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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

AANS and CNS Continue to Make Progress Advancing Legislative Agenda

Last month, the American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS) took two additional steps forward in advancing the AANS/CNS [2015 Legislative Agenda](#). On June 18, 2015, the House of Representatives passed, by a vote of [280 to 140](#), [H.R. 160](#), the Protect Medical Innovation Act. Forty-six Democrats joined 234 Republicans in voting for the bill. The legislation would repeal the [Affordable Care Act's](#) (ACA) 2.3-percent medical device excise tax. Senate Majority Leader, **Mitch McConnell** (R-Ky.), has started a process to allow the Senate to consider the House-passed bill without first sending it to committee.

Several days later, on June 23, 2015, by a [vote of 244 to 154](#), the House passed [H.R. 1190](#), the Protecting Seniors' Access to Medicare Act. This bill repeals the Independent Payment Advisory Board (IPAB). Eleven Democrats joined 233 Republicans in voting for the legislation. Created by the ACA, the IPAB is a board of 15 unelected, and largely unaccountable government bureaucrats, whose primary purpose is to cut Medicare spending.

Repealing the medical device tax and IPAB are two of organized neurosurgery's top legislative priorities, and the AANS/CNS Washington Office played an active and critical role in advancing both bills.

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Neurosurgery Joins Alliance in Support of "Empowering Patients First Act"

On June 26, 2015, the AANS and CNS joined forces with the [Alliance of Specialty Medicine](#) in sending a letter to Rep. **Tom Price**, MD (R-Ga.), thanking him for addressing several key issues in [H.R. 2300](#), the "Empowering Patients First Act of 2015." In our [letter](#), we commended him for including medical liability reforms, prohibiting the use of comparative effectiveness or patient-centered outcomes data to deny coverage of an item or service under any federal health program and allowing Medicare beneficiaries to privately contract with physicians without penalty to either patient or physician. The bill currently has 77 cosponsors.

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AANS and CNS Commend Senate HELP Committee for HIT Workgroup and Hearings

On June 30, 2015, the AANS and CNS joined the [Alliance of Specialty Medicine](#) in sending a [letter](#) to the [Senate Health, Education, Labor and Pension \(HELP\) Committee](#) expressing our appreciation for the committee's work on identifying potential solutions to achieve the promise of health information technology (HIT). In the letter, we stated, "Our members recognize the value of HIT in regards to improving the quality and efficiency of care, and we support the goal of establishing a national HIT infrastructure. Nevertheless, considerable barriers to widespread adoption of HIT remain, including the high cost of implementation and maintenance; a paucity of electronic health record (EHR) functionalities, as well as Meaningful Use measures and objectives, that are pertinent to specialists and their patients; and grossly insufficient interoperability between systems. The promise of HIT, and electronic health records (EHRs) in particular, cannot be realized until policies are adopted to address these barriers and our nation's HIT infrastructure is strengthened."

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Health Appropriation Bills Advance

Last month, both the [House](#) and [Senate](#) Appropriations Committees completed work on the Labor, Health and Human Services, Education, and Related Agencies fiscal year 2016 spending bill. The bills would provide \$153 billion in discretionary funding for various federal health programs, such as those at the [National Institutes of Health](#) (NIH), [Centers for Disease Control and Prevention](#) (CDC), [Centers for Medicare & Medicaid Services](#) (CMS) and the [Health Resources and Services Administration](#) (HRSA). Funds allocated will support programs of interest to neurosurgery including the Brain Research through Application of Innovative Neurotechnologies (BRAIN) initiative; emergency and trauma care; sports-related concussions in youths; stroke prevention and combating opioid addiction. Additionally, the House bill would prohibit the use of any new discretionary funds to implement the Affordable Care Act (ACA) and both bills would eliminate funding for IPAB.

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Neurosurgery Supports Sunshine Act Reporting Exclusion

Earlier this year, Rep. **Michael Burgess**, MD (R-Texas), introduced [H.R. 293](#), which would clarify that certain applicable manufacturer transfers of value to support independent medical educational programs and materials are exempt from reporting under the Physician Payments Sunshine Act. Since medical journals and peer-reviewed data are essential components to quality care and positive patient outcomes, the AANS and CNS joined forces with the [American Medical Association](#) (AMA) and more than 100 other organizations in signing a [letter](#) of support for H.R. 293.

