

July 2008 - APMA LEGISLATIVE UPDATE

MEDICARE VICTORY – VETO OVERRIDE!: On July 15, President Bush vetoed HR 6331, the legislation that reverses the 10.6 percent cut in Medicare fees and exempts physicians from DME supplier accreditation.

Within hours, the US House voted to override the veto by an overwhelming majority of 383 to 41. The US Senate soon followed with a vote of 70 to 26. A two-thirds majority was required in both the House and Senate for the veto override, and the legislation is now law. The vote results are available on the APMA e-Advocacy website under "Vote Scorecard."

Effective immediately, the 10.6 percent cut will be reversed, retroactive to July 1, and claims will be paid at the 0.5 percent update rate that applied for the last six months of 2008; the exemption from DMEPOS supplier accreditation will take effect at once retroactive to June 30; and for 2009, physicians will receive a 1.1 percent update. Visit the APMA members' web site for what's next for supplying DMEPOS to your patients.

July 15 was the first day CMS was expected to begin paying claims for services provided on or after July 1. Any claims paid on that date will be reprocessed automatically by CMS if they reflect the fee cut – and they might.

The passage of this bill represents a major victory for APMA, which lobbied for positive updates for 2008 and 2009 and successfully led the fight to include several DMEPOS provisions in the bill.

APMA continues to work with other healthcare organizations seeking long-term reform of the SGR payment formula and ensuring that CMS follow the intent of the law regarding exemption from DMEPOS supplier accreditation.

H.R. 6331 RESOLVES DMEPOS ISSUES: Since 2003, APMA has worked to remove barriers for podiatric physicians in supplying DMEPOS to their patients. In May, the U.S. House introduced H.R. 6119 at APMA's request to address the prescribing parity issue, and in June another bill, H.R. 6252, was introduced that incorporated solutions for virtually all of the issues APMA had been seeking to resolve both through CMS and Congress – and more. The House then introduced H.R. 6331, the bill to stop the physician fee cut, and included in it all the DMEPOS measures from H.R. 6252. On July 15 the House and Senate overrode the President's veto and passed HR 6331. H.R. 6331, among other things, provides . . .

- clear statutory authority for DPMs to perform face-to-face examinations required to prescribe DMEPOS, as proposed in H.R. 6119 sponsored by Reps. Mike Ross (D-AR) and Chris Van Hollen (D-MD)
- an exemption for podiatric physicians from accreditation requirements to supply DMEPOS unless the US Secretary of Health and Human Services determines that the standards being applied to suppliers were designed specifically for such professionals. Rep. Fortney (Pete) Stark (D-CA) and 28 primary sponsors introduced H.R. 6252, which was ultimately added to H.R. 6331.

MEDICAID TITLE XIX BILLS STILL ACTIVE: Co-sponsor levels stand at 217 in the U.S. House of Representatives and 33 in the Senate for APMA's bills to define podiatrists as physicians in Medicaid. The number in the House is just **ONE shy of a majority!** APMA members are urged to visit www.apma.org/eadvocacy for updates and to write their Members of Congress to secure that final co-sponsor and more!

As part of Vision 2015, the APMA House of Delegates set a goal of **parity in all federal statutes** for podiatrists. Such recognition is critical, as federal laws establish authority for crafting state laws, for gaining hospital privileges, for defending against legal challenges, and for seeking equality in private and public health plans.

Several states podiatrists, including Florida, California, and Maine, have fought exclusion from state programs, and Connecticut podiatrists are seeking entry into theirs. In addition to giving podiatrists physician parity at the federal level, H.R. 1647/S. 399 would eliminate the need for state associations to expend time and resources to fight such battles.

OTHER ISSUES: APMA continues to address other federal legislative issues. These include anti-trust relief, health care for uninsured Americans, and professional liability reform. The association monitors and responds to Medicare issues in addition to the fee schedule, to activities related to Veterans' Affairs and the military, health information technology, provider discrimination, and financial aid and loan forgiveness.

This year APMA submitted written testimony on podiatric medical workforce, scholarship, and loan forgiveness issues for a Senate hearing, is working to ensure inclusion of podiatrists in a loan forgiveness program proposed in the Higher Education Act, and submitted written testimony for a House hearing on DMEPOS issues.

As the only national podiatric medical or surgical organization that may legally maintain a political action committee and employ federal lobbyists, APMA strives to protect and enhance the practice of podiatric medicine before the United States Congress and federal administrative agencies.

GO TO www.apma.org/eadvocacy FOR ADDITIONAL INFORMATION
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