

LEGISLATIVE UPDATE

ASPS Advocacy Summit returns to fight on crucial issues

By David Hill, MD, & Patrick Hermes, MS

Fifty-nine plastic surgeons took to Capitol Hill in December at a pivotal moment during the 2023 ASPS Advocacy Summit – an event aligned with a looming deadline to prevent cuts to Medicare reimbursement to physicians. The summit brought ASPS members from 17 states and various backgrounds to Washington to tackle reimbursement and other prominent issues impacting the specialty, at a point when national lawmakers were in search of expert opinions on those priority issues.

The 2023 Summit was the fourth time that ASPS hosted a larger advocacy meeting involving visits with members of Congress while providing a full day of education with guest speakers on political issues that matter most to plastic surgeons. This was the first Advocacy Summit since 2019, as the pandemic – and post-pandemic restrictions on access to Capitol Hill offices – prevented such events in the intervening years.

The Advocacy Summit always aims to bring hot topics to the forefront. This year exemplified that by focusing on policy priorities that matter most to plastic surgeons and bringing decision-makers from Capitol Hill to speak directly to attendees. Six members of Congress came to speak at the Summit, including five physicians (Sen. Roger Marshall, an OB-GYN from Kansas; Rep. Yadira Caraveo, a pediatrician from Colorado; Rep. Andy Harris, an anesthesiologist from Maryland; Rep. Larry Bucshon, a cardiothoracic surgeon from Indiana; Rep. Mariannette Miller-Meeks, an ophthalmologist from Iowa; and Rep. Lori Chavez-DeRemer from Oregon). Each of the speakers addressed looming cuts to Medicare physician reimbursement.

On the final day of the Summit, ASPS



ASPS past presidents Lynn Jeffers, MD, MBA, and Gregory Greco, DO, speak with Sen. Roger Marshall, MD (R-Kan.), during the Advocacy Summit in Washington, D.C.

members conducted 74 meetings with congressional offices, zeroing-in on the Medicare cuts and three of the Society's other top concerns: ensuring better coverage for breast reconstruction; mandated insurance coverage for the surgical repair of congenital anomalies; and reform of prior authorization in Medicare Advantage.

Fair physician reimbursement

One of the primary reasons ASPS members travelled to Washington, D.C., in December was the need to both prevent imminent cuts to Medicare reimbursement to physicians and enact reforms to the Medicare payment system to prevent additional future cuts.

Although Medicare reimbursements to en-

ties such as hospitals, ambulatory surgery centers and Medicare Advantage plans have guaranteed annual inflation updates, physicians only receive payment increases when Congress passes a law to that effect. This rarely happens, and the lack of an annual inflationary update – combined with the impact of outdated budget neutrality thresholds that often trigger cuts to reimbursement – present serious challenges for physicians. In fact, Medicare physician pay has actually declined by 26 percent relative to inflation since 2001.

The solution involves holding physicians harmless from the impending cut, establishing an annual inflationary update and updating the budget-neutrality threshold. ASPS members focused their meetings on Capitol Hill on accomplishing these changes through two pieces of legislation. The Provider Reimbursement Stability Act is designed to ensure equitable annual inflationary updates to the Medicare Physician Fee Schedule (MPFS) and modernize budget neutrality requirements so that automatic reductions in the conversion factor are less common. The second bill, the Preserving Seniors' Access to Physicians Act of 2023, would avert the 3.4 percent Medicare cut that, at the time of the Summit, was scheduled for Jan. 1.

Unfortunately, Congress recessed for the year before addressing the cuts, which took effect on Jan. 1. Despite that, plastic surgeons who conducted Summit Hill meetings reported widespread agreement among lawmakers

with the need to prevent the cuts. With two major deadlines related to funding the government coming in January, it is expected that Congress will include a package of healthcare bills along with federal appropriations and that the Medicare cut will be at least partially averted as a part of that package.

Modernizing WHCRA

The challenges that have arisen since commercial health insurers began devaluing microsurgical breast reconstruction are well documented, beginning in the wake of the 2019 Centers of Medicare and Medicaid Services (CMS) decision to phase-out the microsurgical breast reconstruction Healthcare Common Procedure Coding System codes. Even after CMS reversed its decision in August 2023 as a result of advocacy by ASPS, breast microsurgions and patient groups, payers continue to move to lower-paying codes for the procedure. ASPS has also received widespread reports from members of increasing difficulty in contracting for all types of breast reconstruction, and that many payers use prior authorization, pre-payment review and post-payment clawbacks to reduce the amount of breast reconstruction they pay for.