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

NeurosurgeryPAC Fundraising Efforts Continue

As of June 23, 2015, NeurosurgeryPAC has raised \$149,691 from 184 neurosurgeons. Thanks to all our contributors! Please remember to send in your 2015 contributions to ensure that your PAC has the funds to support members of Congress and other candidates who support neurosurgery. As always, you can contribute using our online donation option by logging into [MyAANS](#).

In the second quarter, NeurosurgeryPAC made contributions to the following candidates for the U.S. Senate: Sens. **Lamar Alexander** (R-Tenn.); **Richard Burr** (R-N.C.); **Orrin Hatch** (R-Utah); **Johnny Isakson** (R-Ga.); **Patty Murray** (D-Wash.) and **Rob Portman** (R-Ohio). In the House, your PAC has supported: Reps. **Andy Barr** (R-Ky.); **Marsha Blackburn** (R-Tenn.); **Charles Boustany**, MD (R-La.); **Michael Burgess**, MD (R-Texas); **Charlie Dent** (R-Pa.); **Morgan Griffith** (R-Va.); **Brett Guthrie** (R-Ky.); **Joe Heck**, DO (R-Nev.); **Evan Jenkins** (R-W. Va.); **Bill Johnson** (R-Ohio); **Frank Pallone** (D-N.J.); **Tom Price**, MD (R-Ga.); **Martha Roby** (R-Ala.); **Raul Ruiz**, MD (D-Calif.); **Pete Sessions** (R-Texas); **John Shimkus** (R-Ill.); **Steve Stivers** (R-Ohio); and **Jackie Walorski** (R-Ind.).

[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: 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 Announces ICD-10 "Grace Period"

Throughout the past 18 to 24 months, the AANS and CNS, working with others in medicine, have been lobbying Congress and the [Centers for Medicare & Medicaid Services](#) (CMS) to address the challenges that many physicians face in implementing the new ICD-10-CM diagnoses coding system. These efforts have led to positive results when on July 6, 2015, CMS [released additional guidance](#) that will allow for flexibility in the claims auditing and quality reporting process as the medical community gains experience using the new ICD-10 code set.

For a one-year period starting Oct. 1, 2015, Medicare claims will not be denied solely on the specificity of the ICD-10 diagnosis codes provided, as long as the physician submitted an ICD-10 code from an appropriate family of codes. In addition, Medicare claims will not be audited based on the specificity of the diagnosis codes as long as they are from the appropriate family of codes. This policy will be followed by Medicare Administrative Contractors and Recovery Audit Contractors. To avoid potential problems with mid-year coding changes in CMS quality programs for the 2015 reporting year, physicians using the appropriate family of diagnosis codes will not be penalized if CMS experiences difficulties in

accurately calculating quality scores. CMS will also establish an ICD-10 Ombudsman to help receive and triage physician problems. Finally, in certain circumstances, CMS may also make advanced payments to providers if challenges arise during the ICD-10 grace period.

The AANS and CNS will continue to monitor this issue and will keep neurosurgeons informed of any additional changes. We also encourage neurosurgeons to report to us any problems you experience during the transition, to better inform our advocacy and education efforts.

[Click here](#) for more information about ICD-10.

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CMS Releases Physician Specific Medicare Payment Data

On June 1, 2015, the [Centers for Medicare & Medicaid Services](#) (CMS) [released](#) 2013 [data](#) on services and procedures provided by more than 950,000 individual healthcare professionals. According to CMS, its intent in releasing the data is to improve transparency, affordability and accountability in the healthcare system. The data is organized by National Provider Identifier (NPI) and Healthcare Common Procedure Coding System (HCPCS) code. The data set includes:

- Name, NPI and address of each provider;
- Number of services, identified by CPT code;
- Average submitted charges and standard deviation in submitted charges;
- Average allowed amount and standard deviation in allowed amount;
- Average Medicare payment and standard deviation in Medicare payment; and
- Number of the unique beneficiaries treated.

