INTRODUCTION:

The Council on Governmental Activities reviews federal legislation and regulations of concern to the medical profession or the health care industry, and initiates activities or undertakes appropriate responses on matters of priority interest, consistent with OSMA established goals and policy. It also establishes and maintains relations with federal government entities having statutory or regulatory jurisdiction affecting the medical profession, the delivery of health care, or public health. In cooperation with any other Association councils and committees, it communicates with the medical profession, develops policy recommendations for consideration by the Board of Trustees, prepares testimony, and otherwise conducts the federal legislative program of the Association. The activities of the Council are guided by the Association’s Annual Program of Activities as defined and interpreted by the Board of Trustees.

In order to be more nimble to respond to federal issues, the oversight for the Council on Governmental Activities was transferred to the OSMA Executive Committee beginning in 2013. The Executive Committee welcomes participation from any OSMA member and encourages physicians to get involved in legislative advocacy by contacting members of Congress when they are back in their home districts or joining the Council on Governmental Activities in Hill Visits to Washington DC.

Coalition of State Medical Societies:

To help address the challenges of new practice realities for physicians, the OSMA joined with nine other state medical societies to form the Coalition of State Medical Societies. The Coalition includes the four largest medical societies (CA, FL, NY, and TX), and represents more than 180,000 physicians, medical students and residents from coast to coast. The intent was to start with a core group of states and build on a bi-partisan, grassroots initiative that better utilizes the physician members of Congress and their key Congressional allies. Washington Lobbyist Larry Meyers has provided contract services since 2013 to help coordinate meetings with congressional members for the group. OSMA has renewed its membership each year since.

OSMA Executive staff, Ken King and Kathy Musson, have participated in a number of coalition meetings and congressional visits with the group. The plan is to continue coalition efforts to further refine their mission and develop outlines of potential legislation and a coordinated advocacy strategy. The Coalition talking points are attached to this report.

REVIEW OF ACTIVITIES:

AMA National Advocacy Conference - 2016:

The 2016 AMA National Advocacy Conference (NAC) was held February 22-24, 2016 in Washington, DC. The AMA NAC provides leaders of the medical community from around the
country the opportunity to gather and receive the latest information on various political and advocacy issues of interest to physicians and their patients.

Physicians representing the Oklahoma State Medical Association (OSMA) were President Woody Jenkins, MD; and President-elect Sherri Baker, MD. Also in attendance from Oklahoma were Mary Anne McCaffree, MD, AMA Board of Trustees member; D. Robert McCaffree, MD; OSMA Past President; Jack Beller, MD, OSMA Past President and AMA Council on Legislation Chair; Don Wilber, MD; 2016 President of the Oklahoma County Medical Society; Peter Aran, MD, 2016 President of the Tulsa County Medical Society; Susan Hull, MD, OSMA Rural Physician Section Vice-Chair; OSMA Executive Director Ken King, CAE; and Associate Executive Director Kathy Musson, CAE.

AMA National Advocacy Conference - 2017:

The 2017 AMA National Advocacy Conference (NAC) was held February 26 to March 1, 2017 in Washington, DC.

Physicians representing the Oklahoma State Medical Association (OSMA) were President Sherri Baker, MD; immediate Past-President Woody Jenkins, MD; President-elect Kevin Taubman, MD. Also in attendance from Oklahoma were: Jack Beller, MD, OSMA Past President and AMA Council on Legislation member; David Holden, MD, 2017 President of the Oklahoma County Medical Society; Peter Aran, MD, 2016 President of the Tulsa County Medical Society; Jenny Boyer, MD, OSMA Rural Physician Section Chair; Jean Hausheer, MD, OSMA Vice-President; Resident/Fellow Representative Ankur Rughani, MD; OSMA Executive Director Ken King, CAE; and Associate Executive Director Kathy Musson, CAE.

Oklahoma attendees, along with OSMA Federal Lobbyist Michael Preston, made “House Calls” to all of the Oklahoma Congressional Delegation.

