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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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Neurosurgeons Taking Action News

Legislative Affairs

Organized Neurosurgery Issues Response to the IOM's GME Report

As previously reported, on July 29, 2014, the [Institute of Medicine](#) (IOM), released a report, "[Graduate Medical Education That Meets the Nation's Needs](#)," which recommends a sweeping overhaul of the current graduate medical education (GME) system.

The report:

- Recommends maintaining Medicare support for GME;
- Rejects calls from physicians and hospitals to increase GME funding to address current and future projected workforce shortages;
- Calls for a complete overhaul of the current GME financing system, which will result in GME cuts and a shift of GME funds away from academic medical centers to community hospitals, clinics and other ambulatory care settings; and
- Significantly increases Centers for Medicare and Medicaid Services' (CMS) authority over workforce and GME.

Organized neurosurgery was disappointed by the report and, over the past six months, a workgroup convened by the [Society of Neurological Surgeons'](#) (SNS') president, **H. Hunt Batjer**, MD, FAANS, developed a [comprehensive response](#) to the IOM report. Other members of the workgroup included: **Robert E. Harbaugh**, MD, FAANS; **Nathan R. Selden**, MD, FAANS; **John A. Wilson**, MD, FAANS; and **Melanie G. Hayden**, MD. The response, finalized in February 2015, will serve as the basis of organized neurosurgery's advocacy position on this topic.

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House Introduces Bill to Repeal IPAB

On March 2, 2015, Reps. **Phil Roe** (R-Tenn.) and **Linda Sánchez** (D-Calif.) introduced [H.R. 1190](#), the "Protection Seniors' Access to Medicare Act." The bill would repeal the Independent Payment Advisory Board (IPAB) and has 206 original bipartisan cosponsors. Created by the [Affordable Care Act](#), the IPAB is a government board whose primary purpose is to cut Medicare spending. The Physician IPAB Repeal Coalition, which the American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS) lead, issued a [statement](#) endorsing the legislation and praising the sponsors for their efforts. Earlier this year, Sen. **John Cornyn** (R-Texas), introduced [S. 141](#), a companion

bill, which currently has 37 cosponsors. Repealing the IPAB is one of organized neurosurgery's top legislative priorities.

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Trauma and Emergency Care Bills Passed House Committee

On Feb. 2, 2015, Reps. **Michael Burgess**, MD, (R-Texas) and **Gene Green** (D-Texas) introduced H.R. 648, the "[Trauma Systems and Regionalization of Emergency Care Reauthorization Act](#)." This bill, similar to legislation that passed the House during the 113th Congress, would reauthorize Trauma Care Systems Planning Grants to support state and rural development of trauma care systems. It also would reauthorize pilot projects to implement and assess regionalized emergency care models. These programs would be authorized at \$12 million each for fiscal years 2015-2020.

Also on Feb. 2, 2015, Reps. Burgess and Green introduced H.R. 647, the "[Access to Life-Saving Trauma Care for All Americans Act](#)." This legislation would reauthorize trauma center care and trauma service availability grants. These grants aid hospitals in handling their substantial uncompensated care costs from traumatic injuries and address shortfalls in trauma services; they also improve access to and the availability of trauma care in underserved areas. These programs would be authorized at \$100 million each year for the next five years.

Both bills have cleared the House [Energy and Commerce Committee](#), paving the way for consideration by the full House of Representatives. Similar legislation will soon be introduced in the Senate.

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EMTALA Liability Bill Reintroduced

Working with other Trauma Coalition members, the AANS and CNS successfully advocated for the introduction of legislation that extends medical liability protections to all physicians who provide emergency care pursuant to the [Emergency Medical Treatment and Labor Act](#) (EMTALA). On Feb. 10, 2015, Reps. **Charlie Dent** (R-Pa.) and **Pete Sessions** (R-Texas) introduced H.R. 836, the "[Health Care Safety Net Enhancement Act of 2015](#)." Under the bill, physicians who provide EMTALA-mandated stabilization and post-stabilization services would be covered by the [Federal Tort Claims Act](#), rather than traditional state malpractice law, as is the case with certain federally-supported health centers. The bill, which previously passed the House in 2012, currently has 27 cosponsors.