This is the second data release by the CMS, and the AANS and CNS continue to be concerned that the physician payment data could be misinterpreted. Because the data do not provide the context for the physicians' payments, patients, researchers, the media or others may draw inaccurate conclusions. Neurosurgeons are therefore encouraged to review their data for accuracy. Although the agency has informed the medical community that it will not initiate a process for addressing data errors, it is important for neurosurgeons to be able to explain the details behind to their claims data.

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AANS and CNS Urge Medicare to Increase Hospital Payments for Epilepsy Treatment

On April 30, 2015, the [Centers for Medicare & Medicaid Services](#) (CMS) published the [2016 Medicare Hospital Inpatient Prospective Payment System \(IPPS\) Proposed Rule](#). Of particular interest to neurosurgery was a provision related to epilepsy treatment. In this regard, on June 16, 2015, the AANS and CNS sent a [letter](#) to CMS agreeing with the agency's plan to grant new technology add-on payment for the responsive neurostimulator, or RNS® System, as it represents a substantial clinical improvement for patients with intractable epilepsy who do not respond to medical or traditional surgical treatment. A final decision will be published in September 2015.

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Neurosurgery and WSANS Comment on Washington State Lumbar Fusion Policy

On May 20, 2015, the AANS, CNS, [AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves](#) and the [Washington State Association of Neurological Surgeons](#) (WSANS), sent a [letter](#) to the [Washington State Health Care Authority](#) (HCA) [Health Technology Assessment](#) (HTA) Program. The letter was in response to draft key questions for a technical assessment being prepared

by the [Institute for Clinical and Economic Review](#) (ICER) as part of the HTA Program re-review of its current coverage policy for lumbar spinal fusion, which was developed in 2008. The draft technical assessment will be posted for review on or before Aug.17, 2015. An updated coverage policy for lumbar fusion will be considered and voted upon by the Health Technology Clinical Committee on Nov. 20, 2015. The AANS and CNS are working closely with WSANS as the review process goes forward. For more information, click [here](#).

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

AANS and CNS Comment on Proposed Medicare Hospital Quality Regulation

The [Centers for Medicare & Medicaid Services](#) (CMS) published the [2016 Medicare Hospital Inpatient Prospective Payment System \(IPPS\) Proposed Rule](#) on April 30, 2015. The proposed rule contains a number of quality-related provisions. In our June 16, 2015, [comment letter](#), the AANS and CNS:

- Reiterated concerns about quality measures used under the Hospital Value-Based Purchasing Program;
- Supported a shift to episode-based cost measures, but raised concerns about the methodological foundation of a proposed lumbar fusion episode-based measure proposed for use under the Inpatient Quality Reporting Program starting with the FY 2018 payment determination;
- Urged CMS to adopt better risk adjustment mechanisms for the Hospital Readmission Reduction Program; and
- Provided feedback to CMS on a potential expansion of the Bundled Payment Initiative.

The final rule will be published in September 2015.

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Neurosurgery Comments on Electronic Health Record Incentive Programs

On June 15, 2015, the AANS and CNS submitted [comments](#) to the [Centers for Medicare & Medicaid Services](#) (CMS) regarding changes to the [Electronic Health Records \(EHR\) Incentive Program](#). In our letter, organized neurosurgery acknowledged the potential value of EHRs to improve the quality of patient care. We nevertheless expressed our ongoing concerns about existing barriers that make it a challenge for physicians to achieve widespread EHR adoption. These barriers include:

- The high cost of EHR adoption;
- The lack of EHR functionality that cater to specialists' needs;
- A meaningful use program that continues to rely on a one-size-fits-all approach to measurement and fails to recognize the diversity of medicine and patient populations; and
- Ongoing interoperability challenges.

Previously, on May 29, 2015, neurosurgery sent a [letter](#) to CMS to address our concerns with proposals for Stage 3 of the EHR Incentive Program. Our letter highlighted the need for CMS to work more closely with the specialty provider community to develop meaningful use criteria that facilitate the use of health information technology to achieve improvements to specialty patient care.

