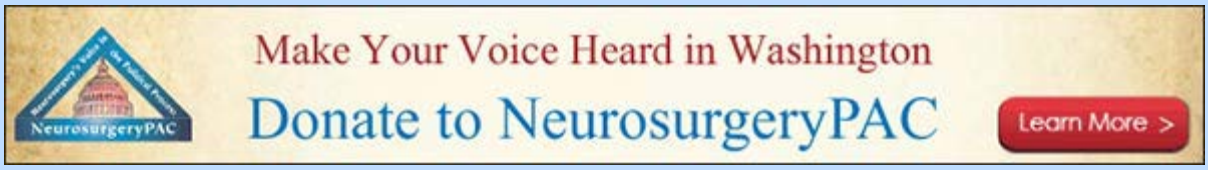

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NeurosurgeryPAC AANS.org

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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. To ensure that our members stay on top of the issues that affect them, ***Neurosurgeons Taking Action*** *is sent out when news and/or events warrant their attention.*

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Neurosurgeons Taking Action News

Special Announcements

Time is of the Essence! Contact Congress to Stop Onerous Global Surgery Data Collection Mandate

On July 15, 2016, the Centers for Medicare & Medicaid Services (CMS) announced a unilateral decision to implement a new sweeping mandate to collect data about global surgery services. According to the proposal, beginning just **five months** from now on Jan. 1, 2017, neurosurgeons providing 10- and 90-day global surgery services to Medicare patients will be required to report on a **whole new set of codes** to document the type, level and number of pre- and postoperative visits furnished during the global period for ***every*** global surgery procedure. Under this system, neurosurgeons would be required to use a new set of G-codes to report on each 10-minute increment of services provided. Previously, on Nov. 13, 2014, CMS had finalized a plan to eliminate 10- and 90-day global surgery payments altogether. The AANS and CNS prevented the implementation of this ill-conceived plan by successfully advocating for a provision in the Medicare Access and CHIP Reauthorization Act (MACRA) that thwarted the agency's efforts.

Section 523 of MACRA contained three elements:

- Prevented CMS from implementing its policy to eliminate 10- and 90-day global surgery payments;
- Required CMS to implement a process for collecting data to evaluate surgical global payments from a ***representative sample*** of physicians; and
- Allowed CMS to withhold up to 5 percent of the global surgical fee to ensure surgeons required to report additional data to CMS cooperated with this request.

Clearly, CMS has disregarded congressional direction, and the AANS and CNS are launching an aggressive advocacy campaign to prevent the agency from moving forward with this burdensome data collection proposal. As part of this effort, we are working with Reps. **Larry Bucshon**, MD (R-Ind.) and **Ami Bera**, MD (D-Calif.), who have written a letter to CMS opposing this proposal to collect data on all global surgical codes. Reps. Bucshon and Bera are currently circulating a "Dear Colleague" letter to their fellow members of Congress asking them to sign this letter to CMS.

To help build Congressional support for our position, **neurosurgeons are strongly encouraged to immediately contact members of the House of Representatives and request that they sign the Bucshon/Bera global surgery letter.** The letter asks CMS to abandon the proposal to collect global payment data from all physician practices and "instead include policy that reflects the law as passed to collect data from a 'representative sample' that is the least-burdensome, yet adequate sample to yield statically viable results."

Doing so is easy, and you can click here to send an email message to your member of Congress.

If you have any questions, please contact Katie O. Orrico, director of the AANS/CNS Washington Office, at korrico@neurosurgery.org.

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Legislative Affairs

Opioid Legislation Signed into Law

On Friday, July 8, 2016, the House of Representatives overwhelmingly approved the conference report to S. 524, the Comprehensive Addition and Recovery Act of 2016 (CARA), by a vote of 407 to 5. On July 13, 2016, the Senate followed suit, passing the conference report by a vote of 92-2, and on July 22, 2016, President **Barak Obama** signed the bill into law. The new law addresses six pillars of a comprehensive response to addiction: prevention, treatment, recovery support, criminal justice reform, overdose reversal and law enforcement. Among other things, CARA authorizes grant programs and a task force on pain management; expands prescription drug take-back programs and access to medication-assisted treatments; and includes a provision permitting health insurance plans to limit the number of prescribers and pharmacies available to beneficiaries deemed at risk for opioid addiction.

The AANS and CNS joined forces with 76 other organizations in sending a letter to Congress supporting the bipartisan work on CARA. The letter also urged “Congress to continue to build on CARA’s achievements, and to next ensure that appropriate funding is made available in order for providers to have the resources they need to prevent opioid addiction from claiming more lives and causing more devastation to families and communities.”

