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Federal Legislative Wins

2018 was a year of important wins. With health care at the forefront of political debates on Capitol Hill as well as the midterm election, OGR worked hard to continue to ensure that physician priorities—including medical liability reform, ownership issues, and IPAB repeal—were heard and advanced. Below is a list of some accomplishments achieved during 2018-2019.

Sports Medicine Licensure Clarity Act and the Medical Controlled Substances Transportation Act

The Sports Medicine Licensure Clarity Act (H.R.302), was signed into law on Oct. 5, 2018, after more than five years of tireless advocacy. The legislation, which originated from AAOS, provides legal protection for traveling team physicians and safeguards injured athletes' timely access to health care professionals who best know their medical histories.

Specifically, the law mandates that liability insurance of a medical professional treating their team in a secondary state should cover that person (subject to premium adjustments) as if treatment was provided in the primary state. Additionally, if two states do not currently have an agreement to provide licensure reciprocity, the provider is to be treated as if they're practicing in the state in which they're licensed.

For more on these issues, visit: www.aaos.org/advocacy/mlr/

To read the AAOS Now article, visit: www.aaos.org/AAOSNow/2018/Dec/Cover/cover01/?ssopc=1

Federal Appropriations FY 2018 and FY 2019

In February 2018, Congress passed legislation that includes an additional \$2 billion in funding for the National Institutes of Health (NIH) requested by AAOS (read more [here](#) and [here](#)), another extension of the Children's Health Insurance Program (CHIP) funding, and further funding to address the opioid epidemic.

The Senate version includes the \$39.1 billion for the NIH (the number that passed out of Committee), which represents a \$2 billion (5.4%) increase from the FY 2018 funding level as well as \$711 million for implementation of the 21st Century Cures Act. The HHS Appropriations report language also includes language to support the development and utilization of Qualified Clinical Data Registries as part of the Center for Medicare and Medicaid Innovation's purpose of testing innovative payment and service delivery models.

For more on these issues, visit: www.aaos.org/advocacy/researchappropriations/

Bipartisan Budget Act: MACRA and Independent Payment Advisory Board (IPAB)

The Bipartisan Budget Act of 2018, signed into law on Feb. 9, 2018, made technical amendments to improve MACRA, including a number of encouraging updates to MACRA requested by AAOS. For example, the legislation excludes Medicare Part B drug costs from MIPS payment adjustments and from the low-volume threshold determination; eliminates improvement scoring for the cost performance category for the third, fourth, and fifth years of MIPS; allows CMS to reweight the cost performance category to not less than 10 percent for the third, fourth, and fifth years of MIPS; and allows CMS flexibility in setting the performance threshold for years three through five to ensure a gradual and incremental transition to the performance threshold set at the mean or median for the sixth year. The legislation also permanently repeals the outpatient therapy caps beginning on Jan. 1, 2018, and removes the current mandate that meaningful use standards become more stringent over time. This eases the burden on physicians as they would no longer have to submit and receive a hardship exception from HHS.

The BBA also **permanently repeals the Independent Payment Advisory Board**, extends CHIP funding for an additional four years, permanently repeals outpatient therapy caps beginning Jan. 1, 2018, and removes current meaningful use "more stringent" mandate.

Physician Owned Hospitals

AAOS helped secure more than 80 cosponsors for the Patient Access to Higher Quality Healthcare Act. The legislation would lift the expansion and new construction restrictions on physician-owned hospitals (POH) that were included in the Affordable Care Act. Similar language was included in Representative Jim Banks's (R-IN) recently introduced Hospital Competition Act of 2019, which aims to combat the rising cost of health care and is [endorsed by the AAOS](#). Additionally, a Senate companion bill was introduced for the first time for which AAOS helped secure more than 10 original cosponsors.

AAOS is working with a coalition of orthopaedic practices and the Physician Hospital Association to develop a demonstration program through the Center for Medicare and Medicaid Innovation, which would allow POHs to expand. It is also working at the state level on state action waivers which would also lift the POH restrictions.

Stark Law Reform

The outdated and cumbersome Stark Law, which restricts physician referrals, needs to be reformed as we move to a value-based reimbursement system. It was designed for a fee-for-service environment and inhibits coordinated care. The AAOS aggressively advocated for the Medicare Care Improvement Act in the House and the Senate, which would provide exceptions from the Stark Law for alternative payment models. AAOS is now working with House and Senate sponsors on a more comprehensive bill for the 116th Congress.

Trauma Care

AAOS worked with Representative Burgess (R-TX) to introduce H.R. 880, the MISSION ZERO Act, and the legislation was passed by the U.S. House of Representatives on February 26, 2018. This bill will provide grants and allow Department of Defense trauma surgeons to be assigned to civilian trauma centers. The legislation is intended to help fill gaps in care and ensure that advances in military trauma care are brought home for civilian patients. AAOS, working with the Orthopaedic Trauma Association (OTA), participates in the Trauma Coalition, which worked to formulate and advance this legislation.

The MISSION ZERO Act was placed in the Pandemic and All Hazards Preparedness and Advancing Innovation Act (PAHPAI), a legislative package that was due to be passed by Sept. 30, 2018. The House passed this package, but due to an unrelated dispute among senators the package has not yet been passed in the Senate. AAOS OGR is hopeful action will be taken on this package shortly.

Podiatry

The VA MISSION Act became law on June 6, 2018 and included AAOS-supported language that ended the effort to call podiatrists at the VA "physicians" and allow them direct clinical supervision of MD's and DO's. The final language only allows podiatrists a raise and access to non-clinical leadership positions. The legislation was the result of months of negotiation between APMA and AAOS, with the full participation and support of AOFAS. The Joint Task Force of Orthopaedic Surgeons and Podiatric Surgeons was created to continue these conversations and accomplish two goals: to allow the organizations to work together on common issues and to study differences in education to determine whether a path could exist for podiatrists to be recognized as physicians.

During the 2019 AMA Interim Meeting, the Orthopaedic Section Council— an AAOS-led group of orthopaedic specialty and sub-specialty delegates to the AMA, led by Dr. Michael Suk—worked with Dr. Michael Aronow (AOFAS) to strengthen existing language and ensure physician-led (MD or DO as defined by the AMA) clinical training, supervision, and evaluation while recognizing the contribution of non-physicians to medical education. This passed unanimously and successfully became official AMA policy.

Opioids

On October 24, 2018, the president signed into law bipartisan legislation to combat the opioid crisis called the SUPPORT Patients and Communities Act (H.R.6). AAOS was successful in ensuring the final agreement included the Every Prescription Conveyed Securely Act (H.R.3528), which will require prescriptions for controlled substances