Senate fails to repeal Obamacare, for now

After a series of votes to repeal Obamacare in a variety of ways—full repeal, partial repeal, “skinny repeal” and more—the Senate failed to pass any form of health care reform the week of July 24. Instead, various combinations of moderate and ultra-conservative republicans thwarted Senate Majority Leader Mitch McConnell’s efforts to deliver on President Trump’s campaign promise of ending Obamacare.

The House passed its version of Affordable Care Act (ACA) repeal—the American Health Care Act (AHCA)—earlier this summer. According to the Congressional Budget Office (CBO), the AHCA would leave 23 million people uninsured by 2026 due to the elimination of the Medicaid expansion. However, the AHCA repeals the most unpopular aspects of Obamacare, such as the “Cadillac tax,” the medical device tax and the individual and employer mandates.

As of this writing the fate of the health care debate remains in limbo. It has been declared dead several times this year, only to rise to fight another round. SIR will continue to monitor the debate.

IPAB will not be triggered in 2017

According to the fiscal year 2017 Medicare Trustees annual report, the Independent Payment Advisory Board (IPAB) will not be triggered this year. The IPAB, first created in the Affordable Care Act, is a 15-member panel tasked with producing savings in Medicare without affecting coverage or quality. According to statute, the IPAB is permitted to make changes to Medicare policy if spending exceeds a targeted growth rate. The IPAB is responsible for submitting recommendations to Congress to slow the growth of national health care expenditures through the use of a spending target system. If Congress fails to pass legislation by Aug. 15 each year, the IPAB’s recommendations automatically take effect.

Based on economic trends in spending, there was speculation that IPAB would take effect for the first time this year. However, spending grew slower than originally anticipated, according to HHS Secretary Tom Price. A senior official from HHS indicated that IPAB would not be triggered until 2021.

SIRPAC spotlight: Bill Majdalany, MD

Bill Majdalany, MD, an attending practicing at the University of Michigan, participated in the 2017 graduate of the SIR Grassroots Leadership Program. In a recent interview with SIR, he...
explained why he joined the program to advocate on behalf of IR.

“Over the last few years I would notice occasional emails or announcements about SIRPAC but, frankly, I never paid much attention. I was too busy in training, studying for boards and then transitioning into my first job. While I was involved in SIR, I focused on the recruitment and education of future IRs as my way to give back. Admittedly I was hesitant, if not skeptical, about applying and participating in this type of advocacy activity. In our practice we have 32 vacation/meeting days each year, so each day can be quite precious. I wasn’t sure what type of difference, if any, that I would make and my general impression was that this was a program for residents as opposed to attendings. Still, I decided to attend and left with a completely different outlook. This was a wonderful, eye-opening opportunity The group of IRs spanned the career spectrum from newly minted residents to 20-year veterans. Our diverse experiences allowed us to tell the story of why Congress should help fund our fledgling residency through GME reform. Over the course of two days we met and hosted events for staffers, congressmen and senators, where we were able to share this story one-on-one.

Clearly, action doesn’t happen overnight in Washington. It takes persistent efforts over many meetings and interactions. There is no better organization than SIR to represent interventional radiology and so there is no better organization than SIRPAC to directly advocate for interventional radiology to Congress. Join me in giving back to advocate for our new IR residency and the best medical specialty. Volunteer, organize or donate today!”

Dr. Ferrara campaign update
SIR member and former Health Policy Councilor Stephen L. Ferrara, MD, FSIR, recently released his first-quarter fundraising totals and announced that he earned $256,243. Ferrara’s total was a record for a first-time candidate in the state of Arizona, in which he outraised five Republican incumbent House members in his home state.

SIRPAC recently announced its endorsement of Dr. Ferrara and is pleased to support such a viable candidate. Dr. Ferrara is running in Arizona’s 9th Congressional District, which is currently being
FEDERAL AGENCIES

CMS releases 2018 fee schedule and outpatient system proposed rules

On July 21, the Centers for Medicare and Medicaid Services (CMS) issued a proposed rule that updates payment policies and payment rates for services furnished under the Medicare Physician Fee Schedule (MPFS) on or after Jan. 1, 2018. On July 20, CMS released a proposed rule governing the Hospital Outpatient Prospective Payment System (HOPPS).

SIR’s Economics Committee is analyzing both rules and will submit comments by the September deadline. For interventional radiology, the overall impact of the Part B cuts is pegged at -1 percent.

A key part of the proposed 2018 Part B rule is the suite of Relative Value Scale Update Committee (RUC) recommendations. For calendar year 2018, CMS proposed RUC-recommended work relative value units (wRVUs) for new, revised and potentially misvalued codes. They are proposing these values on the basis of the understanding that the RUC generally considers the kinds of concerns CMS has historically raised regarding appropriate valuation of wRVUs. During their review of these recommended values, they identified some concerns similar to those SIR had held in prior years. Given the relative nature of the MPFS and the obligation to ensure that the RVUs reflect relative resource use, CMS has included descriptions of potential approaches they might have taken in developing wRVUs that differ from the RUC recommended values. CMS is seeking comment on both the RUC-recommended values as well as the alternatives considered. For practice expense (PE) refinements, CMS noted that, on average, in any case where the impact on the direct cost for a particular refinement is $0.30 or less, the refinement has no impact on the proposed PE RVUs.

For calendar year 2018, CMS is proposing to increase the payment rates under HOPPS by an outpatient department (OPD) fee schedule increase factor of 1.75 percent. This proposed increase factor is based on the proposed hospital inpatient market basket percentage increase of 2.9 percent for inpatient services paid under the hospital inpatient prospective payment system (IPPS), minus the proposed multifactor productivity (MFP) adjustment of 0.4 percentage point, and minus a 0.75 percentage point adjustment required by the Affordable Care Act. On the basis of this proposed update, they estimate that proposed total payments to HOPPS providers (including beneficiary cost-sharing and estimated changes in enrollment, utilization and case-mix), for CY 2018 would be approximately $70 billion, an increase of approximately $5.7 billion compared to estimated CY 2017 HOPPS payments.