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Medical Liability Reform Legislation Introduced in the Senate

On June 27, 2016, Sens. **Bill Cassidy**, MD (R-La.) and **Angus King** (I-Maine) introduced S.3101, the Good Samaritan Health Professionals Act. This legislation, previously passed by the U.S. House of Representatives in March 2012, would ensure that health professionals who provide voluntary care in response to a federally declared disaster can do so without fear of unwarranted lawsuits. The legislation builds on the Volunteer Protection Act, enacted in 1997 to encourage such volunteerism. Unfortunately, this law fails to address the issue of liability protections for health care providers who cross state lines to aid disaster victims and S. 3101 addresses this shortcoming. The AANS and CNS have endorsed the bill.

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House Advances Sports Medicine Legislation

On July 13, 2016, the House Energy and Commerce Committee passed by voice vote H.R. 921, the Sports Medicine Licensure Clarity Act. Authored by Rep. **Brett Guthrie** (R-Ky.), the bill would ensure that sports medicine professionals are covered by their malpractice insurance when providing care to their athletes or teams in states other than where they are licensed. The legislation applies to team physicians who travel as part of their contract to provide services to a team or league.

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AANS and CNS Endorse the EHR Regulatory Relief Act

On July 18, 2016, the AANS and CNS joined the Alliance of Specialty Medicine in endorsing S. 3173, the Electronic Health Record (EHR) Regulatory Relief Act. Sponsored by Sens. **John Thune** (R-S.D.), **Lamar Alexander** (R-Tenn.), **Mike Enzi** (R-Wyo.), **Pat Roberts** (R-Kan.), **Richard Burr** (R-N.C.) and **Bill Cassidy**, MD (R-La.), this legislation would provide regulatory flexibility and hardship relief to providers operating under Medicare's Electronic Health Record (EHR) Incentive Program's meaningful use (MU) requirements. Importantly, the legislation contains a proposal to move away from the all-or-nothing approach to MU, extends the hardship exemption and reduces the full-year reporting requirement to 90-days.

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AANS and CNS Endorse the Protect Continuing Physician Education and Patient Care Act

On June 29, 2016, the AANS and CNS joined over 100 national and state medical specialty societies on a letter supporting S. 2978, the Protect Continuing Physician Education and Patient Care Act. Introduced by Sen. **John Barrasso**, MD (R-Wyo.), the bill would protect the dissemination of peer and independent third-party reviewed services and products that improve patient care. The legislation would clarify that independent peer-reviewed journals, medical textbooks and independent continuing medical education would be exempt from reporting under the Physician Payments Sunshine Act's Open Payments program.

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House Republicans Unveil New Health Care Reform Plan

On June 22, 2016, House Speaker **Paul Ryan** (R-Wis.) revealed a new policy paper titled "A Better Way to Fix Health Care," which is part of the larger "A Better Way" agenda that the speaker is spearheading. Earlier this year, Speaker Ryan appointed a task force to develop the plan. Members of the task force included:

- House Budget Committee chair, Rep. **Tom Price**, MD (R-Ga.);
- House Education and the Workforce Committee chair, Rep. **John Kline** (R-Minn.);
- House Energy and Commerce Committee chair, Rep. **Fred Upton** (R-Mich.); and
- House Ways and Means Committee chair, Rep. **Kevin Brady** (R-Texas).

When unveiling the package, Speaker Ryan stated, "Our plan is about more choices, not more mandates. It's about putting patients and doctors first. It's about the freedom and flexibility to choose the care that's best for you, and the peace of mind that comes with having coverage you can count on and afford." The final package incorporates several priorities, bills and concepts endorsed and promoted by neurosurgery, including medical liability reform and repeal of the Independent Payment Advisory Board.

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Congress Holds Hearing to Examine National Trauma System

On July 12, 2016, the House Energy and Commerce Committee's Subcommittee on Health, chaired by Rep. **Joseph Pitts** (R-Pa.), held a hearing examining ways to strengthen our national trauma system. The hearing reviewed a recent report and recommendations by the National Academies of Sciences, Engineering and Medicine (NASEM), as well as H.R. 4365, the Protecting Patient Access to Emergency Medications Act, sponsored by Rep. **Richard Hudson** (R-N.C.). According to the NASEM report, nearly 30,000 preventable civilian deaths

due to trauma occur every year in the U.S. In 2013 alone, these types of injuries represented an economic loss of $670 billion in medical expenses and lost productivity.

