly limiting. Approaches such as accountable care organizations, bundling, and not paying for procedures in which new technology is used may seem cost effective in the short run, but if they prohibit the development of safer and better procedures that get patients back to health, work, and activity faster, they may be much more costly in the long run. The AANS and CNS urge Congress to be vigilant over any measures that would inappropriately increase the regulatory burden for medical device innovation, hurt America's competitive advantage in healthcare advancements, and delay or deny appropriate care for patients.

EXPAND SUPPORT FOR QUALITY RESIDENT TRAINING & EDUCATION

An appropriate supply of well-educated and trained physicians is an essential element to ensure access to quality healthcare services for all Americans. Unfortunately, the nation is facing a serious shortage of physicians, particularly as baby boomers age. And while medical schools in the U.S. have increased their enrollments, and additional medical and osteopathic schools have been established, the number of Medicare funded resident positions has been capped by law at 1996 levels. The solution for increasing physician numbers involves not only increasing medical student class size and the number of medical schools, but also increasing the number of funded residency positions. All payers of healthcare – including the federal government, the states and private payers – benefit from graduate medical education. To ensure an adequate supply of physicians, Congress should maintain Medicare's current financial support of graduate medical education and encourage all other payers to contribute to GME programs.

PROVIDE FUNDING TO PRESERVE AND ENHANCE ACCESS TO TRAUMA & EMERGENCY CARE

There are significant gaps in our trauma and emergency healthcare delivery systems, and trauma is the leading killer of Americans under the age of 44. The AANS and CNS strongly urge Congress to provide the full \$24 million for trauma and emergency care regionalization programs, which will support grants to states to improve critically needed state-wide trauma care systems and pilot projects to develop models for regionalizing emergency care. As recommended by the IOM in its ground-breaking 2006 report, "the objective of regionalization is to improve patient outcomes by directing patients to facilities with optimal capabilities of any given type of illness or injury."

FUND PEDIATRIC LOAN REPAYMENT PROGRAMS

To address critical shortages of pediatric subspecialty physicians, the Department of Health and Human Services is authorized to establish a loan repayment program for pediatric specialists, including pediatric neurosurgeons, who agree to provide full-time pediatric specialty services for at least two years in areas of the country where there are demonstrated shortages of pediatric specialists. Under this program, the federal government may make payments on the principal and interest of undergraduate, graduate or graduate medical education loans of up to \$35,000 a year for each year of service for a maximum of three years. The AANS and CNS urge Congress to fully fund this program at its authorized amount of \$30 million per year for FYs 2010 through 2014.

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The American Association of Neurological Surgeons was founded in 1931 and is dedicated to advancing the specialty of neurological surgery in order to promote the highest quality of patient care. The Congress of Neurological Surgeons was founded in 1951 and exists to enhance health and improve lives worldwide through the advancement of education and scientific exchange. The AANS and CNS are the two largest scientific and educational associations for neurosurgical professionals in the world and represent over 4,000 practicing neurosurgeons in the United States. Neurosurgery is the surgical specialty concerned with the prevention, diagnosis, treatment and rehabilitation of disorders that affect the spinal column, spinal cord, brain, and peripheral nerves.