

The Coalition of State Medical Societies

Standing Up for Physicians and Patients at the Nation's Capital

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. The repeal of Medicare's Sustainable Growth Rate (SGR) formula was an important step forward for health care access for our seniors, and the coalition is grateful for the efforts of the many Senators and Representatives who worked to achieve this repeal.

Now we've set our sights on these onerous federal regulations and impediments to quality care for our patients:

Electronic Health Record Meaningful Use Reform

No federal program ever bore a more inaccurate name. The convoluted and tedious requirements for physicians' use of electronic health records (EHRs) are certainly not meaningful to doctors nor our patients. The combination of EHRs and federal regulations — neither of which were designed with the realities of medical practice in mind — leaves physicians clicking more but achieving less. For many physicians, health information technology is too expensive and too disruptive to patient care, and actually prevents physicians and providers from sharing patient data in a timely, secure manner.

Congress must enact legislation that provides positive incentives for physicians to acquire and maintain health information technology. Until EHR systems truly add value to medical care, we want Congress to reform the program and eliminate federal mandates that compel physicians to engage in unnecessary activities and reporting.



Please cosponsor and support:

- S 2141, the Transparent Ratings on Usability and Security to Transform Information Technology (TRUST IT) Act of 2015 by Sens. Bill Cassidy (R-LA) and Sheldon Whitehouse (D-RI); and
- HR 3309, the Flex-IT 2 Act, by Rep. Renee Ellmers (R-NC).

Medicare RAC Audit Reform

Medicare pays Recovery Audit Contractors or “RACs” like bounty hunters to find potential overpayments made to physicians and health care providers. This gives these contractors incentives to disrupt doctors' practices as they comb through patient files looking for the tiniest of errors.

Congress must establish incentives for RACs to make more accurate audit findings, reduce the time period for which claims may be audited, and minimize practice disruptions; and direct RACs to focus only on practices with demonstrated inappropriate billing patterns and to provide due process and fair procedures for physicians who are subject to a RAC audit.

Please cosponsor and support HR 2568, the Fair Medical Audits Act of 2015, by Rep. George Holding (R-NC).

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Telemedicine

Like so many technologies, telemedicine offers great hope to make health care more effective and efficient. It can bring specialists' expertise to remote areas. It can bring the physician to the homebound patient's bedside. It can expand and improve the patient-physician relationship. But we can gain the advantages of telemedicine without caving in to those who want physicians to willy-nilly prescribe medications over the Internet to patients they have never seen and never will see again.

Congress must protect patient safety by maintaining the state-based system of licensing physicians. The practice of medicine takes place where the patient is, and physicians caring for the patient must be licensed to practice where the patient is.

Please oppose S. 1778 and HR 3081, the TELE-MED Act of 2015, by Sen. Mazie Hirono (D-HI) and Rep. Devin Nunes (R-CA) until amended to protect state licensure.

ICD-10 Transition

The Centers for Medicare & Medicaid Services (CMS) announced a very narrow, one-year "grace period" protecting physicians from the coding errors that assuredly are accompanying the Oct. 1 mandatory transition to the ICD-10 coding system. (Most of those errors will be hidden until they begin manifesting in payment cuts

two to four weeks after the claims are filed.) This "grace period" is a start, but just a start. The threat of an ICD-10-driven disaster in the doctors' back office remains very real.

Congress must maintain strict oversight of the ICD-10 rollout, be prepared to act quickly in the event of a technical disaster, and ensure that:

- Claims will not be reduced or denied based on failure to comply fully with the new coding system,
- Physicians will not be penalized or audited for errors in or malfunctions of CMS' systems, and
- CMS makes advance payments available to help physicians experiencing serious payment delays.

Please cosponsor and support HR 2247, the ICD-10 Act, by Rep. Diane Black (R-TN).

Maintenance of Certification

Language in the bill that repealed the Medicare SGR leaves many physicians worried that Maintenance of Certification (MOC) will become a condition for state licensure or for participation in Medicare, Medicaid, and other government health care programs.

Congress should clarify that there are not now and never will be such requirements.

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