



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

- **Neurosurgeons Press Congress to Repeal SGR during Lame Duck Session**

With the clock ticking down before Congress adjourns for the session, organized medicine continues to advocate for the passage of the "[SGR Repeal and Medicare Payment Modernization Act](#)" (S. 2000/H.R. 4015). To that end, on Sept. 26, 2014, the American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS) joined forces with the [Alliance of Specialty Medicine](#) in sending congressional leaders a [letter](#) pressing them to enact a permanent and meaningful solution to the flawed sustainable growth rate (SGR) formula before the end of the 113th Congress. The letter highlights that short-term "fixes" only exacerbate efforts to address the underlying SGR problem, add to the overall costs of repeal, and continue to undermine physician and beneficiary confidence in the Medicare program. In addition, on Nov. 20, 2014, organized neurosurgery partnered with the [Healthcare Leadership Council](#) in sending another [letter](#) to Congress. Signed by more than 60 healthcare organizations, the letter points out that Congress has developed comprehensive bipartisan, bicameral legislation that would fix the Medicare payment formula and better reward health providers for patient care improvements. Repealing the SGR is a top legislative priority for neurosurgery and we will continue press Congress to address this issue.

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- **Congressional Budget Office Issues New Cost to Repeal SGR**

On Nov. 14, 2014, the [Congressional Budget Office](#) (CBO) revealed that the [Senate Finance, House Energy and Commerce](#) and [House Ways and Means](#) Committees' bipartisan legislation to repeal Medicare's sustainable growth rate (SGR) physician payment system would cost \$144 billion from 2015 to 2024. This represents a slight increase from the CBO's previous 10-year estimate, which had pegged the cost of repeal at \$138 billion.

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■ Voters Reject California's Anti-Medical Liability Reform Measure

This year the trial lawyers mounted a serious challenge to California's long-standing medical liability reform law, the landmark Medical Injury Compensation Reform Act (MICRA). If adopted, Proposition 46 would have:

- Raised the \$250,000 cap to \$1.1 million, plus annual inflationary increases;
- Required physicians to:
 - Check prescription drug tracking (CURES) database before prescribing Schedule II and III controlled substances
 - Undergo random drug and alcohol testing
 - Undergo mandatory drug/alcohol testing after an unexpected death/injury occurs
 - Report any witnessed medical negligence/substance misuse by other physicians
 - Get on automatic suspension if they test positive for alcohol/drugs while on duty
- Required hospitals to report positive drug/alcohol tests to the medical board

Fortunately, a broad-based coalition raised over \$60 million to fight Proposition 46. The "No on 46" campaign was spectacularly successful, and by a two-to-one margin, Californians rejected Prop 46. Furthermore, the measure was defeated in every county in the state. The AANS and CNS were strong supporters of the "[No on 46](#)" initiative.

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■ CBO Reaffirms Budget Savings for Medical Liability Reform

A new report by the [Congressional Budget Office](#) (CBO) details how large of an impact medical liability reform would have on our budget, and our wallets. As part of a report titled, "[Options for Reducing the Deficit: 2015 to 2024](#)" the CBO estimated that medical liability reforms, including reasonable limits on non-economic damages, implementation of a fair-share rule, a reduction in the statute of limitations, and limits on excessive attorney fees would result in \$70 billion in deficit reduction over the next 10 years. This includes \$60.4 billion in savings on mandatory spending, including federal health programs, \$2 billion in savings on discretionary spending, and \$7.6 billion in government revenue increases.

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■ Neurosurgery Sends Multiple Letters to NAIC Regarding Network Adequacy Issues

On Oct. 31, 2014, organized neurosurgery partnered with the [Alliance of Specialty Medicine](#) in submitting [comments](#) to the [National Association of Insurance Commissioners](#) (NAIC) providing input on regulations governing network adequacy in the health insurance exchange plans. In addition, on Nov. 16, 2014, the AANS and CNS teamed up with the [American Medical Association](#) (AMA) and more than 115 other medical groups, in sending another [letter](#). Both letters encourage additional regulation at the state level to guarantee that provider networks include specialists so patients are not denied access or subjected to exorbitant out-of-pocket costs when attempting to obtain the care they need. Organized neurosurgery will continue to work with the NAIC as it develops model state regulations designed to address these issues.

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- **Neurosurgery Urges Appropriations Committees to Fund Emergency Care Programs**

On Oct. 24, 2014, the AANS and CNS, along with seven other healthcare organizations, sent [letters](#) to the U.S. House and Senate Appropriations Committees urging them to adequately fund programs — including the Regionalization of Emergency Care Systems Program, Trauma Systems Grant Program and the Hospital Preparedness Program — that are critical to enhancing the nation’s emergency care and hospital preparedness capabilities. Ensuring the necessary funding to preserve and enhance emergency care is a top legislative priority for organized neurosurgery.

