



Neurosurgeons Taking Action

Neurosurgeons Taking Action is an E-newsletter from the American Association of Neurological Surgeons (AANS). The purpose of this E-publication is to provide you with timely updates on socio-economic and political issues facing neurosurgeons. **Neurosurgeons Taking Action** is sent out as news and events warrant your attention so that our members can stay on top of the issues that affect them.

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Legislative Affairs

■ Efforts to Repeal Medicare Board Continue

On Jan. 23, 2013, Reps. Phil Roe (R-TN) and Allyson Schwartz (D-PA) introduced H.R. 351, the "[Protecting Seniors' Access to Medicare Act](#)," which would repeal the Independent Payment Advisory Board (IPAB). The IPAB was created by the [Patient Protection and Affordable Care Act](#) and is a government board whose primary purpose is to cut Medicare spending. The bill currently has 100 bipartisan cosponsors.

Repealing the IPAB is one of organized neurosurgery's top legislative priorities. To this end, the AANS and CNS, along with the American Society of Anesthesiologists, are leading a physician coalition dedicated to repealing the IPAB. The coalition, representing more than 350,000 physicians across 26 specialty physician groups, sent a [letter](#) to Dr. Roe endorsing the bill. In the letter, we noted that from "the beginning of Medicare, Members of Congress have played an essential role in shaping policies that best meet the needs of their communities and constituents to ensure that the healthcare system is equipped to care for diverse populations across the country. With the advent of the IPAB, however, the people's elected representatives will no longer have power over Medicare payment policy. Instead, these major health policy decisions will rest in the hands of 15 unelected and largely unaccountable individuals. Even worse, if the IPAB fails to report recommendations or never becomes operational, this power will rest solely in the hands of a single individual — the Secretary of the Department of Health and Human Services."

In addition to our letter, the AANS and CNS issued a [press release](#) supporting the legislation. To help drive additional attention to the issue, neurosurgery utilized our social media tools, including a [Neurosurgery Blog post](#), [Facebook](#), [LinkedIn](#) and [Twitter](#). Washington office staff members continue to work with reporters who are interested in covering this story. Thus far, we have garnered the following media hits:

- [Medical societies view Obama's Medicare board as a non-starter](#)
- [Physician Groups Blast IPAB, Rally Behind Repeal Effort](#)
- [IPAB repeal to get another chance in House](#)

In early January, the House of Representatives adopted rules for the 113th Congress that included a provision limiting IPAB's authority. Senator John Cornyn (R-TX) is expected to reintroduce his IPAB repeal bill, as well.

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■ EMTALA-Related Medical Liability Protection Legislation Re-Introduced

On Jan. 3, 2013, Reps. Charlie Dent (R-PA) and Pete Sessions (R-TX) introduced H.R. 36, the "[Health Care Safety Net Enhancement Act](#)." The legislation would provide medical liability protections for physicians, including neurosurgeons, who deliver [EMTALA](#)-related emergency care — including the initial emergency medical condition screening, stabilization and post-stabilization services. Under the bill, a hospital or physician providing EMTALA-mandated emergency care services would be deemed an employee of the Public Health Service and protected under the Federal Tort Claims Act (FTCA). Under the FTCA, the U.S., rather than an individual healthcare provider, is liable in the same manner and to the same extent as a private individual under similar circumstances.

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■ U.S. House of Representatives Passes the Pandemic and All-Hazards Preparedness Act

On Jan. 18, 2013, Rep. Mike Rogers (R-MI) reintroduced H.R. 307, the "[Pandemic and All-Hazards Preparedness Reauthorization Act](#)" (PAHPA). The bill was immediately placed on the suspension calendar, and on Jan. 21, 2013, it passed the U.S. House of Representatives by a vote of [395-29](#). Supported by the AANS and CNS, this bill contains several provisions strongly advocated for by organized neurosurgery, including:

- Implementing strategies for preparedness and response during public health emergencies;
- Developing a national plan for establishing an effective and prepared public health workforce;
- Integrating public health and public and private medical capabilities with first responder systems;
- Increasing preparedness, response capabilities and surge capacity of hospitals, other healthcare facilities and ambulatory care facilities, and trauma care, critical care and emergency medical service systems including related availability, accessibility, and coordination; and
- Coordinating medical triage and evacuation to appropriate medical institutions based on patient medical need, taking into account regionalized systems of care.