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
So far this year, NeurosurgeryPAC has nearly $175,000, including nearly $50,000 raised at the 2016 AANS Annual Scientific Meeting in Chicago. Thanks to all our contributors! We still have a long way to go to meet our goal of $250,000 for the 2016 calendar year, and we need your help to continue making progress on our advocacy agenda. Given that it is an election year, it is doubly imperative that neurosurgeons support their political action committee. Please contribute to NeurosurgeryPAC today. Contributing is easy and can be done online at MyAANS

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NeurosurgeryPAC Supports Additional Candidates
In the second quarter of 2016, NeurosurgeryPAC made contributions to members of Congress who support organized neurosurgery's policy priorities. In the U.S. Senate, campaign contributions went to Sens. **Bill Cassidy**, MD (R-La.); **Mark Kirk** (R-Ill.); **Rand Paul**, MD (R-Ky.); and **John Thune** (R-S.D.). In the U.S. House of Representatives, NeurosurgeryPAC provided campaign contributions to Reps. **Andy Barr** (R-Ky.); **Charles Boustany**, MD (R-La.); **Larry Bucshon**, MD (R-Ind.); **Charlie Dent** (R-Pa.); **Joe Heck**, DO (R-Nev.); **Richard Hudson** (R-N.C.); **Bill Johnson** (R-Ohio), **Jim Langevin** (D-R.I.); **Billy Long** (R-Mo.); **Michelle Lujan Grisham** (D-N.M.); **Erik Paulsen** (R-Minn.); **Tom Price**, MD (R-Ga.); **David Scott** (D-Ga.); and **Fred Upton** (R-Mich.). In addition, NeurosurgeryPAC supported two candidates — **Matt Heinz**, MD (D-Ariz.) and **Raja Krishnamoorthi** (D-Ill.) — running for office in the U.S. House.

Click here for more information about 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 of legislative affairs in the AANS/CNS Washington Office, at aroberts@neurosurgery.org.

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Coding and Reimbursement

CMS Releases Proposed 2017 Medicare Physician Fee Schedule Rule
On July 7, 2018, the Centers for Medicare & Medicaid Services (CMS) issued the proposed 2017 Medicare Physician Fee Schedule rule. Overall, the proposed changes result in a net one percent decreasein payments to neurosurgeons, due primarily to the impact of changes in work relative value units. Additionally, the proposal includes sweeping new requirements for documenting the number of and level of visits for all services reported with 10- and 90-day global surgery periods. More information regarding the global surgery issue will be forthcoming. The AANS and CNS will submit comments to CMS responding to the proposal before the September deadline.

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AANS and CNS Support Medicare "Add-on" Payment for Epilepsy Treatment
On June 17, 2016, the AANS and CNS sent a letter to the Centers for Medicare & Medicaid Services (CMS) urging the agency to allow a third year of new technology add-on payment for the responsive neurostimulator, or RNS System, which offers substantial clinical improvement for patients with intractable epilepsy. In the 2017 Medicare Hospital Inpatient Prospective Payment System (IPPS) proposed rule, CMS announced its plans to discontinue this add-on payment.

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CMS Releases Proposed Payment Rule for Medicare Hospital Outpatient Department and Ambulatory Surgery Centers
On July 6, 2016, the Centers for Medicare & Medicaid Services (CMS) issued the 2017 Medicare Prospective Payment System (OPPS)/Ambulatory Surgery Center (ASC) proposed rule. The proposed rule addresses policies related to facility, not physician, payments. In the proposal, CMS has plans to remove four spine procedures from the Medicare "inpatient only" list — three spine instrumentation procedures (CPT codes 22840, 22842 and 22845) and total disc arthroplasty second level (CPT code 22858). For the ASC list, CMS proposes to add eight spine procedures, including CPT codes 20936, 20937, 20938, 22552, 22840, 22842, 22845 and 22851. Last year, in our comments on the 2016 proposed rule, the AANS and CNS recommended that CMS allow these procedures to be performed at ASCs. The AANS and CNS will submit comments to CMS responding to the proposal prior to the September deadline.

If you have any questions regarding this, 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 Proposes Reporting Period Change for 2016 EHR Incentive Program
On July 6, 2016, the Centers for Medicare & Medicaid Services (CMS) issued the 2017 Medicare Prospective Payment System (OPPS)/Ambulatory Surgery Center (ASC) proposed rule. In the proposed rule, CMS announced that the agency was streamlining the reporting requirements for hospitals and eligible professionals (EPs) participating in Medicare's Electronic Health Record (EHR) Incentive Program's meaningful use (MU) program. In the proposal, CMS plans to reduce the 2016 EHR reporting period from a full calendar year to 90-days.

