

# The Coalition of State Medical Societies

*Speaking for Physicians and Patients at the Nation's Capital*

## Requests of the 115th Congress

Representing physicians from coast to coast, the Coalition of State Medical Societies comprises 10 state medical associations with more than 180,000 physician and medical student members. We need the help of Congress to make it possible for us to better care for our patients. Here are some important steps Congress can take.

### Affordable Care Act

Our state medical associations are committed to ensuring that patients across America have high-quality, affordable health insurance and real access to doctors.

**As Congress debates a replacement plan for the Affordable Care Act, we are urging any plan to meet the following goals:**

- Ensure Americans do not lose coverage.
- Improve access to physicians.
- Continue tax policies and subsidies that help low- and moderate-income patients afford coverage.
- Allow patients a broad choice of physicians, plans, and coverage through Health Savings Accounts, private insurers, government programs, and Medicare private contracting.
- Maintain the important insurance reforms that protect physicians and their patients, such as coverage for pre-existing conditions.
- Stabilize the individual insurance market.
- Allow each state to choose the best Medicaid options for their state.
- Improve access to physician-owned hospitals.
- Provide access to affordable prescription drugs.

### MACRA

#### 1. Monitor MACRA Implementation to Prevent Another Bureaucratic Catastrophe

The new payment systems established under the Medicare Access and CHIP Reauthorization Act (MACRA) offer the potential to bring positive changes to how we pay for and deliver health care to seniors. While the changes to the Merit-Based Incentive Payment System



(MIPS) and the Alternative Payment Systems (APMs) in the final rule are a significant improvement over the initial proposal, the burdensome regulations continue to be counterproductive to quality patient care. The Coalition members continue to advocate changes in the MACRA regulations. We urge a further reduction in the requirements for small and rural practices, particularly in the electronic health record (EHR) category. The EHR vendors need to be held more accountable, and the cost category needs to be overhauled so that physicians are not disincentivized for caring for vulnerable patients.

**Please join our organizations in monitoring the Centers for Medicare & Medicaid Services' ongoing implementation of MACRA to prevent its entanglement in unnecessary regulations that discourage physician participation in Medicare.**

#### 2. Work for Statutory Changes to Make MACRA Work Better for Physicians and Patients

**The Coalition supports the following amendments to the MACRA law to further ensure these new programs actually improve patient care and encourage physician participation in Medicare.**

- Establish higher Medicare payment updates.
- Expand the permanent exclusions for small practices.
- Eliminate all penalties and the requirement for budget neutrality in the bonus/penalty payment system.

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- **Set meaningful, objective performance standards.**
- **Simplify reporting and compliance requirements.**
- **Work with information technology vendors to establish lower-cost systems.**
- **Require appropriate risk adjustment of all cost and quality measures.**
- **Eliminate APM requirements that physicians must accept insurance-type, downside risk in order to earn incentives in alternative practice models.**

## Federal Bureaucratic Burden Overall on Physicians

The regulatory burdens in Medicare and Medicaid continue to pile up — the latest being the requirements for physicians to offer translation services to all Medicare patients without payment. Onerous regulations like HIPAA and CLIA have not gone away. The Coalition asks that Congress:

- **Impose a two-year moratorium on new regulatory requirements of physicians' practices.**
- **Require true interoperability among electronic health records to allow physicians, hospitals, labs, and health plans to exchange vital health care information simply and inexpensively. Despite the widespread adoption of EHRs, physicians are still forced to fax information because these systems can't talk to each other.**
- **Require Medicare and Medicaid to arrange for and cover the cost of interpreters.**

## RAC Audits

Medicare pays Recovery Audit Program contractors (RACs) like bounty hunters to find potential overpayments made to physicians. Nearly half of all audit findings

are overturned by an administrative law judge when a physician appeals. This demonstrates how badly the program needs reform. A good sign is the recent Centers for Medicare & Medicaid Services announcement that it no longer will contract with CGI Group. The Coalition asks that Congress:

- **Prohibit RACs from recouping physician payments until the appeals process is final.**
- **Make RACs more accountable for improving extrapolation formulas and employing reviewers trained in the same medical specialty as the physicians they review, and impose penalties for inaccurate findings.**
- **Provide incentives for RACs to educate physicians about any incorrect billing practices to avoid future billing errors.**

## Telemedicine

Telehealth offers great hope to make health care more available and efficient. We support the appropriate expansion and coverage of telehealth services to improve access to care for patients covered by Medicare, Medicaid, and the U.S. Department of Veterans Affairs, particularly in underserved areas. HR 6, the 21st Century Cures Act was enacted by Congress and signed into law. It includes language that would expand Medicare's coverage of telehealth services.

To protect patient safety, we strongly urge Congress to preserve the jurisdiction of state medical boards to license and discipline physicians. Fundamentally, the practice of medicine takes place where the patient is receiving treatment, and physicians should be licensed to practice in the state where this care occurs. In addition, we believe services provided through telehealth should adhere to appropriate standards of care and that these services should be paid for on par with the same services provided in person. We urge any federal telehealth legislation to adhere to these principles.

***Our government must make it easier — not more difficult — for us to care for our patients.***



**These state medical associations compose the Coalition of State Medical Societies:**

Arizona Medical Association ★ California Medical Association ★ Florida Medical Association  
Louisiana State Medical Society ★ Medical Society of New Jersey ★ Medical Society of the State of New York  
North Carolina Medical Society ★ Oklahoma State Medical Association  
South Carolina Medical Society ★ Texas Medical Association