

## American College of Surgeons, Virginia Chapter

### *Updates from the Issues Chair, May 2021*

#### Overview

- Many national (e.g., ACS Advocacy Summit) and local events such as Lobby Day cancelled or very limited
- Long-term effects of COVID pandemic on healthcare system, economy, and society still unclear, but attempts to expand insurance coverage, improve access to care (e.g., tele medicine), focus on strengthening the public health infrastructure will likely have a more prominent role going forward
- Issues Committee plans for 2021
  - ACS VA Chapter members' interest in surgical advocacy
    - Thank you to all who participated in our survey in April 2021
    - 2/3 of participants reported being "interested" or "very interested" in advocacy, but almost 40% had no personal experience with advocacy. 25% were "experts" and e.g., had personal meetings with legislators. A majority of respondents would like our Chapter to offer workshops on advocacy, focusing on both national and regional issues
    - Major topics of interest listed included firearm safety and gun control; disparities in health care, equity, and diversity; payment reform and universal health care
    - ACS VA Chapter Advocacy Forum: we plan to offer an interactive session with speakers from ACS or MSV as well as VA Chapter members with personal experience in advocacy

#### National Legislation

##### Consolidated Appropriations Act of 2021, passed by Congress 12/2020

- No longer included the feared cuts to surgeon reimbursement for office E/M visits that had initially been introduced in CMS' 2021 Medicare Physician Fee Schedule (MPFS)
- New cuts to reimbursement may come into effect as early as 2022

- Implements new E/M coding rules for office visits. Seminars and updates in various levels of detail available through the ACS website
- Added 1,000 new Medicare-funded GME residency positions to be implemented over 5 years, starting in 2023. At least 10% mandated to be associated with rural hospitals and in health professional shortage areas (HPSA)
- Provided extensive funding for Paycheck Protection Program, SBA Economic Injury Disaster Loan program, and Provider Relief Fund – all COVID related

The American Rescue Plan (ARP) as a response to the COVID pandemic expands on provisions of the ACA and will attempt to expand insurance coverage further

#### **Relevant Past and Upcoming State Legislation (Virginia)**

- Legislative session under the impression of the COVID pandemic, i.e., many bills either directly addressed COVID-related problems or existing challenges that became more apparent during the COVID pandemic
- Balance Billing (“Surprise Medical Billing”) for out-of-network providers and in emergencies is no longer allowed for most fully insured patients in Virginia, with some exceptions
- A proposal to eliminate Virginia's medical malpractice cap was heard in the Senate Judiciary committee and passed by indefinitely, i.e. will not pass through the legislature. However, there was strong support for a revision of the current system, driven by individual cases of hardship, and it is very likely that there will be future attempts to revise or eliminate the cap
- A bill mandating clinicians to provide potentially extensive and time-consuming litigation assistance to treated patients and their attorneys was narrowly pulled back, but will also likely come up again
- A bill allowing licensure of naturopathic doctors, i.e., essentially elevating their “doctoral” degree towards that of MDs and Dos, was rejected
- Penalties in the form of reduced Medicaid payments for emergency patient visits determined “not an emergency” after the fact were introduced and passed. This could result in costs of up to \$55 million for hospitals and savings of up to \$20 million for the State per year.

- Since 2019, funding for the Trauma Fund in Virginia has been stopped. Budget amendment items 296#2s and 296 #2h, sponsored by Sen. Barker and Del. Sickles, requested allocation of \$12 million from the General Fund to support the Trauma Center Fund and were supported by the ACS VA Chapter. The General Assembly did not amend the budget to include this new funding source. The current funding will be sufficient for Fiscal Year 2021
- Telehealth and telemedicine services have taken a prominent role due to the COVID pandemic. Their future role will depend heavily on sustained and appropriate reimbursement at or near rates for in-person visits and reimbursement for audio-only visits (important in rural areas with limited access to high-speed internet connections). In Virginia, legislation was introduced to durably strengthen the role of telemedicine visits including these items
- "Strengthening Rural Health Clinics Act of 2021" & "Save Rural Hospitals Act of 2021"
  - Bipartisan legislation introduced to strengthen the financial situation of hospitals and health clinics in rural Virginia, which were the most vulnerable during the height of the COVID pandemic
  - Would address disproportionately low Medicare payments for facilities in rural and low-income areas and prevent unexpected changes in Medicare payment rates

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