



# 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

### ■ Medicare Physician Pay Cuts Take Effect on April 1, 2013

As previously reported, pursuant to the [Budget Control Act of 2011 \(BCA\)](#), physicians face a two percent reduction in Medicare fees each year, for the next decade. The [American Taxpayer Relief Act of 2012](#) postponed these sequestration cuts for two months, but Congress failed to take further action to prevent the cuts from going into effect; thus the pay cut goes into effect on April 1, 2013. According to the [Centers for Medicare and Medicaid Services \(CMS\)](#), the claims payment adjustment will be applied to all claims after determining coinsurance, any applicable deductible, and any applicable Medicare Secondary Payment adjustments.

Questions regarding the sequestration cuts should be directed to your local Medicare carrier. In the meantime, the AANS and CNS are hopeful that Congress will take action to eliminate the mandatory payment reductions.

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### ■ AANS and CNS Send Letter to Hill Objecting to Cuts for Stereotactic Radiosurgery

The [American Taxpayer Relief Act of 2012](#) included a provision equalizing hospital outpatient department payment rates for Cobalt-60 and linear accelerator-based stereotactic radiosurgery. Under section 634 of the “fiscal cliff” legislation, payment rates for Cobalt-60-, or Gamma Knife-based radiosurgery, will arbitrarily be reduced to equal those of linear accelerator-based radiosurgery — despite significant cost differentials between the two technologies. Overall, the provision will cut hospital reimbursement by \$300 million, decreasing the per-treatment Gamma Knife reimbursement from approximately \$8,100 to \$3,400 — a 58 percent reduction. Given that this provision arbitrarily decreases Medicare reimbursement for lifesaving treatment for patients with serious brain disorders, including brain tumors, arteriovenous malformations, pituitary adenomas and trigeminal neuralgia — thereby jeopardizing patient access to this important therapy — the AANS and CNS sent a [letter](#) the House and Senate objecting to these cuts.

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### ■ Budget Battles Heat Up on Capital Hill

In March, the House and Senate budget committees released their own spending plans for fiscal year (FY) 2014. The two proposals are vastly different and are the start of a budget battle that is anticipated to last for months. On March 12, 2013, House Budget Committee Chair Paul Ryan (R-WI) released the [House Budget Committee's FY 2014 budget plan](#). Included in Chairman Ryan's plan are cuts to Medicare and Medicaid, additional cuts to discretionary spending on top of those mandated by the Budget Control Act (BCA), reforming Medicare to a premium support plan, raising the Medicare eligibility age two years, repealing the Independent Payment Advisory Board (IPAB), implementing comprehensive medical liability reforms, and eliminating funding for the Affordable Care Act (ACA). This proposal would implement spending

reductions of \$4.6 trillion to balance the budget in 10 years. The House [passed](#) its budget blueprint by a margin of 221-207.

On March 14, 2013, Senate Budget Committee Chair, Sen. Patty Murray (D-WA) issued the [Senate Budget Committee's FY 2014 budget plan](#), which is the first budget from Senate Democrats in four years. The blueprint unveiled by Chairwoman Murray would end sequestration cuts by reducing spending by \$975 billion and increasing revenues by the same amount. Additionally, this plan would maintain funding for the ACA and assumes the repeal of Medicare's sustainable growth rate (SGR) formula. It is important to note that this proposal will not balance the budget within the 10-year window, but would shrink the federal deficit by \$1.85 trillion over 10 years. The Senate narrowly [passed](#) the budget resolution by a margin of 50-49.

Both of these budget resolutions serve as an outline for the appropriations committees, which will fill in the details of the FY 2014 budget. In the coming months, organized neurosurgery will continue to monitor the budget process and advocate for our legislative priorities.

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#### ■ **Senate Signals Overwhelming Support for Repealing Medical Device Tax**

On March 21, 2013, the U.S. Senate passed [an amendment](#) to the Senate Budget Resolution, [S. Con. Res 8](#). Offered by Sens. Orrin Hatch (R-UT) and Amy Klobuchar (D-MN), the amendment would repeal the 2.3 percent excise tax levied on the sales of medical devices. This tax was included in the Patient Protection and Affordable Care Act. The bipartisan amendment overwhelmingly passed by a [margin of 79-20](#), with 33 Democrats and one Independent joining all Republican senators in support of the measure. Per the [AANS/CNS 2013 Legislative Agenda](#), repealing the medical device tax is one of neurosurgery's priorities in our effort to "reform the reform." [Click here](#) to see how your senator voted.