The AMA, the OSMA and the Coalition firmly believe that our government should make it easier – not more difficult – for physicians to care for patients and provided Congress with some important steps that could be taken. The Coalition’s talking points on current health care issues is attached to this report. Also included is an update on the status of the American Health Care Act (HR 1628).

SUMMARY:

The OSMA maintains a close working relationship with the members of the Oklahoma Congressional Delegation on federal issues of importance to physicians and their patients. OSMA will continue to work with federal representatives to improve the quality of the health care system and to ensure Oklahoma patients have access to affordable care. The OSMA executive staff will continue to coordinate federal legislative activities with OSMA Federal Lobbyist Michael Preston and to dialogue with the AMA’s Washington, DC staff regarding federal issues affecting health care.
The Council on Governmental Activities continues to encourage all physicians to become involved in grassroots efforts to get to know their U.S. Senators and U.S. Representatives personally and to call on them when critical issues arise in Congress. For reference, a complete listing of the Oklahoma Congressional Delegation is attached to this report. OSMA physicians are encouraged to respond to OSMA blast federal legislative alerts as needed. In addition, the Council urges all OSMA members to contribute to the Oklahoma Medical Political Action Committee (OMPAC) and the American Medical Political Action Committee (AMPAC) as your involvement enhances their ability to elect and support pro-medicine candidates at the state and federal levels.

Due to the rapidly changing health care environment, Delegates are encouraged to watch for OSMA advocacy alerts or check OSMA’s website at www.okmed.org for updated information on these important topics. Additional information on OSMA’s federal legislative agenda is available by contacting Kathy Musson, OSMA Associate Executive Director at (800) 522-9452 or by e-mail to Musson@okmed.org.

Respectfully submitted,

Kathleen A. Musson, CAE
Associate Executive Director
The Oklahoma State Medical Association belongs to the **Coalition of State Medical Societies** which comprises 10 state medical associations, including the four largest medical societies (CA, FL, NY, and TX), and represents more than 180,000 physicians, medical students and residents from coast to coast. The Coalition firmly believes that our government should make it easier — not more difficult — for us to care for our patients. Here are some important steps Congress can take.

**Affordable Care Act**

Our state medical associations are committed to ensuring that patients across America have high-quality, affordable health insurance and real access to doctors.

As Congress debates a replacement plan for the Affordable Care Act, we are urging any plan to meet the following goals:

- Ensure Americans do not lose coverage.
- Improve access to physicians.
- Continue tax policies and subsidies that help low-and moderate-income patients afford coverage.
- Allow patients a broad choice of physicians, plans, and coverage through Health Savings Accounts, private insurers, government programs, and Medicare private contracting.
- Maintain the important insurance reforms that protect physicians and their patients, such as coverage for pre-existing conditions.
- Stabilize the individual insurance market.
- Allow each state to choose the best Medicaid options for their state.
- Improve access to physician-owned hospitals.
- Provide access to affordable prescription drugs.

**MACRA**

1. **Monitor MACRA Implementation to Prevent Another Bureaucratic Catastrophe**

   The new payment systems established under the Medicare Access and CHIP Reauthorization Act (MACRA) offer the potential to bring positive changes to how we pay for and deliver health care to seniors. While the changes to the Merit-Based Incentive Payment System (MIPS) and the Alternative Payment Systems (APMs) in the final rule are a significant improvement over the initial proposal, the burdensome regulations continue to be counterproductive to quality patient care. The Coalition members continue to advocate changes in the MACRA regulations. We urge a further reduction in the requirements for small and rural practices, particularly in the electronic health record (EHR) category. The EHR vendors need to be held more accountable, and the cost category needs to be overhauled so that physicians are not disincentivized for caring for vulnerable patients.

