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# Neurosurgeons Taking Action



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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

### Progress on Health Reform Legislation Stalls

On March 6, House of Representatives leaders unveiled the first [Affordable Care Act](#) (ACA) repeal and replacement legislation. After two marathon sessions lasting a combined 44

hours, the House [Energy and Commerce](#) and [Ways and Means](#) Committees approved the [American Health Care Act](#) (AHCA). The AANS and CNS sent a [letter](#) to the committee chairs offering comments on several aspects of the legislation and also outlining our position on additional reforms not included in the AHCA. Following passage by these authorizing committees, on March 16, the House Budget Committee voted by a margin of 19-17 to advance the bill. Further changes were made in an attempt to gain enough support to pass the legislation.

Complicating passage was the [cost estimate](#) issued by the Congressional Budget Office (CBO), which declared that in 2018, 14 million more people would be uninsured under the reform legislation than under current law. The number of uninsured would rise to 24 million by 2026 due in part to changes in the Medicaid expansion program. On the plus side, CBO estimated that if enacted the AHCA would reduce the federal deficit by \$150 billion over 10 years.

Despite significant pressure from President Trump and Republican leaders, they failed to get the necessary votes and late in the afternoon on March 24, the legislation was pulled shortly before a scheduled floor vote, requiring them to go back to the drawing board.

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### **AANS and CNS Release 2017 Legislative and Regulatory Agenda**

On Feb. 14, the AANS and CNS released their 2017 legislative and regulatory agenda, which includes action items such as improving the health care delivery system, abolishing the Independent Payment Advisory Board (IPAB), expanding support for graduate medical education, alleviating the medical liability crisis and restructuring Medicare's quality improvement programs. To read the full legislative and regulatory agenda, [click here](#).

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### **House Judiciary Committee Advances Medical Liability Legislation**

On Feb. 28, the [House Judiciary Committee](#) approved H.R. 1215, the [Protecting Access to Care Act](#). Sponsored by Rep. **Steve King** (R-Iowa), the bill is modeled after proven reforms already in place in Texas, California and many other states around the country that have had a positive effect on increasing access to care and keeping health care costs affordable for patients and physicians. According to the Congressional Budget Office (CBO), this bill would save the federal government almost \$62 billion over a 10-year period. The AANS and CNS worked with the committee to develop the legislation, and along with our partners in the [Health Coalition on Liability and Access](#) (HCLA), we [endorsed](#) the bill and issued a [press release](#) in support of this legislation.

During the week of March 27, the House of Representatives may vote on H.R. 1215. In a letter to House Speaker **Paul Ryan** (R-Wis.), the AANS and CNS [called on](#) Congress to swiftly pass this legislation.

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### **Neurosurgeon Testifies at Congressional IPAB Briefing**

On March 13, the [Healthcare Leadership Council](#) (HLC) hosted a Congressional briefing regarding the Independent Payment Advisory Board (IPAB). The IPAB was created by

the ACA and is a board of 15 unelected and largely unaccountable government bureaucrats whose primary purpose is to cut Medicare spending. **Alex B. Valadka**, MD, FAANS, chair of neurosurgery at Virginia Commonwealth University and president-elect of the AANS, participated and represented the physician point of view. Other participants included **Mary R. Grealy**, president of HLC; **Robert B. Blancato**, executive director of the National Association of Nutrition & Aging Services Programs; and **William K. Atkinson**, PhD, MPH, MPA, FACHE, former president and CEO of WakeMed Health & Hospitals. To view the event, which was covered C-SPAN, [click here](#).

The AANS and CNS continue to raise awareness about the need to repeal the IPAB. To this end, on Feb. 22, *The Hill* published an opinion piece authored by Dr. Valadka. In the article titled, "[IPAB's Medicare cuts will threaten seniors' access to care](#)," Dr. Valadka pointed out that the IPAB one of the most insidious elements of the ACA and significant Medicare cuts from IPAB loom just around the corner, threatening seniors' timely access to vital healthcare services.

Finally, the AANS and CNS are spearheading a physician IPAB repeal coalition effort. On this front, we recently sent letters to the lead cosponsors of the IPAB repeal bills — Reps. [Phil Roe](#), MD (R-Tenn.), and [Raul Ruiz](#), MD (D-Calif.) ([H.R. 849](#)); Sen. [John Cornyn](#) (R-Texas) ([S. 260](#)); and Sen. [Ron Wyden](#) (D-Ore) ([S. 251](#)).

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](mailto:korrico@neurosurgery.org).

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## NeurosurgeryPAC

### NeurosurgeryPAC — Thank You, 2017 Donors!

In mid-January, NeurosurgeryPAC renewal statements were mailed out to all AANS members. So far, your political action committee PAC has raised a total of \$114,905 from 113 neurosurgeons! These funds will enable NeurosurgeryPAC to contribute your dollars strategically to best advance organized neurosurgery's [policy agenda](#). Please join your colleagues and support your PAC, which is easier than ever! Simply use our online donation option by logging into [MyAANS.org](http://MyAANS.org).

