TCAA COMPREHENSIVE FEDERAL LEGISLATIVE ADVOCACY REPORT

This report outlines the Trauma Center Association of America's (TCAA) federal advocacy accomplishments and on-going legislative efforts in support of its partnership with the Eastern Association for the Surgery of Trauma (EAST).

TCAA Testifies at House Committee Hearing on Trauma Care

On July 12, the House Energy & Commerce Health Subcommittee conducted a legislative hearing titled "Strengthening our National Trauma System." Jorie Klein, Trauma Program Director at Rees-Jones Trauma Center at Parkland in Dallas, Texas testified on behalf of TCAA. Ms. Klein served on a committee of the National Academies of Sciences, Engineering, and Medicine (NASEM) that released a report in June detailing recommendations for establishing military and civilian partnerships for trauma care.

The TCAA was proud to be one of five professional organizations, along with representatives of three federal agencies, to serve on the NASEM Committee on Military Trauma Care's Learning System. The Committee's report, titled "A National Trauma System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury" outlined 11 recommendations to ensure that lessons learned from military experiences in combat are built upon for future combat operations as well as translated to the civilian health care system.

The hearing also provided the opportunity to discuss legislation that has been drafted in direct response to the NASEM's recommendations. The "Military, Civilian, and Mass Casualty Trauma Readiness Partnership Act" (MCMC-TRIPP) is a legislative discussion document drafted by Rep. Michael Burgess (R-TX), with TCAA's assistance, to provide financial support to civilian trauma centers that integrate military trauma personnel and teams as part of their care delivery workforce.

The current MCMC-TRIPP draft would create a program that awards grants to offset the costs to trauma centers for incorporating military trauma care teams and personnel in their centers. The discussion draft would also require the Department of Health and Human Services to submit a report to Congress related to payment to trauma centers with respect to traumatic injuries under Medicare, Medicaid, and the Children's Health Insurance Program.

The TCAA is actively working with Rep. Burgess's staff, other members of the House Energy & Commerce Committee and members of the U.S. Senate to finalize the bill text for introduction and consideration as Congress returns from its summer break. As part of this effort, TCAA met with Senator Mark Kirk's (R-IL) staff recently to assist in the drafting of the Senate legislation and to discuss our strategy for when Congress returns in September.

TCAA Meets with Trauma Grant Legislation Sponsors

TCAA spent the summer recess period on Capitol Hill conducting in-person meetings with top staff members in the House and Senate to help advance legislation that would reauthorize federal trauma system grant programs.

Last year, the House voted overwhelming to approve two bills (H.R. 647 & H.R. 648) that would reauthorize grant programs for trauma centers to help offset operating costs, losses from uncompensated care and to prevent trauma facilities from closing. The legislation would also provide funding for states to improve access and availability of trauma care.

In the Senate, Sen. Jack Reed (D-RI) introduced S. 763, the "Trauma Systems and Regionalization of Emergency Care Reauthorization Act" to reauthorize state trauma care grant programs that are essential to ensuring the coordination of trauma care delivery among trauma centers, as well as implement and evaluate innovative models of regionalized emergency care systems; however, the legislation has not yet been considered. As part of TCAA's discussion with Senator Reed's staff, we offered to work with our membership around the country to help support his efforts to negotiate a final agreement on this legislation before Congress adjourns in December.

Likewise, TCAA also met with staff for Sen. Patty Murray (D-WA), the top Democrat on the Senate Health, Education, Labor & Pensions Committee (HELP), and the champion of the Trauma Care Center Grants and Trauma Service Availability Grants programs which are designed to provide grants to prevent further trauma center closures, address shortfalls in trauma services and improve access to and the availability of trauma care in underserved areas to discuss a strategy for advancing both these programs and S. 763 and to ensure that funding is available directly to trauma centers as well as states.

TCAA also met with key House members, including Rep. Michael Burgess (R-TX), Rep. Gene Green (D-TX), and Rep. Frank Pallone, Jr. (D-NJ) to inform them of its advocacy efforts in the Senate. TCAA and its advocacy partners will continue its presence on Capitol Hill in an effort to advance the legislation prior to the end of the year.