   Please join our organizations in monitoring the Centers for Medicare & Medicaid Services’ ongoing implementation of MACRA to prevent its entanglement in unnecessary regulations that discourage physician participation in Medicare.
2. Work for Statutory Changes to Make MACRA Work Better for Physicians and Patients

The Coalition supports the following amendments to the MACRA law to further ensure these new programs actually improve patient care and encourage physician participation in Medicare.

- Establish higher Medicare payment updates.
- Expand the permanent exclusions for small practices.
- Eliminate all penalties and the requirement for budget neutrality in the bonus/penalty payment system.
- Set meaningful, objective performance standards.
- Simplify reporting and compliance requirements.
- Work with information technology vendors to establish lower-cost systems.
- Require appropriate risk adjustment of all cost and quality measures.
- Eliminate APM requirements that physicians must accept insurance-type, downside risk in order to earn incentives in alternative practice models.

Federal Bureaucratic Burden Overall on Physicians

The regulatory burdens in Medicare and Medicaid continue to pile up — the latest being the requirements for physicians to offer translation services to all Medicare patients without payment. Onerous regulations like HIPAA and CLIA have not gone away. The Coalition asks that Congress:

- Impose a two-year moratorium on new regulatory requirements of physicians’ practices.
- Require true interoperability among electronic health records to allow physicians, hospitals, labs, and health plans to exchange vital health care information simply and inexpensively. Despite the widespread adoption of EHRs, physicians are still forced to fax information because these systems can’t talk to each other.
- Require Medicare and Medicaid to arrange for and cover the cost of interpreters.

RAC Audits

Medicare pays Recovery Audit Program contractors (RACs) like bounty hunters to find potential overpayments made to physicians. Nearly half of all audit findings are overturned by an administrative law judge when a physician appeals. This demonstrates how badly the program needs reform. A good sign is the recent Centers for Medicare & Medicaid Services announcement that it no longer will contract with CGI Group. The Coalition asks that Congress:

- Prohibit RACs from recouping physician payments until the appeals process is final.
- Make RACs more accountable for improving extrapolation formulas and employing reviewers trained in the same medical specialty as the physicians they review, and impose penalties for inaccurate findings.
- Provide incentives for RACs to educate physicians about any incorrect billing practices to avoid future billing errors.

Telemedicine

Telehealth offers great hope to make health care more available and efficient. We support the appropriate expansion and coverage of telehealth services to improve access to care for patients covered by Medicare, Medicaid, and the U.S. Department of Veterans Affairs, particularly in underserved areas. HR 6, the 21st Century Cures Act was enacted by Congress and signed into law. It includes language that would expand Medicare’s coverage of telehealth services.

To protect patient safety, we strongly urge Congress to preserve the jurisdiction of state medical boards to license and discipline physicians. Fundamentally, the practice of medicine takes place where the patient is receiving treatment, and physicians should be licensed to practice in the state where this care occurs. In addition, we believe services provided through telehealth should adhere to appropriate standards of care and that these services should be paid for on par with the same services provided in person. We urge any federal telehealth legislation to adhere to these principles.
HEALTH CARE: STATE OF PLAY ON FEDERAL CAPITOL HILL

As of April 12, 2017

The U.S. House Republican’s health care “repeal and replace” proposal entitled the American Health Care Act (HR 1628) would reduce federal deficits by $337 billion over the next ten years and increase the number of people who are uninsured by 24 million in 2026 relative to current law, according to estimates from the Congressional Budget Office. However, on Friday, March 24th, House Republicans had to pull their repeal of the Affordable Care Act from consideration on the House floor due to a revolt from members of the House Freedom Caucus, other conservative Republicans and because not one House Democrat supports a repeal and replace effort. This was considered a major defeat for the Trump Administration and House Republican leadership.

