



American Association of Oral and Maxillofacial Surgeons



For further information contact:
Jeanne Tuerk, Manager
Governmental Affairs Department
800-822-6637 | jtuerk@aaoms.org

January 20, 2017

Federal Affairs

[Federal Update: Status of ACA Repeal through Budgetary Reconciliation](#)

[AAOMS Letter of Endorsement for HHS Secretary Nominee Tom Price](#)

[Congressional Committee Leadership under the 115th Congress](#)

[Attend the 2017 AAOMS Day on the Hill to Make Sure OMS Issues are Heard in Washington](#)

State Affairs

[2017 Legislative Sessions Begin](#)

[Michigan Exempts Dental CBCT from CON Process](#)

[New York Revises Anesthesia Regulations](#)

Health Information Technology

[CY 2016 EHR "Meaningful Use" Attestation Deadline Feb. 28](#)

[2017 "Meaningful Use" Payment Adjustment Reconsideration Forms due Feb. 28](#)

[Joint Commission Prohibits Texting Patient Care Orders](#)

Practice Management

[Update on CMS's Postoperative Visit Data Collection](#)

[FDA Bans Powdered Surgeon Gloves; Powdered Patient Examination Gloves; Absorbable Powder for Surgeon's Glove](#)

Federal Affairs

Federal Update: Status of ACA Repeal through Budgetary Reconciliation

Congress wasted no time in the new year to begin dismantling the ACA. First, the Republican-controlled Senate gathered enough votes (51-48) to proceed with a budget resolution that set the repeal process in motion. The House followed days later by approving the resolution 227-198.

The budget resolution does not need the signature of the president nor does it become law; it simply sets the stage for Congress to move forward. The next step is for the House and Senate committees with jurisdiction over healthcare to begin drafting repeal legislation, which only needs 51 votes in the Senate. This legislation likely will include only revenue or tax provisions, such as repealing the tax penalty that requires all Americans to have health insurance and the tax penalties for employers with more than 50 employees that don't offer health benefits.

Republicans will need help from the Democrats in the next step to address any issues beyond what can be included in the reconciliation bill. The Senate has set a target date of Jan. 27 for a repeal measure, though this is subject to change. A healthcare repeal-and-replace measure can still be passed by the assigned committees after the target date. President-elect Trump has weighed in, saying that once his nominee for HHS Secretary, Rep. Tom Price, has been confirmed, his administration will begin crafting its own repeal-and-replace plan, which would be expedited and simultaneously offered upon confirmation.

AAOMS Issues Letter of Endorsement for HHS Secretary Nominee Tom Price

AAOMS issued a [formal letter of support](#) to HHS Secretary Nominee and Congressman Tom Price (R-Ga.) in early January to congratulate him and wish him a successful confirmation. Rep. Price is a physician-member of Congress and has been a leader in healthcare policy over the past decade. Rep. Price had a hearing with the Senate Health, Education, Labor and Pensions Committee on Tuesday, but is not expected to have his confirmation vote with the Senate Finance Committee until mid-February.

Congressional Committee Leadership under the 115th Congress

The newly inaugurated 115th Congress has finalized its committee membership in both chambers. **If you have a relationship with any of these members**, please let us know by contacting Adam Walaszek in the AAOMS Government Affairs Department at 800-822-6637, ext. 4392, or awalaszek@aaoms.org.

House of Representatives AAOMS Key Committees

- [Appropriations](#)
- [Budget](#)
- [Education and Workforce](#)
- [Energy and Commerce](#)

- [Small Business](#) Note: The complete roster has not yet been determined but will be available in this link.
- [Ways and Means](#)

Senate AAOMS Key Committees

- [Appropriations](#)
- [Budget](#)
- [Finance](#)
- [Health, Education, Labor and Pensions](#)
- [Small Business and Entrepreneurship](#)
- [Veterans Affairs](#)

Attend the 2017 AAOMS Day on the Hill to Make Sure OMS Issues are Heard in Washington

Given all of the changes in leadership at the federal level this year, it is important to educate members of Congress about OMS and the issues facing your patients and your practice. Please join us in Washington, D.C., on March 21-22 for the 17th Annual AAOMS Day on the Hill. Registration is [now open](#).

No previous advocacy experience is necessary. Airfare and Tuesday night's hotel stay is available for reimbursement for up to 25 first-time attendees on a first-come, first-served basis. Visit www.AAOMS.org/dayonthehill for more information or contact Adam Walaszek at 800-822-6637, ext. 4392, or awalaszek@aaoms.org.

State Affairs

2017 Legislative Sessions Begin

The 2017 state legislative season has begun with 42 legislatures back to work this month – in addition to California and Maine, which got a head start in December. The legislative season is promising to be a busy one with more than 700 bills expected to be introduced that will impact OMS practice. The length of state legislative sessions varies from state to state and is determined by state constitution, statute or chamber rules. At a relatively short 45 calendar days, Virginia has the shortest legislative session this year. This means legislation will move quickly and OMSs should remain diligent in monitoring any developments in their own states. State legislative calendars, leadership and party breakdowns are available on the [AAOMS website](#).