While this bipartisan legislation has not yet been reintroduced in the U.S. Senate, the AANS and CNS are encouraging the Senate to move quickly and pass the House bill.

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■ Exciting and Emotional Swearing-In Day for the 113th Congress

Thursday, Jan. 3, 2013, proved to be a very exciting Swearing-In Day for the 113th Congress, as this was the moment marking Senator Mark Kirk's (R-IL) triumphant and emotional return to Washington, D.C., after suffering a stroke in January 2012. At 11:30 a.m., cheered on by more than 100 colleagues from the Congress, family and friends, Sen. Kirk climbed the Capitol steps up to the Senate chamber. In an interview with the Daily Herald of suburban Chicago, Kirk said he visualized the Capitol steps as a source of inspiration as he toiled through his recovery. In December, Neurosurgery's very own Richard G. Fessler, MD, PhD, FAANS, who operated on Sen. Kirk, said that his recovery was "remarkable and exceeds my expectations."

In addition to this inspirational day for Sen. Kirk, it also was a day of records and firsts for the U.S. Congress. The new Congress includes a record number of women: 101 across both chambers, including three nonvoting members, with 20 in the Senate and 81 in the House. While the physician community lost two physician Members of Congress — one to retirement and the other to defeat — once again, there will be 20 physicians in the 113th Congress, including nine surgeons. They are:

- Sen. John Barrasso (R-WY), orthopaedic surgeon
- Sen. Tom Coburn (R-OK), family physician
- Sen. Rand Paul (R-KY), ophthalmologist
- Rep. Amerish Bera (D-CA), family physician
- Rep. Dan Benishek (R-MI), general surgeon
- Rep. Charles Boustany (R-LA), thoracic surgeon
- Rep. Paul Broun (R-GA), family physician
- Rep. Larry Bucshon (R-IN), thoracic surgeon
- Rep. Michael Burgess (R-TX), obstetrician/gynecologist
- Rep. Bill Cassidy (R-LA), gastroenterologist
- Del. Donna Christensen (D-VI), family physician
- Rep. Scott DesJarlais (R-TN), family physician
- Rep. John Fleming (R-LA), family physician

- Rep. Phil Gingrey (R-GA), obstetrician/gynecologist
- Rep. Andy Harris (R-MD), anesthesiologist
- Rep. Joe Heck (R-NV), emergency physician
- Rep. Jim McDermott (D-WA), psychiatrist
- Rep. Tom Price (R-GA) orthopaedic surgeon
- Rep. Phil Roe (R-TN), obstetrician/gynecologist
- Rep. Paul Ruiz (D-CA), emergency physician

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Grassroots Action Alert

■ Urge Congress to Repeal Independent Medicare Board

Neurosurgeons are encouraged to contact Congress and urge your elected officials to cosponsor H.R 351, the "[Protecting Seniors' Access to Medicare Act.](#)" [Click here](#) to go to the AANS/CNS Legislative Action Center and send an e-mail message to Congress. We have created a draft letter that you can personalize. (This is highly encouraged.) Just enter your zip code, follow the instructions and push "Send Message," and in less than 2-5 minutes, you will have helped advance neurosurgery's grassroots advocacy efforts!

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■ Join the Alliance of Specialty Medicine for its Annual Capitol Hill Advocacy Conference

In July, the [Alliance for Specialty Medicine](#) will host its annual Capitol Hill advocacy conference. This two-day event will feature informative speakers, events with Members of Congress and an opportunity for neurosurgeons to meet with their own elected officials. The conference will begin on the evening of Monday, July 8, 2013, and conclude the afternoon of July 10, 2013. If you are interested in attending, please contact Katie Orrico, Director of the Washington Office, at korrico@neurosurgery.org. Space is limited.

