



American Association of Oral and Maxillofacial Surgeons



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Federal Affairs

[Leaders in the Senate Work Together on Health Care Reform Legislation for 2009](#)

Democratic leaders in the Senate are beginning to outline their health care reform packages in preparation for the incoming Obama Administration. One of the most vocal legislators is Senate Finance Committee Chairman Max Baucus (D-Mont). On November 12, 2008, Senator Baucus released [a health care reform white paper](#) detailing his vision for both policy and the process in the upcoming health care

reform debate. The outlined plan is expansive and addresses health care coverage, quality, and cost. Some specific points of his plan include:

- Ensuring that every individual can access affordable coverage by creating a nationwide insurance pool called the Health Insurance Exchange, but individuals can stay with current plan if preferred.
- While the Exchange is being created, making health care coverage immediately available to Americans aged 55 to 64 through a Medicare buy-in, and phase-out the current two-year waiting period for Medicare coverage for individuals with disabilities.
- Placing a larger focus on primary care and preventative medicine.
- Removing prescription drugs from the SGR formula, saving an estimated \$50 billion in from the SGR costs.

Senator Baucus also made it clear that while the goal is universal coverage and there is a mandate for all individuals to enroll in either a private or public plan, he does not approve of a single payer system.

Senator Baucus is not alone in drafting legislation for the 111th Congress. Chairman of the Senate Health, Education, Labor and Pensions Committee, Ted Kennedy (D-Mass.), is also in the preparation stages of introducing health care legislation to expand coverage next year. Kennedy has already hosted roundtable discussions with various members of the health care community and key legislators.

Senators Baucus and Kennedy met on November 19th to discuss their respective plans and strategies for success. Baucus commented that while two separate measures may be introduced, both Senators “are on the same page” and did not expect a committee jurisdiction conflict over the issue.

AAOMS Government Affairs will be monitoring the continued development and introduction of these measures for their impact on the specialty.

State Affairs

Iowa Nursing Board Terminates Consideration of Anesthesia Regulation; Withdraws Prior Policy on Propofol

During their [September 11 meeting](#), the Iowa Board of Nursing (IBN) withdrew a proposed rule that would have made permanent a 2007 IBN policy prohibiting a registered nurse (RN) and an advanced registered nurse practitioner (ARNP), with the exception of a certified registered nurse anesthetist (CRNA), from administering anesthetic agents (including Propofol, Brevitol, Ketamine and Etomidate) during any operative, invasive or diagnostic procedure in any type of setting. The proposed rule, issued earlier this year, modified the 2007 policy by creating an exception to the prohibition for RNs and ARNPs when under the direction of a CRNA, anesthesiologist, or an oral and maxillofacial surgeon who was physically present in the procedure room at the time of medication administration and for the duration of the anesthetic agent's effectiveness. The RN and ARNP in these exempted situations would have been required to have BLS, ACLS, and PALS and have annual education in the administration of anesthetic agents. The Board terminated the rule making for the proposed rule and repealed the 2007 board policy largely due to public comment on the matter.

The Iowa Society of Oral and Maxillofacial Surgeons (ISOMS) and AAOMS worked together on both the policy on Propofol administration as well as the proposed rule. While the Nursing Board's actions provide temporary relief, the Board stated that their staff would continue to work on rules concerning administration of all anesthesia medications based on public comment and current literature. AAOMS staff in conjunction with the ISOMS will continue to monitor the future of this issue and work to represent the interests of OMSs.

Practice Management

2009 Medicare Physician Fee Schedule Released

The [2009 Medicare Physician Fee Schedule](#) was released on October 30th and is expected to be printed in the November 19th Federal Register. As reported earlier this year, the proposed 10.6% cut in physician reimbursement was averted on July 15th, when Congress voted to override President Bush's veto of the Medicare Improvements and Providers Act of 2008 (H.R. 6331) which halted the cut for 18 months and increased payments by 1.1 percent in 2009. For those who familiar with the formula for determining Medicare payment, the new conversion factor will be \$36.066. While it is \$2 less than last year's \$38.0870, the budget neutrality adjustor which has been incorporated into the formula the last couple of years has actually been increased by 1.1%. A more thorough review of the fee schedule will occur within the next few weeks. Watch for future issues of the Advocacy E-Newsletter for details on how the specialty of OMS will be impacted. Additional changes within the Final Fee Schedule include the following:

- Boosts the Physician Quality Reporting Initiative (PQRI) bonus to 2% for providers who successfully report quality measures vs. the previous 1.5% bonus
- Implements a five-year incentive program for eligible providers for successfully using electronic prescribing. Bonuses for 2009 and 2010 equal 2% of total Medicare charges
- Defers a proposal to require providers providing imaging and other diagnostic radiology tests to be certified as Independent Diagnostic and Testing Facilities
- Restates CMS' intention to expand value-based purchasing initiatives, and to identify misvalued supplies and services, and continue its review of services that could be bundled or subjected to multiple procedure payment reductions
- Limits ability to retroactively bill Medicare while Medicare enrollment applications are being processed to a 30 day window vs. the previously allowed 27 months prior to being enrolled to participate in Medicare

Delta Dental Plans to Change Policy on Non Reimbursed Care

Delta Dental providers may notice a change in reimbursement in the coming two years. According to a Managed Dental Care Report, Delta Dental Plans Association has agreed to change provider reimbursement that will give more uniformity to fees its enrollees pay for non covered services. Dentists who are part of Delta's preferred provider organization networks will be required to honor contracted fees for non covered services. "We will only hold dentists to contracted fees for services where we have enough credible data to develop a contracted fee. For services where we do not have enough valid fee data, we will not put a contracted fee in place" (Delta Dental Plans Association).

With the policy change, the patient would pay what the Delta plan dictates. The implementation is scheduled to be fully in place by January 2011 for the Premier Network and July 2009 for the PPO networks. AAOMS will keep you updated with any further news relating to this topic.

CDC Released New Guidelines for Disinfection and Sterilization on November 13

The U.S. Centers for Disease Control and Prevention (CDC) recently released its "[Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2008.](#)" The guidelines present evidence-based recommendations on the preferred methods for cleaning, disinfection and sterilization of patient-care medical devices and for cleaning and disinfecting the healthcare environment. The brand-new 2008 guidelines do have a brief section on dental instruments that highlights several of the 2003 guidelines including:

- sterilizing after each use surgical and other instruments that normally penetrate soft tissue or bone
- sterilizing hand pieces after each use and discontinuing use of any hand pieces that cannot be heat-sterilized
- understanding the differences between clinical contact and housekeeping surfaces and what to do for each and
- understanding the recommendations to reduce variability in the appropriate use of disinfectants and sterilants thus reducing the potential for transmitting infectious agents in dentistry.

New subjects in the guidelines include inactivation of emerging pathogens; bioterrorist agents and blood borne pathogens; toxicologic, environmental and occupational concerns associated with disinfection and sterilization practices; disinfection of patient-care equipment used in ambulatory and home care; inactivation of antibiotic-resistant bacteria, and new sterilization processes. More information about the guidelines can be found on www.cdc.gov and www.osap.org.

Dental Anesthesia Assistant National Certification Examination (DAANCE)

Beginning **December 3, 2008**, the OMAAP certificate of completion course will sunset and the new program going forward will be known as the Dental Anesthesia Assistant National Certification Examination (DAANCE). To ensure that the DAANCE certification examination meets existing professional testing standards, AAOMS follows the Standards for Educational and Psychological Testing (1999), as published by the American Educational Research Association, American Psychological Association, and the National Council on Measurement in Education. The Standards are designed to establish criteria for appropriate development, use and interpretation of tests. Registration information will be made available on the Meetings and CE pages of aaoms.org after December 1, 2008. Answers to frequently asked questions about the transition from OMAAP to DAANCE can be found [here](#).

Red Flag Rules Deadline Extended to May 1, 2009

The [Federal Trade Commission](#), Office of the Comptroller of the Currency (OCC), FDIC, Federal Reserve and various other federal agencies, issued a set of rules and guidelines regarding identity theft. These new "red flag" rules and guidelines mandate that all financial institutions and creditors develop and implement an identity theft prevention program designed to detect, prevent, and mitigate the effects of,

identity theft by May 1, 2009. Under the rules, the definition of “covered account” will encompass any consumer account that permits multiple transactions that may pose a reasonably foreseeable risk to consumers or businesses from identity theft. This category may include many healthcare providers given the common post-services payment they receive for healthcare services. For more information on the red flag rules, please visit, www.ftc.gov.