NeurosurgeryPAC is a nonpartisan political action committee and does not base its decisions on party affiliation, but instead, focuses on the voting records and campaign pledges of the candidates. [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 Katie Orrico, Orrico, director of the AANS/CNS Washington Office, at [aroberts@neurosurgery.org](mailto:aroberts@neurosurgery.org).

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## Coding and Reimbursement

### **Please Help the AANS/CNS Collect Information on Prior Authorization Practices**

Health insurers are increasingly using prior authorization as a cost-control process that requires providers to obtain approval before rendering medical services. According to a [recent survey](#) conducted by the [American Medical Association](#) (AMA), every week, a medical practice completes an average of 37 prior authorization requirements per physician, which takes doctors and their staff an average of 16 hours, or the equivalent of two business days, to process. While the AANS and CNS understand the need to hold down health care costs, the inefficiency and lack of transparency associated with prior authorization costs physician practices both time and money. More importantly, however, are the delays in patient care that result from prior authorization programs, which can lead to poor health care outcomes.

We, therefore, believe that prior authorization is overused and should be reassessed. To that end, the AANS and CNS have joined the Alliance of Specialty Medicine in conducting a survey on prior authorization practices. [Click here](#) to complete the survey. We will use the results of in our advocacy with state and federal lawmakers and regulators to eliminate inappropriate prior authorization requirements.

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### **Neurosurgery Leads Multispecialty Objection to Washington State Non-coverage for Lumbar Artificial Disc Replacement Surgery**

On March 1, the AANS, CNS, [Washington State Association of Neurological Surgeons](#) (WSANS), [International Society for the Advancement of Spine Surgery](#) (ISASS) and [North American Spine Society](#) (NASS) sent a [letter](#) to the [Washington State Health Technology Assessment](#) (HTA) program expressing disappointment about a Jan. 20, [decision](#) by the [HTA Health Technology Clinical Committee](#) (HTCC) not to cover lumbar artificial disc replacement (ADR) procedures. For more information on this topic, including the Jan. 20, presentation led by neurosurgery, [click here](#).

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### **Neurosurgery Objects to CMS Coding Edits to Inappropriately Bundle Spinal Procedures**

On Feb. 13, the AANS, CNS, NASS and ISASS sent a [letter](#) to **Niles Rosen**, MD, medical director of the National Correct Coding Initiative (NCCI), objecting to coding edits that would bundle anterior instrumentation codes (CPT codes 22845-22847) with insertion of biomechanical devices codes (CPT codes 22853 and 22854). Specifically, the letter stressed that these inappropriate edits will lead to a mis-valuation of physician work when an intervertebral body device is placed with an anterior plate. The specialties urged the NCCI not to implement the edits planned for April 1.

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](mailto:chill@neurosurgery.org).

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## Quality Improvement

### Have You Checked Your Surgeon Rating Lately?

[Consumers' Checkbook](#) is releasing the names of the surgeons who — based on the organization's criteria and analyses — have the nation's best and worst outcomes in major surgeries. These reports look at how often surgeons' patients die in a hospital or within 90 days of hospital discharge, have serious complications in the hospital or need to be readmitted within 90 days of discharge for problems that can be connected to the surgery. Checkbook ratings are based on federal government records, and the site compares surgeons for 12 high-risk types of surgery, including spine surgery. [Click here](#) for more information and to see your rating.

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### Neurosurgery Joins AIM Coalition to Send HHS Secretary Price, Congress Principles to Improve CMMI

On Feb 13, neurosurgery joined forces with the [Healthcare Leaders for Accountable Innovation in Medicare](#) (AIM) coalition in sending U.S. Department of Health and Human Services (HHS) Secretary **Tom Price**, MD, principles to improve the [Center for Medicare & Medicaid Innovation](#) (CMMI). In [our principles](#), we called for a CMMI that, among other improvements and safeguards, engages in appropriately-scaled, time-limited demonstration projects, greater transparency, improved data-sharing and broader collaboration with the private sector. Participation in CMMI demonstration projects must be voluntary for health care providers, and beneficiaries must be adequately educated about projects with assurances that their care quality and access will not be adversely affected.

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### Neurosurgery Urges CMS to Delay 2015 Edition CEHRT

On Feb. 27, 2016, the AANS and CNS joined the AMA in signing a [letter](#) calling on the [Centers for Medicare & Medicaid Services](#) (CMS) and the [Office of the National Coordinator](#) (ONC) to delay use of 2015 certified electronic health records (EHRs) due to concerns about the technology's readiness. As stated in the letter, using 2015-edition EHRs next year will "result in rushed upgrades, installations, a lack of user training, and an overall disruption to physicians' practices." There are currently very few certified 2015 Edition products available to physicians, and without deferring the 2015 Edition implementation requirement, most EHRs will not include new and vital certification improvements, including the prohibition of vendor data blocking; improved usability, interoperability and security; and real-world EHR testing.