Because Congressional budget resolutions are not law, but merely blueprints for each chamber to use in setting detailed budget priorities, the amendment is nonbinding and will not become law. However, it has symbolic repercussions as an overwhelming number of Democrats are now on record as opposing this tax, which went into effect in January. Assuming none of the amendment's backers rescind their support, Sens. Hatch and Klobuchar now have more than enough support to surpass the 60 votes needed to repeal the tax on another bill in the future. Both are the lead sponsors of S. 232, the [Medical Device Access and Innovation Protection Act](#), which would repeal the device tax and currently has 29 cosponsors. Reps. Eric Paulsen (R-MN) and Ron Kind (D-WI) have introduced a companion measure in the House, H.R. 523, the [Protect Medical Innovation Act](#). This bill passed the House of Representatives in the last Congress and currently has 212 cosponsors, six shy of the 218 needed to pass the bill. Repealing the tax would cost \$29 billion over a 10-year period.

The AANS and CNS will continue to collaborate with [AdvaMed](#), which is leading the Device Tax Repeal Coalition, to seek the adoption of legislation that overturns this ill-advised tax.

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#### ■ **Medicare Patient Empowerment Act Introduced in the House; Sign the MPEA Petition**

As expected, on March 21, 2013, Rep. Tom Price, MD (R-GA), introduced H.R. 1310, the [Medicare Patient Empowerment Act](#). This legislation would permit patients and physicians to privately contract for Medicare-covered services without penalty to either party. Under current law, Medicare beneficiaries that

choose to see physicians who do not accept Medicare are required to pay the physician's charge entirely out of personal funds — Medicare does not pay any part of the charge. In addition, physicians who choose to provide covered services to Medicare beneficiaries under private contracts must "opt out" of the Medicare program for two years, during which time Medicare does not pay the physician for any covered services provided to Medicare beneficiaries. These discriminating policies are inappropriate and prevent beneficiaries from seeking care from the physician of their choice.

Neurosurgeons are highly encouraged to take a moment to visit [www.MyMedicare-MyChoice.org](http://www.MyMedicare-MyChoice.org), where you can add your name to a petition supporting the Medicare Patient Empowerment Act.

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#### ■ **President Signs Pandemic and All-Hazards Preparedness Act (PAHPA) into Law**

On March 13, 2013, President Obama signed into law H.R. 307, the [Pandemic and All-Hazards Preparedness Reauthorization Act \(PAHPA\) of 2013](#). Supported by the AANS and CNS, this legislation contains several provisions recommended by organized neurosurgery, including: strategies for preparedness and response during public health emergencies; a national strategy 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 most importantly, coordinated medical triage and evacuation to appropriate medical institutions based on patient medical need, taking into account regionalized systems of care.

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### NeurosurgeryPAC

#### ■ **Reminder: Contribute by March 31 for Donor Recognition at the 81st AANS Annual Scientific Meeting**

Neurosurgeons contributing to the PAC will be included on the PAC Booth Donor Board at the 81st AANS Annual Scientific Meeting in New Orleans. As of March 13, 2013, NeurosurgeryPAC has raised a total of \$98,070 from 121 neurosurgeons. Even with these generous donations, we still have a long way to go to reach our \$500,000 fundraising goal! As always, you can contribute using our online donation option by logging onto [MyANNS.org](http://MyANNS.org)

Since the start of the year, neurosurgery has participated in a number of candidate fundraising events. Most recently, your PAC co-sponsored, along with 20 other physician PACs, an event to support the National Republican Congressional Committee (NRCC). Hosted by NRCC Chairman Rep. Greg Walden (R-OR) and Vice Chairman Rep. Lynn Westmoreland (R-GA), priority legislative issues of interest to physicians, including repealing Medicare's sustainable growth rate (SGR) formula, were discussed. Members of the GOP Doctors Caucus who attended the breakfast event included: Reps. Dan Benishek, MD (R-MI); Diane Black, RN (R-TN); Larry Bucshon, MD (R-IN); Michael Burgess, MD (R-TX); Bill Cassidy, MD (R-LA); Renee Ellmers, RN (R-NC); John Fleming, MD (R-LA); Phil Gingrey, MD (R-GA); Joe Heck, MD (R-NV); Tom Price, MD (R-GA); and Phil Roe, MD (R-TN).

[Click here](#) for more information on the NeurosurgeryPAC, including the current list of donors, candidates receiving NeurosurgeryPAC support, and to read more about your PAC in action.

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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## Quality Improvement

### ■ **AANS/CNS Send Letter to HHS Secretary Regarding Human Subjects Research**

On March 11, 2013, the AANS and CNS submitted a [letter](#) to the Department of Health and Human Services (HHS) Secretary, Kathleen Sebelius, regarding the [Secretary's Advisory Committee on Human Research Protections \(SACHRP\)](#). In our letter, we took the opportunity to follow-up on our ongoing concerns regarding the Privacy and Common Rules and the need for further clarification that these do not (or should not) hinder organized neurosurgery's ability to collect prospective patient data for quality improvement purposes. This correspondence builds on the multiple interactions that organized neurosurgery and others have had with the federal government dating back to 2010. In the coming weeks, we plan to share our letter with a larger group of medical specialty societies involved in clinical data registries to encourage others to engage on this topic. Clarification that the Common and Privacy Rules do not apply to quality improvement initiatives will help pave the way for neurosurgeons to more easily participate in the [National Neurosurgery Quality Outcomes Database \(N2OOD\)](#).

