



March 2015

ASTS Urges Congress to Stop Global Payment Codes Transition

ASTS and other medical organizations have signed a letter to Congressional leaders asking them to include language in the March Medicare bill that would prevent CMS from implementing the 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. CMS has not yet developed a methodology for the transition, and ASTS and other medical specialty societies are concerned that this change could negatively affect patient care and access because it will lead to additional and separate co-pays for services such as follow-up visits, adding to patients' financial burden and possibly discouraging them from follow-up visits. It would also lead to less coordinated and more fragmented care. ASTS will continue to advocate that this policy not be implemented.

ASTS Offers Input at ACOT Meeting

The Advisory Committee on Organ Transplantation met March 12-13 to discuss potential studies and recommendations. At the conclusion of the meeting, ASTS submitted [a letter to ACOT Chair Mark Barr, MD](#), to support meaningful long-term outcomes studies and urge ACOT to prioritize the efforts of the workgroup to provide input into how to overcome the numerous obstacles to innovative research designed to increase the quality of organs from deceased donors. ASTS also encouraged ACOT to continue pushing to resolve the misalignments between the CMS and OPTN policies for transplant centers and between performance metrics for transplant centers and OPOs.

Hospital Readmissions Bills Introduced

On March 10, S.688/H.R. 1343, the "Establishing Beneficiary Equity in the Hospital Readmission Program Act of 2015" was introduced by Senators Manchin and Portman and Representatives Renacci and Engel. The bi-partisan bills would improve the Medicare Hospital Readmission Program and make a specific reference to transplant as a condition for consideration for exclusion from the hospital readmissions penalty program. They also include a study,

completed by a multi-stakeholder technical expert panel, to examine the possibility of excluding certain clinical conditions, including patients with transplants, from the calculation of excess readmissions. ASTS has written a [letter thanking the bills' sponsors](#) and offering to serve on the expert panel.

SGR Repeal Bills Introduced

The current SGR patch expires April 1, so once again Congress is taking up the issue of repealing the SGR. Bipartisan bills were introduced in both the House and Senate by committee leaders on March 19, though the pay-fors were not included in this legislation. Speaker Boehner and Leader Pelosi have reached a deal 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. Senate Finance Democrats did not sign onto the original Boehner-Pelosi deal and continue to negotiate over the length of CHIP extension, other extenders, and pay-fors. ASTS is closely monitoring how the House and Senate will bridge their differences and [has signed on to a letter](#) urging Speaker Boehner to repeal the SGR. ASTS has also been advocating a transplant-specific agenda with regards to SGR repeal and pay for value models.

Medicare Part D Bill Introduced

Senators Chuck Grassley (R-IA) and Sherrod Brown (D-OH) introduced S. 648, the Medicare Formulary Improvement Act, on March 4. The bill would require drug plans to include all covered Part D drugs in the following categories: anticonvulsants, antidepressants, antineoplastics, antipsychotics, antiretrovirals, and immunosuppressants for the treatment of transplant rejection. It would apply to plan year 2015 and subsequent plan years. Although in 2014 CMS reversed their plan to remove part D protections for the time being, this current legislative effort aims to make the protections durable by prohibiting CMS from reconsidering the matter. ASTS will monitor any movement on this bill.

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