

The Coalition of State Medical Societies

Speaking for Physicians and Patients at the Nation's Capital

Requests of the 116th 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 your help so we can better care for our patients. Here are some important steps Congress can take now.

ATTACK THE ROOT CAUSE OF SURPRISE BILLS

We praise members of Congress for addressing the problem of “surprise” medical bills. These are unexpected bills patients receive for services from physicians, hospitals, or providers who are not “in-network” with the patient’s health plan. Millions of Americans are angry about the bills, and rightly so. The health insurance they purchased did not cover what they thought it would.

The Coalition supports insurance reform that includes robust network adequacy standards for all specialties, including emergency physicians and hospital-based physicians. It includes updated, accurate network directories. And it includes compliance with the prudent layperson standard for emergency care coverage.

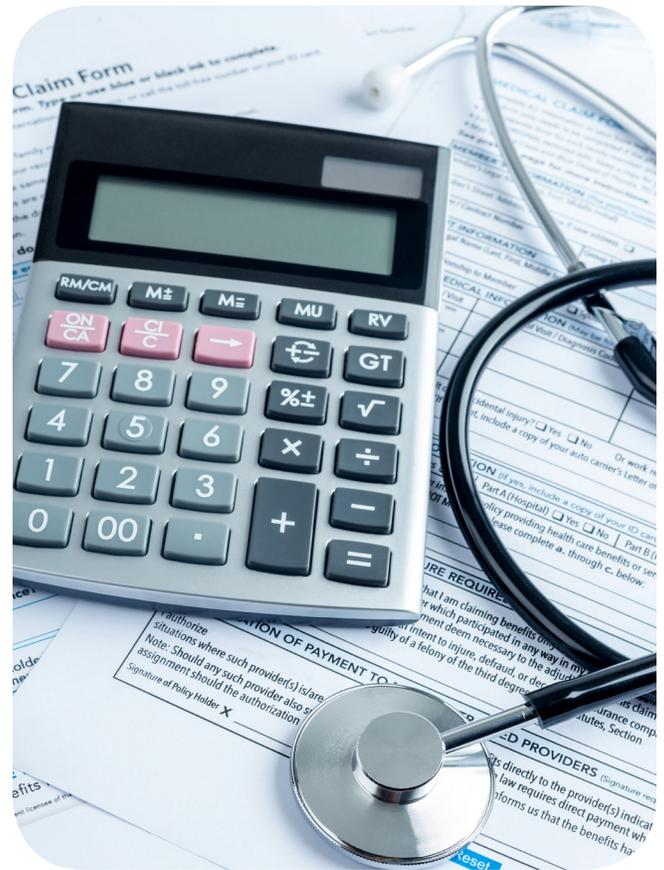
Education and transparency efforts we support include easy-to-understand policies and explanation of benefits reports. Insurance companies and their agents must explain, in plain language, exactly what a patient’s health plan will and won’t cover, as well as the patients’ financial responsibility, before they purchase a policy.

Insurers, patients, and physicians and providers all have key roles to play.

ENACT MACRA LEGISLATIVE AND REGULATORY REFORMS

While regulators have already reduced many reporting burdens, significant reforms are still needed to the Medicare Access and CHIP Reauthorization Act (MACRA) program. The Coalition urges Congress and the Centers for Medicare and Medicaid Services (CMS) to make adjustments and further simplify the Quality Payment Program (QPP):

- Reconsider budget neutrality, which leaves no significant sums for bonuses for practices that perform extremely well.



- Reduce the overwhelming administrative, financial, and technology burdens for reporting and compliance.
- Implement appropriate risk adjustment to quality and cost measures.
- Scale-back the MIPS cost category, which tags physicians with costs beyond our control and penalizes us for treating high-risk, medically complex patients
- Eliminate alternative payment model (APM) requirements for physicians to accept insurance-type, downside financial risk in order to earn incentives.

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- Reduce the number of quality measures, retaining those that are clinically most meaningful.
- Hold information technology vendors (EHRs/registries) more accountable for interoperability and data submission errors.
- Remove the requirement to report quality data from all payers as a basis to assess performance and determine Medicare bonuses and penalties.

PROVIDE MEDICARE AND MEDICAID REGULATORY RELIEF

Physicians are overwhelmed with burdensome regulations — in addition to MACRA’s — that take time and resources away from providing quality patient care. The administration has made important strides, but unnecessary regulations remain a major contributing factor to the disturbing trend in physician burnout. The Coalition’s recommendations for reform will simplify the programs, reduce costs, improve quality, increase access to physicians, and allow physicians to spend more time with our patients. We recommend that Congress and CMS:

- Impose a two-year moratorium on new regulatory requirements of physicians’ practices.
- Enforce EHR vendor compliance and interoperability, and limit add-on fees.
- Require Medicare and Medicaid to arrange for and cover the cost of language interpreters.
- Streamline Medicare and Medicare Advantage enrollment and credentialing.
- Help states implement cost-reducing, quality-improving Accountable Care Organizations (ACOs) in the Medicaid program.

AFFORDABLE CARE ACT: FIX WHAT’S BROKEN, KEEP WHAT’S WORKING, FIND WHAT’S MISSING

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 considers changes to the Affordable Care Act, we strongly recommend that any plan meet the following goals:

- Ensure Americans do not lose coverage.
- Improve access to physicians.
- Allow patients a broad choice of physicians, plans, and Health Savings Accounts.
- Maintain the insurance reforms that protect physicians and our patients, such as coverage for

- pre-existing conditions and essential health benefits.
- Stabilize the individual insurance market.
- Allow each state to choose the best Medicaid options for their residents.
- Impose no federal caps on state Medicaid funding.
- Provide access to affordable prescription drugs.
- Allow physicians to contract directly for services with Medicare beneficiaries.

LIFT THE MORATORIUM ON PHYSICIAN-OWNED HOSPITALS

Physician-owned hospitals (POHs) are among the highest-performing providers in the nation and consistently have been recognized in the Medicare program for their high value, low-cost, and patient-favored care. With doctors at their helm, POHs provide patient-centered care that has produced better health outcomes for Medicare beneficiaries while reducing unnecessary readmissions. Lifting the POH moratorium imposed by the ACA would inject much-needed competition into the hospital market, which in turn would improve patient choice and reduce spending for the Medicare program and beneficiaries.

RESTORE FUNDING FOR GRADUATE MEDICAL EDUCATION

Medical schools around the country are opening and expanding to help reverse the nation’s serious physician shortage. But graduate medical education (GME), the resident training that completes a physician’s preparation, must grow as well. That’s especially difficult because Congress froze Medicare funding for GME in 1997. States and private institutions have tried to fill the gap, but cannot keep up. The Coalition urges Congress to lift that freeze and authorize Medicare funding for needed GME programs and positions.

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