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### ■ **ONC and CMS Delay Stage 3 Meaningful Use Rulemaking Until 2014**

In an effort to further accelerate and advance interoperability and health information exchange beyond what is currently being done through the [Office of the National Coordinator \(ONC\)](#) and the [Electronic Health Record \(EHR\) Incentive Program](#), the Center for Medicare and Medicaid Services (CMS) has decided to delay any Stage 3 meaningful use rulemaking until 2014. In the interim, CMS is reaching out to stakeholders, through a request for information (RFI), for advice on how new payment models affect the implementation of electronic health records. The AANS and CNS have repeatedly called for a delay of Stage 3, and plan on responding to this request for more information to voice neurosurgery's continued concerns with the EHR Incentive Program and its associated timelines.

For more information about these or other quality information topics, please contact Koryn Rubin, AANS/CNS Senior Manager of Quality Improvement, at [krubin@neurosurgery.org](mailto:krubin@neurosurgery.org).

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## Academic Medical Issues

### ■ **Bipartisan Legislation Aims to Address U.S. Physician Shortage by Increasing GME Slots**

On March 14, 2013, legislation was introduced in the U.S. Senate and House of Representatives to address the U.S. physician shortage. In the House two bills were introduced. Reps. Joe Crowley (D-NY) and Michael Grimm (R-NY) introduced H.R. 1180, the [Resident Physicians Shortage Act of 2013](#). Reps. Aaron Schock (R-IL) and Allyson Schwartz (D-PA) introduced H.R. 1201, the [Training Tomorrow's Doctors Today Act](#). In the Senate, Sens. Bill Nelson (D-FL), Charles Schumer (D-NY) and Harry Reid (D-NV) introduced S. 577, the [Resident Physicians Shortage Act of 2013](#). These bills will help to ensure that there is an adequate physician workforce to meet the health needs of the American population. Specifically, this legislation would provide an increase of 15,000 new Medicare-supported graduate medical education (GME) slots across the country at a rate of 3,000 per year over five years. One-half of these slots are required to be used for shortage specialty residency programs, of which neurosurgery qualifies. The AANS and CNS support all three bills, and joining with the Alliance of Specialty Medicine, sent [letters](#) to the cosponsors endorsing the legislation.

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## Of Note

### ■ IOM Hosts Workshop on Sports-Related Concussions in Youth

On Feb. 25, 2013, the Institute of Medicine (IOM) Committee on Sports-Related Concussions in Youth hosted a workshop to hear testimony from several stakeholder groups, including physicians, school officials, coaches, sports officials, military representatives and equipment manufacturers. The purpose of this workshop was to provide committee members with information on current strategies for the reduction of sports-related concussion in youth, the diagnosis and management of concussion in youth, and the interface between medical and educational systems in managing concussed athletes' return to school. Panelists from varied backgrounds and experiences provided the committee with recommendations regarding evaluation, education and training, increased awareness, coordination, and communication.

Established last year, this committee has been charged with conducting a study and preparing a report on sports-related concussions in youth — from elementary school through young adulthood. The committee is reviewing available literature on concussions, in the context of developmental neurobiology, in terms of their causes, relationships to hits to the head or body during sports, effectiveness of protective devices and equipment, screening and diagnosis, treatment and management, and long-term consequences. [Click here](#) for more information on this initiative.

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## Communications

### ■ Neurosurgery Blog Needs Neurobloggers

Every week Neurosurgery Blog reports on hot topics and investigates how healthcare policy affects patients, physicians, and medical practice. One of the purposes of our social media platforms is to serve as an echo chamber for neurosurgical initiatives and achievements by creating a nexus where policy meets practice. If you have a guest blog post you would like us to consider, or if you have had an op-ed published, we would welcome the opportunity to place those types of pieces on Neurosurgery Blog.

Listed below are some recent blog posts on budget sequestration, the Independent Payment Advisory Board (IPAB), the sustainable growth rate (SGR) and health reform in general.

- [Neurosurgery Leading the Quality Charge in Spine Care: N2OOD in the News](#)
- [AANS Neurosurgeon Highlights Personal Stories of Humanitarian Neurosurgery](#)
- [Budget Sequestration Hits Neurosurgeons](#)
- [AANS Joins 'Partners for Healthy Dialogues' Campaign](#)
- [Be My Valentine SGR Reform](#)
- [AANS and CNS Unveil 2013 Legislative Agenda](#)

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](mailto:adye@neurosurgery.org).

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**Questions or comments? Please contact Katie Orrico  
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