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Coding and Reimbursement

■ AANS/CNS Protests Medicare Reductions for New Cervicocerebral Codes

On Dec. 31, 2012, the AANS and CNS [sent a letter](#) to the [Centers for Medicare and Medicaid Services](#) (CMS) objecting to a nearly 10 percent reduction in the physician work relative value units (RVUs) recommended by the [AMA/Specialty Society Relative Value Scale Update Committee](#) (RUC) for the new bundled cervicocerebral angiography codes (CPT 36221-36227). In addition to reducing the value of these services, CMS initially indicated that the bilateral modifier (-50) may not be used to report CPT codes 36222-36228, despite the fact that CPT codes are clearly written for unilateral procedures. Typically, codes that are designed for a unilateral procedure are reported with a -50 modifier when done bilaterally, and the payment amount is 150 percent of the unilateral procedure. However, because of the CMS error, Medicare would have paid the same amount whether the procedure is done unilaterally or bilaterally. The AANS and CNS joined eight other societies in pointing out this error to CMS, and pursued a correction. On Jan. 29, 2013, CMS staff notified the AANS and CNS that the error will be corrected, and the -50 modifier will in fact be permitted when these procedures are performed bilaterally. The AANS and CNS

recommend that neurosurgeons report bilateral cervicocerebral imaging with a -50 modifier. This change will be retroactive to Jan. 1, 2013.

[Click here](#) for a copy of the 2013 Medicare Physician Fee Schedule Final Rule. If you have any questions regarding these or other coding and reimbursement issues, please contact Cathy Hill, AANS/CNS Senior Manager for Regulatory Affairs, at chill@neurosurgery.org.

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Quality Improvement

■ **Neurosurgery Urges HHS to Delay Stage 3 Meaningful Use Rules**

The Centers for Medicare and Medicaid (CMS) recently released the proposed rule on Stage 3 of the [Medicare/Medicaid Electronic Health Record \(EHR\) Meaningful Use Incentive Program](#). The Stage 3 objectives, for the most part, reiterate the Stage 2 goals, with higher thresholds for demonstrating meaningful use. These requirements will go into effect in 2016. The AANS and CNS submitted [comments](#) in response to this proposal, pointing out the unique challenges of specialty care and voicing our concerns that the proposed Stage 3 requirements would be overly burdensome for specialists, thereby preventing neurosurgeons from complying with the program's requirements.

The AANS and CNS also highlighted our concern that the Stage 3 recommendations are being made without considering how providers — especially neurosurgeons and other specialists — have fared with meeting the criteria used in Stages 1 and 2 of the EHR Incentive Program. Additionally, we cited the need for CMS to better align the agency's various quality improvement programs, given the fact that these programs will become punitive in future years. Finally, we highlighted neurosurgery's clinical data registry, the National Neurosurgery Quality and Outcomes Database (N²QOD), noting that comprehensive "registry data can be used to develop specialty-specific quality and outcomes measures that will be more meaningful than current 'check box' measures contained in the EHR Incentive Program."

For more information about any of the aforementioned quality improvement topics, please contact Koryn Rubin, AANS/CNS Senior Manager of Quality Improvement, at krubin@neurosurgery.org.

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Academic Medical Issues

■ **House Committee Approves Children's Hospital GME; Pediatric Research Bills**

On Jan. 22, 2013, the House [Energy and Commerce Committee](#) approved by unanimous consent H.R. 297, the "[Children's Hospital GME Support Reauthorization Act of 2013](#)," and H.R. 225, the "[Pediatric Research Network Act of 2013](#)." The House of Representatives approved versions of the two bills during the last session of Congress. Authored by Health Subcommittee Chairman Joe Pitts (R-PA) and Ranking Member Frank Pallone (D-NJ), H.R. 297 would reauthorize the [Children's Hospital Graduate Medical Education \(CHGME\)](#) program for five years. First enacted in 1999, the CHGME provides freestanding children's hospitals with federal support for direct and indirect expenses associated with operating medical residency training programs. More than 40 percent of pediatricians and pediatric specialists currently are trained through the CHGME program.