House Energy and Commerce Committee members, who are charged with crafting this bill, met a week later on March 30th to discuss the outlook for the health care agenda which remains in limbo, as conservative and moderate republican lawmakers continue to try to negotiate a deal. On April 6th though the House Rules Committee announced an amendment to HR 1628 which would create a high risk pool in hopes of helping insurers cover costs of individuals with pre-existing conditions and keep premiums lower for healthy individuals. The amendment passed the House Rules Committee, 9-2. House Speaker Paul Ryan touted the amendment as “real progress and it will help us build momentum for delivering on our pledge to the country.” And, Freedom Caucus Chairman Mark Meadows said if the offers made over the last few days are in the final bill, then “the majority, if not all of the Freedom Caucus will vote for this bill.”

As for this stalled health care bill and the rest of Congress’ legislative agenda including tax reform, infrastructure investment legislation, and appropriations bills, House Speaker Ryan still maintains his caucus is on track and scheduled to finish these efforts before the end of the fiscal year.

Even with this new amendment to the American Health Care Act, leadership still acknowledges the legislation may not yet be ready for floor consideration. Congressional staff will continue to work on HR 1628 over the Easter recess, and could make some changes in hopes of garnering more votes. Both chambers will be on break for Easter recess; Senators scheduled to return April 24, and House members the next day. Some House members have voiced optimism that they will pass a health care repeal after this Easter recess, but depending on press reports and forthcoming town hall meetings, the holdouts’ positions could either soften or harden.

Additional information on OSMA’s federal legislative agenda is available by contacting Kathy Musson, OSMA Associate Executive Director at (800) 522-9452 or by e-mail to Musson@okmed.org.
United States Senate

Senator Jim Inhofe (R)
(202) 224-4721
(202) 224-0380 (fax)
Health Legislative Assistant: Jennifer Bowman
jennifer_bowman@inhofe.senate.gov
205 Russell Senate Office Bldg
Washington, DC 20510
Tulsa District: (918) 748-5111
www.inhofe.senate.gov

Senator James Lankford (R)
(202) 224-5754
(405) 234-9909 (OK office fax)
Health Legislative Assistant: Kevin Kincheloe
kevin.kincheloe@lankford.senate.gov
316 Hart Senate Office Building
Washington, DC 20510
Okla. City Office: (405) 234-9900
www.lankford.senate.gov

United States House of Representatives

Congressman Jim Bridenstine (R)
(202) 225-2211
(202) 225-9187 (fax)
Health Legislative Aide: Mark Piland
mark.piland@mail.house.gov
216 Cannon House Office Bldg
Washington, DC 20515
Tulsa District: 2446 E. 81st St., # 5150
(918) 935-3222
www.bridenstine.house.gov/

Congressman Markwayne Mullin (R)
(202) 225-2701
(202) 225-3038 (fax)
Health Policy Advisor: Taylor Hittle
taylor.hittle@mail.house.gov
1113 Longworth House Office Bldg
Washington, DC 20515
Muskogee District: 918-687-2533
www.mullin.house.gov/

Congressman Frank Lucas (R)
(202) 225-5565
(202) 225-8698 (fax)
Legislative Assistant: Christian Dibblee
Christian.Dibblee@mail.house.gov
2405 Rayburn House Office Bldg
Washington, DC 20515
Yukon District Office: (405) 373-1958
www.lucas.house.gov/

Congressman Tom Cole (R)
(202) 225-6165
(202) 225-3512 (fax)
Health Legislative Assistant: Matt Diller
matt.diller@mail.house.gov
2467 Rayburn House Office Bldg
Washington, DC 20515
Norman District: (405) 329-6500
www.cole.house.gov/

Congressman Steve Russell (R)
(202) 225-2132
(202) 226-1463 (fax)
Health Legislative Assistant: Alaura Ervin
alaura.ervin@mail.house.gov
128 Cannon House Office Bldg
Washington, DC 20515
Okla. City District: (405) 234-9900
www.russell.house.gov/

Oklahoma State Medical Association
For additional information contact
Kathy Musson, CAE,
Associate Executive Director
(405) 601-9571 or (800) 522-9452
e-mail: musson@okmed.org

Michael Preston, OSMA Federal Lobbyist
Washington DC Office: (202) 742-4358

3/16/2017