ASCRS Key Legislative & Regulatory Accomplishments and Ongoing Issues

Accomplishments

- Achieved significant changes in the final Quality Payment Program (QPP) rule, which implements MIPS and Advanced Alternative Payment Models. ASCRS and medical community advocacy ensured CMS provided flexibility in the first year of the program—2017 to impact 2019 payments—by shortening the performance period to 90 days and allowing physicians to avoid the penalty by reporting one quality measure on one patient, one improvement activity, or the base measures in the Advancing Care Information (ACI) Category. In addition, CMS agreed to several of our recommendations including: reduced reporting thresholds and elimination of the cross-cutting measure requirement for the Quality category, reweighting the Resource Use category to 0% for the first year, and reduced requirements for the ACI category. ASCRS•ASOA has developed guides on the QPP, each of the four categories of MIPS, and Advanced Alternative Payment Models. We recently hosted a sold-out “ASOA on Tour” that focused solely on MACRA; more than 100 people attended.

- ASCRS and the ophthalmic community achieved a key advocacy victory in 2016 when CMS agreed to reverse its cuts to several retina and glaucoma procedure codes to the original RUC recommendations. In the 2017 Medicare Physician Fee Schedule (MPFS) final rule, CMS finalized revising the values to the original RUC-recommended values. In an effort to fight the steep cuts made for 2016—for some codes as much as 30%—ASCRS and others in the ophthalmic community successfully advocated for a bipartisan House letter signed by more than 80 members and two bipartisan Senate letters addressing the specific cuts to ophthalmic codes, and a House Doctors Caucus letter cautioning CMS against using a flawed methodology that solely takes time into account and does not include intensity, as required by current law.

- Also as a result of ASCRS and surgical community advocacy, the 2017 MPFS final rule included major changes to CMS’ onerous proposal to require that all physicians code all post-operative services provided in 10-minute intervals for all 10- and 90-day global surgical bundles. Instead, only physicians in practices of 10 or more in certain states will have to report CPT Code 99024 for follow-up visits for high-volume procedures with 10- and 90-codes. To achieve this change, ASCRS and the medical community advocated for signatures to a bipartisan House letter to CMS led by Reps. Larry Bucshon, MD (R-IN), and Ami Bera, MD (D-CA), and co-signed by 110 members of the House, urging the original proposal be revised to instead collect data from a sample, as required under the MACRA statute.

- Achieved record ASCRS•ASOA attendance (25 physicians, 15 administrators) at the 2016 Alliance of Specialty Medicine Legislative Fly-In, where MACRA implementation was our top priority issue. Our members represented 22 states and 36 congressional districts, and included 5 YES scholarship winners.

- Advocated successfully for CMS to finalize in the 2017 Hospital Outpatient and ASC final rule to a shortened 2016 Meaningful Use reporting period to 90 days, instead of the current full year requirement.

- Successfully advocated for the House passage of the 21st Century Cures Act, which updates and streamlines the FDA approval process. Provided input and supported the 17 innovation-focused bills developed and passed by the Senate Health, Education, Labor, and Pensions Committee, including recommendations for improving the Meaningful Use program and EHR interoperability.

- Testified twice before the FDA regarding office-use of compounded drugs and off-label communications.

- Released Clinical Guidelines for the Use of Enzymes in ASCs and released Industry Advisory Request Regarding Risk Factor for TASS.

Ongoing Issues

- Continuing to monitor and provide input on the implementation of MACRA. Developing materials to assist members understand the requirements under the new program.

- Providing input on the development of episode-based resource measures, such as for cataract surgery.
Continuing to work with the AAO, OOSS, and ASORN in the development of specialty specific guidelines for the cleaning and sterilization of ocular surgical instruments.

Advocating for Senate passage of 21st Century Cures or similar medical innovation legislation; working to ensure provisions dealing with EHR interoperability are maintained in the enacted version.

Monitoring legislation to protect physicians and patients from abusive practices by contact lens retailers.

Partnering with others in the medical community to monitor proposed health insurer mergers and advocate for the physician and patient perspective.

Advocating for modifications to FDA draft guidance for repackaged drugs such as Avastin; worked with ophthalmic community to develop House and Senate “Dear Colleague” letters on the issue and testified before the FDA.

Advocating for re-introduction and passage of Independent Payment Advisory Board (IPAB) repeal legislation in the new Congress.

Advocating for re-introduction and passage of the Medicare Patient Empowerment Act to provide a workable private contracting option in the next Congress.

Advocating for legislation benefitting patients and physicians participating in the Medicare Advantage program through support of the Medicare Advantage Bill of Rights to be re-introduced in the new Congress.

Advocating for the re-introduction and passage of the REINS Act in the new Congress, which would require Congressional approval for major federal rulemaking.

Working with the Alliance of Specialty Medicine to monitor recommendations of the U.S. Preventive Services Task Force (USPSTF) to ensure recommendations do not deny patients access to preventative care. Advocating for re-introduction of the USPSTF Transparency and Accountability Act, to increase transparency over the USPSTF in the new Congress.