CMS Proposes Onerous Data Collection Requirements

Under a policy proposed by the Centers for Medicare and Medicaid Services ("CMS"), physicians would be required to collect and report comprehensive data on services billed under "Global Services". The proposal, included in CMS's CY 2017 Physician Fee Schedule Proposed Rule, stems from a provision in the Affordable Care Act that requires CMS to identify "misvalued" services and make appropriate adjustments. CMS has identified surgical services billed under Global Services as potentially misvalued and has proposed that physicians report certain, separately identifiable, additionally-billed evaluation and management (E/M) services performed on the day of a procedure above and beyond the usual pre and post care associated with the procedure under global coding package.

CMS previously proposed to redefine the global service bundled payment by valuing a surgery to include all services furnished on the day of surgery and pay separately for visits and services furnished after the day of the procedure to the clinician that directly performs such services; however, in response to

criticisms voiced by the physician community, Congress passed Section 523 of the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 to prohibit the agency from moving forward with its proposal and instead required that the data be gathered about visits in the post-surgical period.

In addition to the required E/M services data reporting, CMS proposes to survey 5,000 physicians about approximately 20 pre-operative and post-operative visits and other global services like care coordination and patient training. Based on the results of the data, the agency would revalue surgical services during future rulemaking.

TCAA will submit formal comments to CMS outlining concerns with the agency's proposal that would require physicians to dedicate significant time and resources to extensive data collection without reimbursement or potentially face a penalty of up to 5 percent of the payment for services. TCAA is also concerned that CMS intends to revalue surgical services in a manner that would reduce future reimbursement to physicians that partner with other care providers in pre- and post-surgical care.

Support Grows for Emergency Medications Bill

More than 125 members of the House have added their names as cosponsors of the Protecting Patient Access to Emergency Medications Act (H.R. 4365), sponsored by Rep. Richard Hudson (R-NC),

The legislation is designed to ensure that (1) EMS personnel can administer and deliver controlled substances without patient- or issue-specific orders; (2) an EMS agency may have one registration per state, rather than a separate registration for each location of the EMS agency; and, (3) an EMS agency, and not individual medical directors, are liable for receiving, storing, and tracking controlled substances (similar to the liability currently imposed on hospitals).

H.R. 4365 was a subject of discussion during the House Energy & Commerce Health Subcommittee's July 12 trauma care hearing. TCAA is closely following the legislation, which may be considered by the Committee later this year.

Opioid Addiction & Recovery Legislation Becomes Law

On July 22, President Obama signed the Comprehensive Addiction and Recovery Act of 2016 (CARA). The legislation authorizes $181 million for the Departments of Justice and Health and Human Services to award grants to address the national heroin and opioid epidemics and makes other changes to federal law designed to improve services and interventions.

The final version contains no new funding and therefore the funding authorized by CARA for grant programs and funding for other mandates in the legislation will need to be provided through the appropriations process later this year.

The comprehensive bill contains nine separate tiles involving numerous programs and policies throughout the Departments of Justice and HHS. Below are some of the legislation's provisions of most relevance to the trauma care community:

Grant Funding

Grants for community-wide prevention strategies.
Grants to streamline licensure requirements for veterans to meet civilian health care licensure requirements.
Grants to states to establish, implement, and improve state-based prescription drug monitoring programs.
Grants to states to implement standing orders for opioid reversal drugs.
Grants to community organizations to develop recovery services.
Grants for residential treatment for pregnant and postpartum women who have an opioid use disorder.
Grants to States for comprehensive opioid abuse response programs.
DOJ grants for collaboration between government agencies and substance abuse systems, training for first responders, medication-assisted treatments, prescription drug monitoring programs, juvenile opioid abuse, prescription drug take-back programs, and local comprehensive opioid abuse reduction programs.

Other Provisions

Expands access to opioid overdose reversal drugs.
Expanding access to addiction treatment services.
Permits nurse practitioners and physician assistants to dispense certain drugs for maintenance or detoxification treatment in an office-based setting.
Permits doctors to request that a prescription for a Schedule II substance not be filled in its entirety.
Allows Medicare to develop a safe prescribing and dispensing program.
Creates a chronic and acute pain task force of federal agencies and non-governmental stakeholders to study best practices for chronic and acute pain management.
Intensifies NIH research of alternative therapies for chronic pain.

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