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- **TBI Bill Signed Into Law by President**

On Nov. 26, 2014, President Obama signed into law the “[Traumatic Brain Injury Reauthorization Act](#).” Sponsored by Rep. Bill Pascrell (D-N.J.) in the House, and Sen. Orrin Hatch (R-Utah) in the Senate, the legislation will reauthorize traumatic brain injury (TBI) program projects through 2019 at the following levels: \$6.5 million for grants to public or non-profit private entities; \$5.5 million for grants to states for projects to improve access to rehabilitation for TBI; and \$3.1 million for grants for other TBI services including referrals, advice, legal representation, and family and self- advocacy.

If you have questions about these or other legislative issues, please contact Katie Orrico, director of the AANS/CNS Washington Office at korrico@neurosurgery.org.

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NeurosurgeryPAC

- **Record Number of NeurosurgeryPAC-Backed Candidates Win their Elections**

It was a red tsunami and the most expensive election in history, with nearly \$4 billion spent during the two-year 2014 election cycle. The Democrats suffered losses in both the U.S. House and Senate, and in numerous gubernatorial races — many of which are key battleground states in the 2016 presidential race. With only a handful of run-off elections pending, the balance of power has shifted and Republicans have taken control of the U.S. Senate and increased their margins in the U.S. House of Representatives. [Click here](#) for up-to-date election results.

NeurosurgeryPAC scored many key victories, with 94 percent of NeurosurgeryPAC-backed candidates winning their general election bid (as compared to 88 percent in the 2012 election cycle). The overall success rate, including primary and general elections, was 89 percent (as compared to 85 percent in 2012).

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- **Congratulations to the 2014 Leibrock State Leadership Award Winners**

At the October Council of State Neurological Societies (CSNS) Meeting, the Leibrock State Leadership Award was presented to Texas and Mississippi. Texas won the award for highest total contributions made to the PAC, and Mississippi won for the highest percentage of contributions. Congratulations to

both of these states!

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■ **Consider Giving a Holiday "Gift" to NeurosurgeryPAC**

Despite the fact that the elections are largely over, NeurosurgeryPAC's fundraising continues as we need to refill our coffers and enable your PAC to hit the ground running in early 2015. As of Nov. 20, 2014, NeurosurgeryPAC raised \$411,902 for the 2-year election cycle, falling well short of our \$500,000 goal. Unfortunately, this represents a 24 percent drop over the 2012 cycle. It's not too late to contribute, so please consider helping us reach our goal by giving NeurosurgeryPAC a holiday "gift." You can make your online contribution today by logging onto [MyAANS](#).

On behalf of the NeurosurgeryPAC board of directors, we thank all of those neurosurgeons who contributed to the PAC and helped us support a record breaking number of candidates.

[Click here](#) for more information on the NeurosurgeryPAC, including the current, complete list of donors, candidates receiving NeurosurgeryPAC support and to read more about your PAC in action. To see how the candidates stand on the issues, go to the [AANS/CNS Legislative Action Center](#).

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

If you have questions about NeurosurgeryPAC, please contact Adrienne Roberts, senior manager for legislative affairs in the AANS/CNS Washington Office, at aroberts@neurosurgery.org.

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Coding and Reimbursement

■ **CMS Releases 2015 Medicare Physician Fee Schedule Final Rule**

On Nov. 13, 2014, the [Centers for Medicare & Medicaid Services](#) (CMS) published the [2015 Medicare Physician Fee Schedule](#) (MPFS) Final Rule. Without taking into consideration the 21 percent sustainable growth rate-related cut, the net overall impact on neurosurgery's Medicare reimbursement will be a one-percent increase in payments to neurosurgeons in 2015. In a significant move, CMS announced its intention to finalize a far-reaching plan to eliminate the 10- and 90-day global surgery package. These codes will be converted to a 0-day global period, beginning with 10-day global services in 2017 and following with 90-day global services in 2018. This change comes over the vigorous objection of organized surgery, the [American Medical Association](#) (AMA), the [AARP](#) and nearly [30 members of Congress](#). All these groups, including the AANS and CNS, urged CMS to scrap, or at least delay, the proposal. The AANS and CNS are pursuing legislation to overturn this regulation, which could reduce neurosurgical reimbursement by at least 25 percent. CMS will provide additional details in its proposed 2016 Medicare Physician Fee Schedule rule, which it will release in July 2015.

[Click here](#), to view a side-by-side analysis of the key provisions of the fee schedule affecting neurosurgery.