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Good Samaritan Health Professionals Act Reintroduced

On Feb. 11, 2015, Reps. **Marsha Blackburn** (R-Tenn.) and **David Scott** (D-Ga.) introduced H.R. 865, the "[Good Samaritan Health Professionals Act of 2015](#)." This legislation, previously passed by Congress in March 2012, would ensure that health professionals who provide voluntary care in response to a federally declared disaster are able to do so without facing unwarranted lawsuits. The bill has 10 cosponsors.

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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Grassroots Action Alert

Now is the Time for Congress to Fix the Flawed Medicare Physician Payment System

On April 1, 2015, physicians face a 21 percent Medicare pay cut unless Congress acts. These cuts result from Medicare's flawed sustainable growth rate (SGR)

formula. In the past, Congress has repeatedly intervened to prevent similar cuts from going into effect; however, these stop-gap measures have exacerbated the problem by increasing the severity of future cuts and making the cost of permanent Medicare payment reform more expensive. Last year, Congress developed a legislative pathway for permanently repealing the SGR, so now is the time to contact Congress and tell your elected officials that America's neurosurgeons will not support another short-term, band-aid approach to addressing the SGR. It is time to permanently repeal the flawed Medicare physician payment-update formula once and for all!

[Click here](#) to go the AANS/CNS Legislative Action Center where you can send an e-mail message to Congress. We have created a draft letter that you can personalize. (This is highly encouraged.)

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NeurosurgeryPAC

Deadline to Attend Presidents' Reception and Cushing Luncheon Extended!

Neurosurgeons contributing \$2,500 or more are included in an exclusive group of NeurosurgeryPAC donors — the Capital Club and President Circle. These donors are invited to attend the Presidents' Reception and Cushing Luncheon at the [83rd AANS Annual Scientific Meeting](#) in Washington, D.C. The deadline to qualify for this special recognition has been extended to March 13, 2015, so make your contribution today to guarantee your participation at these two special events.

As always, you can always contribute using our online donation option by logging onto [MyAANS](#).

[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.

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

AANS and CNS Object to Correct Coding Edit

On Feb. 3, 2015, the AANS and CNS sent a [letter](#) to **Niles Rosen**, MD, Medical Director of the [National Correct Coding Initiative](#) (NCCI), requesting that the edit prohibiting the reporting of CPT codes 63042 (laminotomy...; lumbar) or 63047 (laminectomy...; lumbar) with CPT codes 22630 or 22633 (arthrodesis; lumbar) when performed at the same interspace be rescinded. The edits were bolstered in part by an erroneous article published in the July/August 2014 issue of [SpineLine](#). [SpineLine](#) has recently published a retraction. On Feb. 24, 2015, Dr. Rosen [responded](#) stating he had discussed the issue with [Centers for Medicare and Medicaid Services](#) (CMS) staff and they will consider a correction for the 2016 CMS NCCI policy manual, which is expected to be posted on the CMS website in mid-November 2015. CMS will not announce its final decision about rescinding the

edit before the NCCI publication.

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AANS and CNS Nominate, Greg Przybylski, MD, for RUC Chairman

The AANS and CNS have nominated **Gregory J. Przybylski, MD, FAANS**, to serve as the chairman of the AMA/Specialty Society RVS Update Committee (RUC). Dr. Przybylski has served as the neurosurgery member of the RUC since 2001. In this capacity, he has led a number of important initiatives — including chairing the Professional Liability Insurance (PLI) Workgroup — to help ensure accurate and fair values for neurosurgical services. The American Medical Association's (AMA) [Board of Trustees](#) appoint the new RUC chair following its April 2015 meeting. [Click here](#) for more information about the RUC.

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Neurosurgery Joins AMA in Sending Comments to CMS Regarding Network Issues

On Feb 12, 2015, the AANS and CNS partnered with the [American Medical Association](#) (AMA) in submitting [comments](#) to the [Centers for Medicare and Medicaid Services](#) (CMS) urging the agency to ensure that the 2016 [Medicare Advantage](#) (MA) plans provide adequate networks for patients. In the letter, we stated that “more must be done to provide potential and existing enrollees with adequate information to make decisions about MA plans.” Organized neurosurgery will continue to press the issue with CMS to help ensure that they address the network adequacy issue.

