



Legislative and Regulatory Update

April 2015

SGR Repeal Passed, President Expected to Sign into Law

The Senate took up the SGR “Medicare doc fix” upon its return on Monday. Yesterday, the Senate voted down six amendments, and a motion to waive the budget rules (to avoid pay-for rules) passed. The Senate then passed H.R. 2 as received from the House by a vote of 92-8. The bill now goes to the President’s desk, where it is expected to be signed into law, ending nearly two decades of “fixes” to the SGR.

The bill includes a reversal of the CMS policy in the 2015 Final Medicare Physician Fee Schedule to transition 10- and 90-day global period codes to 0-day global period codes in 2017 and 2018, respectively. ASTS and other medical specialty societies strongly advocated against this change because it could negatively affect patient care and access by creating separate co-pays for services such as follow-up visits, as well as less coordinated and more fragmented care. The bill requires CMS to periodically collect information on the services that surgeons furnish during these global periods beginning not later than 2017 and use that information to ensure that the bundled payment amounts for surgical services are accurate. The Secretary has the authority to delay a portion of payment for services with a 10 and 90-day global period to incentivize reporting of information.

The bill is based on the deal Speaker Boehner and Leader Pelosi reached last month to partially pay for the \$174 billion fix and to extend CHIP (the children’s health insurance program), which expires in September, for 2 years. The \$70 billion in partial pay-fors include cuts to health care providers, such as hospitals, acute-care providers, and insurers. The remaining half would be cuts to Medicare beneficiaries, such as additional means testing for high-income seniors.

The law will move Medicare toward payment based on measures of quality and value of care, rather than just the volume of services. ASTS will react to proposed regulations regarding this new system of payment, which involves

potential for incentives or significant penalties. For example, attribution of results and group reporting requirements in the pay for performance sections of the law have implications relevant to SRTR recognition as a Qualified Clinical Data Registry, an issue ASTS has been addressing with CMS.

ASTS Fly-In Schedule

The ASTS Legislative Committee is planning to visit Congressional offices in late May to advance a transplant-specific agenda. Legislation to be discussed includes the immunosuppressive drug bill, an exemption for transplant in the hospital readmissions penalties, and the living donor protection bill.

DoT Funding Testimony

The Transplant Roundtable, of which ASTS is a member, submitted testimony on April 3 to the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies supporting increased funding for the Division of Transplantation. The testimony requested an addition \$3 million in funding, bringing the total to \$26,549,000. [You can read the testimony here.](#)

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