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

2014 Open Payments Financial Data Published

On June 30, 2015, the [Centers for Medicare & Medicaid Services](#) (CMS) [released](#) a full year of 2014 physician-industry financial data on the [Open Payments](#) public website. Congress passed the Sunshine Act as part of the [Affordable Care Act](#) (ACA). Each year, manufacturers of drugs, devices, biologicals and medical supplies must report payments or others transfers of value they make to physicians and teaching hospitals. Physicians may continue to register and review their data, but corrections will not occur until CMS performs its annual refresh to include updates to data disputes and other data corrections made since the initial publication.

If you have any questions regarding this 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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Of Note

Supreme Court Upholds Federal Health Insurance Premium Subsidies in King v. Burwell Case

On June 25, 2015, the U.S. Supreme Court [ruled](#) in favor of the Obama Administration in the [King v. Burwell](#) case. At issue was the lawfulness of federal tax subsidies for individuals enrolled in federal health insurance exchanges. The 6-3 decision was authored by Chief Justice **John C. Roberts**. Justices **Anthony M. Kennedy**, **Ruth Bader Ginsburg**, **Stephen G. Breyer**, **Sonia Sotomayor** and **Elena Kagan** joined Roberts in upholding the subsidies. Justices **Antonin Scalia**, **Clarence Thomas** and **Samuel A. Alito Jr.** dissented. While not opining on the specifics of this case, the AANS and CNS used the opportunity to issue a [press release](#) urging Congress to adopt a number of changes to improve the Affordable Care Act (ACA). Neurosurgery's statement was picked up by multiple news outlets, including [U.S. News and World Report](#), [MedPage Today](#) and [The Hill](#).

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NIH Names Walter J. Koroshetz, MD, Director of the NINDS

On June 11, 2015, the [National Institutes of Health](#) (NIH) announced the selection of **Walter J. Koroshetz**, MD, as the director of the [National Institute of Neurological Disorders and Stroke](#) (NINDS). He has served as acting director of the NINDS since October 2014. Among other achievements, Koroshetz had a role in the creation of [StrokeNet](#), a national clinical trial network for research in stroke treatment, prevention and recovery, and he serves as co-chair of the [NIH BRAIN Initiative](#).

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Communications

Organized Neurosurgery Participates in National Stroke Awareness Month

In May 2015, organized neurosurgery participated in a number of activities for National Stroke Awareness Month. First and foremost, Neurosurgery Blog joined forces with Senator **Mark Kirk** (R-Ill.), who authored a [guest post](#) for Neurosurgery Blog about his experience recovering from a stroke. Neurosurgery Blog also

unveiled its third video of the year, an animation, titled "[Spread the Word: May is #StrokeMonth](#)." In addition, building on our efforts in 2014, the AANS and CNS once again partnered with the [Advanced Medical Technology Association](#) (AdvaMed). As a result, Neurosurgery Blog featured a [guest post](#) by **Kenneth Stein, MD**, chief medical officer at the Rhythm Management Division at Boston Scientific Corp. The post highlighted how medical device technology provides life-changing solutions for stroke patients. Finally, **Clemens M. Schirmer, MD, FAANS**, and **Henry H. Woo, MD, FAANS**, authored a blog that was featured on AdvaMed's [website](#), highlighting how recent clinical trials have shown conclusive evidence that endovascular stroke interventions are superior to other types of treatment. Through these collective efforts, neurosurgery reached millions.

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Neurosurgery Blog Launches New Military Feature

In conjunction with Memorial Day, Neurosurgery Blog launched a new series, titled "[The Military Faces of Neurosurgery](#)." Our first feature highlighted the 2002 AANS Richard C. Schneider Lecture, "[Vietnam 1968-69: A Place and Year Like No Other](#)," presented by **Patrick J. Kelly, MD, FAANS (L)**. It is a remarkable and powerful presentation, which honors surgeons, medical personnel and others who have served our country in the military. In future posts, Neurosurgery Blog plans to feature the role of neurosurgeons in the military, going back to at least Harvey Cushing's service in World War I, and moving forward to current times. We welcome your suggestions and contributions to this feature.

Additionally, 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](#)
- [Neurosurgery's YouTube Channel](#)
- [Neurosurgery's Google+ Page](#)

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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