If you have any questions regarding these or other reimbursement issues, please contact Cathy Hill, AANS/CNS senior manager for regulatory affairs, at chill@neurosurgery.org.

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Quality Improvement

■ 2015 Medicare Fee Schedule Implements Changes to Medicare's Quality Programs

The [2015 Medicare Physician Fee Schedule \(MPFS\) Final Rule](#), published by the [Centers for Medicare & Medicaid Services](#) (CMS) on Nov. 13, 2014, finalized multiple significant changes to several federal quality reporting initiatives. Physicians who fail to satisfy the [Physician Quality Reporting System](#) (PQRS) will be subject to a two-percent penalty in 2017. Despite pushback from the AANS and CNS, CMS removed many measures that will affect a neurosurgeon's ability to satisfy reporting requirements in a meaningful manner. CMS also upped the reporting requirements for 2015 to nine measures, including one "cross-cutting" measure, for 50 percent of applicable Medicare Part B patients. Organized neurosurgery, through the [NeuroPoint Alliance](#) (NPA), continues to evaluate the possibility of becoming a qualified clinical data registry (QCDR), which would offer neurosurgeons participating in the [National Neurosurgery Quality and Outcomes Database](#) (N2QOD) the opportunity to report on more meaningful quality measures.

As required by statute, CMS will apply the [Value-Based Payment Modifier](#) (VBM) to all physicians in 2017, based on 2015 quality and cost measure data. Under this program, large practices with 10 or more eligible professional may receive bonus payments or penalties of up to four percent. Solo practitioners and smaller practices will only face a maximum potential penalty of two percent.

Finally, CMS continues to pursue an aggressive timeline for publicly reporting quality measure data on its [Physician Compare](#) website. By 2016, CMS intends to report on all PQRS individual measures collected via registry, electronic health record or claims.

[Click here](#), to view a side-by-side analysis of the key provisions of the fee schedule affecting neurosurgery.

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■ Now Available: 2012 eRx Incentive Program Supplemental Incentive Payments

In November 2014, the [Centers for Medicare & Medicaid Services](#) (CMS) announced the availability of 2012 [Electronic Prescribing \(eRx\) Incentive Program](#) Supplemental Incentive Payments for eligible professionals (EPs) who submitted data for the reporting period of Jan. 1, 2012, through Dec. 31, 2012, and met criteria for satisfactory reporting. The 2012 eRx supplemental incentives are provided to those EPs and group practices that submitted an eRx Informal Review (IR) request that was approved by CMS. The incentive is one percent of total estimated 2012 Medicare Part B Physician Fee Schedule allowed charges for covered professional services furnished during reporting period. The incentive is paid as a lump sum to the Taxpayer Identification Number (TIN) under which the EP's claims were submitted.

For additional assistance, contact the CMS QualityNet Help Desk. They can be reached at 1-866-288-8912 (TTY 1-877-715-6222) or via qnet-support@hcqis.org from 7:00 a.m. to 7:00 p.m. CST Monday through Friday.

■ **2013 Quality and Resource Use Reports (QRURs) Are Available**

On Sept. 30, 2014, the [Centers for Medicare & Medicaid Services](#) (CMS) made the 2013 Quality and Resource Use Reports (QRURs) available to physicians nationwide. As previously reported, the 2013 QRURs contain quality and cost performance data for calendar year 2013, which is the performance period for the [Value-Based Payment Modifier](#) (VBM) that will be applied to physician payments for items and services furnished under the Medicare Physician Fee Schedule for groups of 100 or more eligible professionals in 2015. [Click here](#), to review slides from a recent CMS provider call, which provide useful background and step-by-step instructions on accessing and interpreting the QRURs.

If you have any questions regarding these or other quality-related issues, please contact Rachel Groman, Vice President for Clinical Affairs and Quality Improvement at Hart Health Strategies, via email at rgroman@hhs.com.

Drugs and Devices

■ **CMS Unveils New Open Payments Search Tool**

On Oct. 17, 2014, the [Centers for Medicare & Medicaid Services](#) (CMS) issued a number of notices regarding the Open Payments system. The Open Payments website now includes an improved [physician search tool](#), which allows the public to more easily access open payment data. In addition to the search tool changes, CMS announced it will publish “refreshed” data by Dec. 31, 2014, including changes to disputed data submitted by manufacturers to CMS through Oct. 31, 2014. As a reminder, [Open Payments](#) annual reporting will run next year from Jan. 1 through March 31, 2015. During this time, companies will submit 2014 data to CMS on any payments or transfers of value to physicians and teaching hospitals. This will encompass a year’s worth of data, which will be made available to the public in June 2015. Neurosurgeons are encouraged to provide CMS [feedback](#) on how to make improvements to the Open Payments website.