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

CMS Extends Deadline for EHR Attestation

Neurosurgeons now have until 11:59 pm ET on March 20, 2015, to attest to meaningful use for the [Medicare Electronic Health Record](#) (EHR) Incentive Program 2014 reporting year. The [Centers for Medicare and Medicaid Services](#) (CMS) extended the deadline to allow providers extra time to submit their meaningful use data. Medicare eligible professionals must attest to meaningful use every year to receive an incentive and avoid a payment adjustment. Providers who successfully attest for the 2014 program year will either receive an incentive payment or [avoid a penalty](#), which will be applied on Jan. 1, 2016.

To complete EHR attestation, submit your data to the [Registration and Attestation System](#), which includes [2014 Certified EHR Technology \(CEHRT\) Flexibility rule](#) options. For more information, see the [Educational Resources](#) on the CMS website, or call the HER Information Center at 1-888-734-6433.

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Neurosurgery Joins Alliance in Sending Comments to CMS Regarding ACO Rule

On Feb. 6, 2015, the AANS and CNS joined the [Alliance of Specialty Medicine](#) in sending a [letter](#) to the [Centers for Medicare and Medicaid Services](#) (CMS) regarding the [Medicare Shared Savings Program Accountable Care Organization](#) (ACO) rule. In our letter we urged CMS “to closely examine the referral patterns of ACOs and establish benchmarks that will foster an appropriate level of access to and care coordination with specialty medicine providers, particularly for beneficiaries with chronic health conditions where specialty medical care has been

proven to improve patient outcomes.”

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.

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Drugs and Devices

FDA Commissioner Hamburg to Resign

On Feb. 5, 2015, the [Food and Drug Administration](#) (FDA) Commissioner **Margaret Hamburg**, MD, [announced](#) on Feb. 5, 2015, that she will resign at the end of March 2015. Dr. Hamburg has headed the agency since May 2009. FDA Chief Scientist **Stephen Ostroff**, MD, will become acting commissioner.

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AdvaMed Releases Data on Device Tax Job Loss

On Jan. 28, 2015, the [Advanced Medical Technology Association](#) (AdvaMed) released the results of a [new survey](#) that details the negative and costly impact of the medical device tax. The report reflects the tough choices companies are making to address this tax, including reducing jobs, research and development, and other financial investments. As a follow-up to a survey completed in November 2013, AdvaMed conducted a survey of member companies at the end of 2014 to assess the ongoing effects of the medical device tax. The responses to the survey were generalized to the industry as a whole, based on the ratio of revenues of responding companies to revenues of the overall industry. Repealing the tax is among the top legislative priorities of the AANS/CNS.

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.

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Communications

Neurosurgery Participates in SGR Virtual Fly-in

On Feb. 4, 2015, the AANS and CNS participated in a virtual fly-in, in order to stress to Congress the importance of passing a permanent sustainable growth rate (SGR) fix by the end of March. Overall, neurosurgery's digital media efforts made 603,000 impressions which reached over 87,000 Twitter accounts. In addition, our efforts were successful in actively engaging several members of Congress and key congressional committees. In an effort to build on our SGR reform virtual lobby day activities, neurosurgery set up a [#FixSGR](#) Thunderclap, which is a "crowd-speaking" platform that lets individuals and companies rally people together to spread a message. On March 4, 2015, the Thunderclap message was sent out by our 101 supporters at the same time reaching 70,048 Twitter accounts and making 97,312 impressions allowing us to amplify the message all at once to Congress.

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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 medical liability, payment reform, and health reform in general.

- [Faces of Neurosurgery – Saluting Dr. Babak S. Jahromi: Applying Neurosurgical](#)
- [Philip Glass and Healthcare Reform \(Part 2\)](#)
- [Philip Glass and Healthcare Reform \(Part 1\)](#)
- [AANS Spotlight: Healthcare Reform and Neurosurgical Education](#)
- [Welcome to the World of Meaningless Abuse](#)
- [Participate Today in the SGR Virtual Lobby Day!](#)

We invite you to visit the blog and subscribe to it, as well as connect with us on our various social media platforms. This will allow you to 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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