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

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Graduate Medical Education

Organized Neurosurgery Issues Position Statement on Concurrent and Overlapping Surgery

The topic of concurrent and overlapping surgery has been the focus of significant attention in the media and by state and federal policymakers — in particular, the *Boston Globe* Spotlight Team and Senate Finance Committee. To help provide clarity about the many facets of this issue, the AANS, American Board of Neurological Surgery (ABNS), Congress of Neurological Surgeons (CNS), Society of Neurological Surgeons (SNS) and AANS/CNS Washington Committee collaborated to produce a position statement addressing the intraoperative responsibility of the primary neurosurgeon. The statement builds on the American College of Surgeons' "Statements on Principles."

These guidelines recognize that the primary attending neurosurgeon is personally responsible for the patient's welfare throughout the operation. In general, the patient's primary attending neurosurgeon should be in the operating suite or be immediately available for the entire surgical procedure. There are instances consistent with good patient care that are valid exceptions. However, when the primary attending neurosurgeon is not present or immediately available, another attending neurosurgeon should be assigned to be immediately available. Specifically:

- A primary attending neurosurgeon's involvement in concurrent or simultaneous surgeries on two different patients in two different rooms is not appropriate.
- A primary attending neurosurgeon may be involved in two overlapping surgeries provided that the key or critical elements of the first operation have been completed, and there is no reasonable expectation that there will be a need for the primary attending neurosurgeon to return to that operation.
- The neurosurgeon may delegate part of the operation to qualified practitioners under his or her personal direction, including residents and fellows. However, the primary neurosurgeon must be an active participant throughout the key or critical components of the operation.

- Neurosurgeons must fully inform every patient about his or her illness and the proposed treatment. As part of the pre-operative discussion, patients should be informed of the different types of qualified medical providers that will participate in their surgery (assistant attending neurosurgeon, fellows, resident and interns, physician assistants, nurse practitioners, etc.) and their respective role explained.

Organized neurosurgery believes these principles strike the appropriate balance of optimizing surgical care and neurosurgical training, with informed and safe patient care.

If you have questions about this issue, please contact Katie Orrico, director of the AANS/CNS Washington Office, at korrico@neurosurgery.org.

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Drugs and Devices

Neurosurgery Supports FDA Classification of Posterior Cervical Screw Systems
On June 8, 2016, the AANS and CNS submitted comments supporting a Food and Drug Administration (FDA) proposal to classify posterior cervical screw systems. Under the proposal, issued on March 10, 2016, posterior cervical screw systems would be classified into class II (special controls) and would continue to require premarket notification for the device. FDA defines a posterior cervical screw system as a prescription device used to provide immobilization and stabilization in the cervical spine as an adjunct to spinal fusion surgery. The term “posterior cervical screw systems” is used to distinguish these devices from currently classified pedicle screw spinal systems cleared for use in other spinal regions.

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AANS and CNS Support FDA Draft Guidance on IDEs for Neurosurgical Devices
On June 6, 2016, AANS and CNS sent comments to the Food and Drug Administration (FDA) regarding a draft Guidance Document for industry on Investigational Device Exemptions (IDEs) for devices that target the cause or progression of disorders such as Alzheimer’s, Parkinson’s or Primary Dystonia. The guidance, which was released on March 7, 2016, is not binding and is intended to aid industry and FDA staff in determining the types of data that may be needed to support an IDE application and design of clinical trials for devices to treat these conditions.

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FDA Seeks Feedback on Medical Device Evaluation
The U.S. Food and Drug Administration (FDA) is looking at new methods to evaluate medical devices. A planning board convened by the Duke-Margolis Center for Health Policy has been tasked with identifying how to best meet the needs and concerns of various stakeholders, including the physician community. The planning board would like to hear from you. Please click here to participate in a survey which should take about 5-10 minutes to complete.

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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Communications

Expanding Online Presence: Neurosurgery Blog Unveils Tumblr Page
In an effort to continue building our online presence, Neurosurgery Blog recently unveiled a Tumblr page. Tumblr is a microblogging platform that allows users to post multimedia and other content to a short-form blog. The AANS and CNS will use this outlet as an echo chamber for our blog and Twitter content, which will allow us to continue to increase the blog's search engine optimization (SEO). Click here to view the Neurosurgery Blog Tumblr page.

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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. 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.

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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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