Michigan Exempts Dental CBCT from CON Process

The Michigan Department of Health and Human Services has finalized a regulation that removes from the state's certificate of need (CON) process "dental CT scanners that generate a peak power of 5 kilowatts or less as certified by the manufacturer and are specifically designed to generate CT images to facilitate dental procedures by a licensed dentist under the practice of dentistry." The new rule, which was reported in the [Jan. 1 edition of the Michigan Register](#), became effective on Dec. 9. For more information, please contact the [Michigan Certificate of Need Commission](#) or the [Michigan Society of Oral & Maxillofacial Surgeons](#).

New York Revises Anesthesia Regulations

The New York State Education Department (NYSED), which oversees the licensure of dentists in the state, recently finalized [revised regulations](#) to update the state's requirements for the safe delivery of sedation and anesthesia. The new rules, the first in six years, include amendments to anesthesia records and pediatric considerations and require the use of end-tidal CO2 monitors for intubated patients. For more information on the revisions, contact [NYSED](#) or the [New York State Society of Oral and Maxillofacial Surgeons](#).

Health Information Technology

CY 2016 EHR "Meaningful Use" Attestation Deadline Feb. 28

Medicare providers [must attest](#) to their successful adherence to the requirements of the ["meaningful use" program](#) during the 2016 program year by **11:59 p.m. EST on Feb. 28**. During the attestation process, providers must attest to satisfying the requirements of the ["meaningful use" program](#) for any 90-day continuous reporting period within the 2016 calendar year. Providers who failed to adhere to "meaningful use" in 2016, or fail to attest their participation by the deadline, will face a [3 percent reduction in their professional fees](#) in 2018. For more information, visit the [CMS website](#) or contact CMS directly at 888-734-6433 and select option 1.

2017 'Meaningful Use' Payment Adjustment Reconsideration Forms due Feb. 28

Medicare providers who were notified they would receive a payment adjustment to their 2017 Medicare professional fees and feel they have received this designation in error have until **Feb. 28** to submit [reconsideration forms](#) to CMS. If approved, the payment adjustment reconsideration is valid for 2017 payment adjustments only. For [more information](#), visit the [CMS website](#) or contact CMS directly pareconsideration@provider-resources.com.

Joint Commission Prohibits Texting Patient Care Orders

In a recent update, the Joint Commission banned the use of secure text messaging to transmit patient care orders. The Commission concluded after years of debate that the technology available for text messaging is not secure enough to allow the practice. Read the [December 2016 issue](#) of *The Joint Commission Perspectives* for more information on the decision.

Practice Management

Update on CMS's Postoperative Visit Data Collection

CMS announced in the Final 2017 Medicare Fee Schedule that it will begin collecting post-operative visit data via physicians' claims in 2017. CMS is requiring the data collection to determine whether the number of postoperative visits included in the value of surgical procedures are actually being performed. CMS will

use the data gathered to more accurately value surgical services. Since these visits are currently included in a surgery's global surgical period, CMS will not reimburse for these post-operative visits.

CMS recently posted on its [website](#) the list of procedure codes in which postoperative data are being collected. This list consists of high-volume and/or high-cost procedures (furnished by more than 100 practitioners and either are nationally furnished more than 10,000 times annually or have more than \$10 million in annual allowed charges). Commonly performed OMS procedures such as implant removal, biopsy of the mouth and destruction of lesions are included on this list.

Beginning July 1, any Medicare-enrolled OMS meeting the following criteria who renders a procedure on CMS's list will be required to report CPT code 99024- "postoperative follow-up visit normally included in the surgical package" for each postoperative visit rendered associated with that procedure. OMSs required to report include those who:

- Practice in larger practices (10 or more practitioners)
- Practice in the states of Florida, Kentucky, Louisiana, Nevada, New Jersey, North Dakota, Ohio, Oregon and Rhode Island.
- Render a procedure(s) included on CMS's list

OMSs in practices with fewer than 10 practitioners or those practicing in other states are exempted from this mandatory reporting requirement but are encouraged to report if feasible. CMS also has contracted with RAND to randomly survey up to 10,000 providers in regards to their postoperative services, including face-to-face and non-face-to-face services, complications and time spent with their patients during follow-up exams.

[FDA Bans Powdered Surgeon Gloves, Powdered Patient Examination Gloves, Absorbable Powder for Surgeon's Glove](#)

The FDA issued a [final rule](#) in December prohibiting the use of powdered surgeon's gloves, powdered examination gloves and absorbable powder for lubricating a surgeon's gloves. The FDA believes these products "present unreasonable and substantial risk to health care providers, patients and other individuals." The FDA further states, "the use of powder on medical gloves presents numerous risks to patients and health care workers, including inflammation, granulomas, and respiratory allergic reactions." Powdered gloves are only the second medical device to be banned by the FDA, the first being prosthetic hair fibers in 1983. The ban took effect Jan. 18.