ASPS initiated a comprehensive effort to engage with the private insurance industry and secure fair reimbursement for microsurgical breast reconstruction, emphasizing the procedure's cost-effectiveness and positive outcomes. In conjunction with that effort, the Society also developed legislation to update and modernize the Women's Health and Cancer Rights Act of 1998 (WHCRA) to ensure that all post-mastectomy treatment approaches – including microsurgical reconstruction, implant-based reconstruction and flap closures – are covered and available within insurance networks. Advocacy Summit attendees pitched this ASPS-developed legislation in their meetings with congressional offices, and the concept received positive reception in the vast majority of the meetings. The Society is now working with a leading member of Congress to introduce the WHCRA modernization bill.

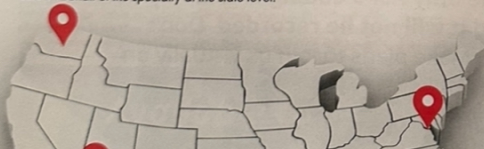
Ensuring Lasting Smiles Act


The Ensuring Lasting Smiles Act (ELSA) has long been a top priority for ASPS, and Society members used the Advocacy Summit to

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Advocacy in the states

A quick look at some of the work ASPS did in **November** and **December** to advocate on behalf of the specialty at the state level.





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push members of Congress to reintroduce the legislation. ELSA would require all federally regulated group and individual health plans to cover medically necessary items or services to treat congenital anomalies. Patients experience issues with denials for care due to insurance companies deeming treatment – typically later-stage surgeries and ancillary devices such as orthodontia – medically unnecessary and/or cosmetic in nature, requiring families to take on significant financial burden for their child to receive necessary care.

ELSA passed the House of Representatives in April 2022 with a vote of 310-110. That was during the 117th Congress, however, and the legislation has not yet been reintroduced in the 118th Congress, which started in January 2023 and will continue through 2024. Reintroduc-

tion has been delayed due to controversy based on some opponents' concern that the bill will allow for the coverage of transgender care for minors. The bill is being updated to further clarify that coverage of transgender care was not the intent of the legislation, and ASPS is hopeful that, once updated and reintroduced, it should continue to receive the bipartisan support that advocacy efforts previously had achieved.

Improving timely access to care

Obtaining prior authorization for Medicare Advantage plans continues to be a lengthy and burdensome process, and Summit attendees advocated for legislation and regulatory changes to help mitigate that problem. Office staff typically spend an immense amount of time trying to meet requirements for insurance company approvals, and patients ultimately suffer from this process due to the significant

barriers it creates to their accessing medically necessary care.

To help address this, the Improving Seniors' Timely Access to Care Act (H.R. 3173) would enhance transparency, strengthen accountability and reduce the burdens of prior authorization in Medicare Advantage plans by establishing an electronic prior-authorization process, minimizing the use of prior authorization for services that are routinely approved, requiring plans to report on the extent of their prior authorization use and the rate of delays and denials. This should ensure prior authorization requests are reviewed by qualified medical personnel, as well as adherence to evidence-based medicine guidelines.

Numbers game

The collective effort of physicians, policymakers and advocates is crucial to creating positive

changes in the healthcare landscape. The ASPS Advocacy Summit is a critical component in the specialty's effort to highlight the urgent need for legislative action to address critical healthcare issues. Ultimately, its effectiveness is directly proportional to the number of attendees, the size of our collective voice and the number of meetings we can conduct. We invite and encourage everyone to attend future Advocacy Summits, and we guarantee that doing so will provide you a direct opportunity to assist in defending your practices and ensure your patients continue to have access to care.

For further information on how you can support ASPS's advocacy efforts, please visit <https://plastyac.aristotle.com>. **PSM**

Dr. Hill is in private practice in Alpharetta, Ga., and is a member of the PlastyPAC Board of Governors, the ASPS Legislative Advocacy Committee and the YPS Forum.