The [Quality Payment Program](#) (QPP), authorized under the [Medicare Access and CHIP Reauthorization Act of 2015](#) (MACRA) and the meaningful use (MU) program, relies on the

use of EHRs that are certified to federal standards. In 2017, participants in these programs may use EHRs certified to either 2014 or 2015 Edition specifications. However, in 2018, participants will be required to use 2015 Edition technology. To this end, the sign-on letter urges CMS and ONC to make 2015 Edition EHR adoption voluntary and require its use no sooner than January 2019. The AANS and CNS also joined the [College of Healthcare Information Management Executives](#) in a [letter](#) to HHS Secretary **Tom Price**, MD, expressing similar concerns.

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](mailto:rgroman@hhs.com).

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## Drugs and Devices

### **Christopher Loftus, MD, Appointed to FDA**

In March 2017, **Christopher M. Loftus**, MD, FAANS, was appointed to serve as the chief medical officer of the Division of Neurological and Physical Medicine Devices at the [Food and Drug Administration's](#) (FDA) [Center for Devices and Radiological Health](#). Dr. Loftus has been a member of the AANS/CNS Drugs and Devices Committee, is a past chair of the AANS/CNS [Cerebrovascular Section](#) and is a former vice president of the AANS. He has represented neurosurgery on multiple FDA panels, working closely with the agency, for more than 15 years. Congratulations on your appointment, Dr. Loftus!

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### **Organized Neurosurgery Supports Technology to Protect Brain During Cardiac Surgery**

On Feb. 23, **Adnan H. Siddiqui**, MD, PhD, FAANS, made a [presentation](#) on behalf of the AANS, CNS, AANS/CNS Cerebrovascular Section and the [Society of Neurointerventional Surgery](#) (SNIS) before an FDA Circulatory System Devices Panel [meeting](#). The panel met to review a request by Claret Medical for de novo classification for its Sentinel embolic protection device for preventing stroke during transcatheter aortic valve replacement procedures. Dr. Siddiqui emphasized the multispecialty society support for the development of technology to reduce the risk of embolic debris reaching the brain during interventional cardiovascular procedures. The panel did not vote on a recommendation but agreed that the evidence shows the device is safe and likely effective.

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## Of Note

### **Ben Carson, MD, Becomes New HUD Secretary**

On Feb. 2, the U.S. Senate [voted](#) by a margin of 58 to 41 to confirm retired neurosurgeon **Benjamin S. Carson Sr.**, MD, FAANS(L), to become the next secretary of the U.S.

Department of Housing and Urban Development (HUD). The AANS and CNS released a [statement](#) thanking Dr. Carson for serving his country and congratulating him on his appointment.

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### **Seema Verma Confirmed as CMS Chief**

On Feb. 13, the U.S. Senate [voted](#) by a margin of 55 to 43 to confirm **Seema Verma**, a leading health policy consultant, to head CMS, a \$1 trillion agency that oversees health care programs — including Medicare and Medicaid — that provide health services to 130 million people.

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## Communications

### **Neurosurgery Blog Hosts Informational Health Reform Campaign**

In March and April, [Neurosurgery Blog](#) is hosting a [health reform awareness campaign](#). During this initiative, we take a deep-dive into the ACA. The goal is to educate, inform and pose critical questions that need to be addressed so patients can get the care they need, when they need it, by the medical professional of their choice. Neurosurgery Blog and other communications outlets will focus on health reform topics, with multiple guest blog posts. Our first [guest post](#) was authored by **Scott Whitaker**, president and CEO of [AdvaMed](#), who discussed the need to repeal the medical device tax. Our second [guest post](#), which addressed the need to repeal the IPAB, was written by Rep. [Phil Roe](#), MD (R-Tenn.), who chairs both the House [Committee on Veterans' Affairs](#) and House [GOP Doc Caucus](#) and is a member of the House [Education and the Workforce Committee](#). A plethora of blog posts — on such topics as narrow networks, surprise billing and the impact of Medicaid coverage and pediatric neurosurgeons — will be authored by the neurosurgical community.

We invite all neurosurgeons to join the conversation using the #HealthReform hashtag so we can grow awareness through social media.

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### **Neurosurgery Blog Receives Award!**

Neurosurgery Blog has been named one of the Top 10 Neurosurgery Blogs on the web by [Feedspot](#). Selected from thousands of blogs, Neurosurgery Blog achieved this status based on the following criteria:

- Google reputation and Google search ranking;
- Influence and popularity on Facebook, Twitter and other social media sites;
- Quality and consistency of posts; and
- Feedspot's editorial team and expert review.

Special recognition goes to our AANS/CNS Communications and Public Relations Committee team — particularly CPR committee chair, **Deborah L. Benzil**, MD, FAANS; and CPR committee vice chair, **Clemens M. Schirmer**, MD, FAANS. Of course, the success of

our blog depends on the contributions made by *many neurosurgeons* and guest blog post authors from outside of the specialty's ranks. Without compelling content, our blog would not be worth reading.

If you have not already signed-up to receive Neurosurgery Blog, 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 Instagram Page](#)
- [Neurosurgery's LinkedIn Group](#)
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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](mailto:adye@neurosurgery.org).

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[korrico@neurosurgery.org](mailto:korrico@neurosurgery.org).

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