■ **Neurosurgery Participates in FDA Workshop on Brain-Computer Devices for Amputees**

On Nov. 21, 2014, the Food and Drug Administration (FDA) held a public workshop entitled, “Brain-Computer Interface (BCI) Devices for Patients with Paralysis and Amputation.” Peter E. Konrad, MD, PhD, FAANS, and Washington Office staff attended on behalf of the AANS and CNS. A number of important issues were raised, including the concern that BCI devices are often comprised of modular systems, in which small companies develop parts of a larger system of devices, which are then put together. Each component is required to go through expensive studies and a long approval process for devices that will be used in small patient populations. Funding issues sometimes prevent safe and effective devices with the potential to save — or significantly improve — the function of amputees and paralyzed individuals from being approved and available. [Click here](#), for more information on this event.

If you have any questions regarding these or other drug and device issues, please contact Cathy Hill, AANS/CNS senior manager for regulatory affairs, at chill@neurosurgery.org.

Of Note

■ Organized Neurosurgery Mourns Death of Distinguished Neurosurgeon

It is with great sadness that we report on the passing of Donald H. Stewart, Jr., MD, FAANS (L). Dr. Stewart served as president of the Congress of Neurological Surgeons and vice president of the American Association of Neurological Surgeons. He was also a founding member of the AANS/CNS Washington Committee. Dr. Stewart was committed to malpractice reform and made countless contributions to advancing the practice of neurosurgery. He will forever be missed.

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■ Supreme Court to Hear Case on the Affordable Care Act's Tax Subsidies

On Nov. 7, 2014, the Supreme Court agreed to take up a case challenging the legality of federal tax subsidies for individuals enrolled in federal health insurance exchanges. The suit, [King v. Burwell](#), argues that the text of the Affordable Care Act clearly states that such subsidies are only available to individuals purchasing health insurance through a state exchange. It was, therefore, illegal for the [Internal Revenue Service](#) to issue regulations expanding premium subsidies to individuals in federal exchange plans. If the challenge is successful, approximately 5 million Americans who obtained coverage through federal exchanges could lose their tax subsidies. Oral arguments are expected to be held in March 2015.

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Communications

■ Neurosurgery Expresses Concerns over End of Global Payments

On Nov. 15, 2014, MedPage Today reached out to the AANS and CNS for our insight on the end of global surgical payments. In the article, "[Revised Medicare Payments Vex Surgery Groups](#)," AANS/CNS Washington Committee chair, John A. Wilson, MD, FAANS, told MedPage Today, "...the change would add big administrative burdens for physicians, insurers, and patients."

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■ Dr. Steven Kalkanis Pens Op-ed on the Sunshine Act

As part of our ongoing participation in the [Partners for Healthy Dialogues](#) initiative, which highlights the benefits of industry and physician collaboration, [Crain's Detroit Business](#) published an editorial by Steven N. Kalkanis, MD, FAANS. The article, "[Sunshine Act shouldn't start chill](#)," addresses the notion that great care must be taken to ensure the Sunshine Act's mission of transparency does not chill the legitimate and absolutely essential partnerships between industry and medicine.

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■ Neurosurgery Spotlighted in Specialty Medicine On-Call

The [Alliance of Specialty Medicine](#) featured neurosurgery in its fall 2014 e-newsletter [On-Call](#). The publication was circulated to all members of Congress,

select media and others. Each issue spotlights a specialty and this issue looks at neurosurgery and concussions, drawing on a previous post we featured on Neurosurgery Blog about this topic. It is yet another way in which we try to get our advocacy messages out to policymakers, media and the general public.

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■ **Subscribe to Neurosurgery Blog Today!**

The mission of [Neurosurgery Blog](#) is to investigate and report on how healthcare policy affects patients, physicians and medical practice, and to illustrate how the art and science of neurosurgery encompass much more than brain surgery. Over the past few months, Neurosurgery Blog has ramped up its reporting efforts to include multiple guest blog posts from key thought leaders and members of the neurosurgical community. Listed below are some recent blog posts on topics including healthcare costs, GME, medical liability and health reform in general.

- [Put This on the End-of-Year To-Do List](#)
- [Social Media in Neurosurgery: Are You HIPAA Compliant?](#)
- [Dartmouth Atlas Finds Significant Variations in Cerebral Aneurysm Care: Cites Importance of Neurosurgery's Registry in Improving Patient Outcomes](#)

We invite you to visit the blog and [subscribe to it](#), as well as connect with us on our various social media platforms, so you can keep up with the many health-policy activities happening in the nation's capital and beyond the Beltway.

- [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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