Authored by Reps. Lois Capps (D-CA) and Cathy McMorris Rodgers (R-WA), H.R. 225 would allow the National Institutes of Health to fund pediatric

research networks comprised of a consortium of institutions that will cooperate in conducting research on conditions and diseases affecting children. According to a committee [background memo](#), the "use of pediatric research consortia is a proven way to support pediatric applied research and promote coordinated research activities that focus on translating research to practice."

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NeurosurgeryPAC

■ **Thank You for Making NeurosurgeryPAC's 2012 Efforts a Success!**

The final votes in the 2012 national elections have been tallied, and neurosurgery scored many key victories, with 88 percent of NeurosurgeryPAC-backed candidates winning their general election bids. And due to the generosity of neurosurgeons around the country, NeurosurgeryPAC raised a record \$536,550 for the two-year election cycle, exceeding our goal by more than \$35,000! This represents a nine percent increase over the 2010 cycle. Additionally, in 2012, NeurosurgeryPAC increased its participation rate from 8.6 percent in 2010 to 10.6 percent in 2012. With these funds, NeurosurgeryPAC contributed \$459,466 to individual re-election campaigns, leadership and national political party PACs.

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■ **NeurosurgeryPAC Begins New Fundraising Drive for 2014 Cycle**

NeurosurgeryPAC membership statements for 2013 will be mailed soon. Contributions to your political action committee will help neurosurgery make progress on legislative priorities such as the repeal of the Independent Payment Advisory Board (IPAB) and adoption of federal medical liability reform. Please return your contribution forms to the PAC so we can continue making progress on the advocacy front. In the alternative, you can always contribute using our [online donation option](#).

[Click here](#) for more information on the NeurosurgeryPAC and to [read more](#) about your NeurosurgeryPAC in action. Thanks to all those who [contributed](#) to NeurosurgeryPAC in 2012.

Editor's Note: All contributions to NeurosurgeryPAC must be drawn on personal accounts. Contributions are not tax-deductible. AANS members who are citizens of the U.S. and pay dues or have voting privileges may contribute to NeurosurgeryPAC. All corporate contributions to NeurosurgeryPAC will be used for administrative expenses and other activities permissible under federal law. Federal law requires NeurosurgeryPAC to use its best efforts to collect and report the name, mailing address, occupation, and employer name of every individual whose contributions exceed \$200 in a calendar year.

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Communications

■ **Recent Neurosurgery Blog Posts**

If you are not already reading Neurosurgery Blog, you should be, because every week we report on hot topics and investigate how healthcare policy affects patients, physicians, and medical practice. Listed below are some recent blog posts on the so-called fiscal cliff, Independent Payment Advisory Board (IPAB), Physician Quality Reporting System (PQRS) and health reform in

general.

- [The IPAB: No Good Rotten Very Bad News for Medicare](#)
- [PQRS Penalties: You Must Report in 2013 to Avoid a 1.5 Percent Cut in 2015](#)
- [Exciting and Emotional Swearing-In Day for the 113th Congress](#)
- [CNS Spotlight: 2013 Winter Congress Quarterly Released](#)
- [Congress Passes Bill to Stave-off Fiscal Cliff and Delays Medicare Physician Pay Cuts](#)

We invite you to visit the blog and subscribe to it, as well as connect with us on our various social media platforms, so that you can keep your pulse on the many health-policy activities happening in the nation's capital.

- [Neurosurgery Blog: More Than Just Brain Surgery](#)
- [Neurosurgery's Twitter Feed: @Neurosurgery](#)
- [Neurosurgery's Facebook Page](#)
- [Neurosurgery's LinkedIn Group](#)

If you are interested in these communications activities, please contact Alison Dye, AANS/CNS Senior Manager of Communications, at adye@neurosurgery.org.

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**Questions or comments? Please contact Katie Orrico
at 202-446-2024 or korrico@neurosurgery.org.**

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