



American Association of Oral and Maxillofacial Surgeons



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In late April, the House Energy and Commerce Oversight and Investigations Subcommittee held a hearing titled, *Combating the Opioid Abuse Epidemic: Professional and Academic Perspectives*. Hearing testimony covered a range of topics, but Anna Lembke, MD, assistant professor, Psychiatry and Behavioral Sciences, Stanford University Medical Center, specifically noted that “doctors are a major pipeline of misused and diverted prescription opioids” and that “the solution to this problem lies in giving doctors tangible incentives to prescribe judiciously.” Witnesses at the hearing spoke about the need to

provide providers with incentives to use Prescription Drug Monitoring Programs (PDMPs). The Subcommittee held a subsequent hearing in May titled, *What is the Federal Government Doing to Combat the Opioid Abuse Epidemic?* during which, Michael Botticelli, director, Office of National Drug Control Policy, reiterated the Obama Administration's support for "mandatory prescriber education and training tied to control substance licensure." AAOMS continues to track congressional action on the prescription drug abuse issue and provides comments when appropriate.

The Senate Finance Subcommittee on Health also held a hearing titled, *A Fresh Look at the Impact of the Medical Device Tax on Jobs, Innovation and Patients*. Although Senator Debbie Stabenow (D-MI) noted that critics may be overstating the impact of the tax on an industry that is thriving and "not falling apart," her comments indicated that there is bipartisan support for repealing the tax. Following the hearing Sen. Stabenow said she is willing to part with the tax—but not with the revenue it generates. Her sentiment, which is shared by many Democrats, reinforces the idea that any repeal effort will have to include an offset. Meanwhile, a Congressional Research Service (CRS) report released during the week of April 20, noted that since manufacturers have been able to pass the tax on to providers and consumers, the device tax is more likely to hurt consumers than the medical device industry or the economy. .

AAOMS members advocated for legislation ([HR 160, S 149](#)) to repeal the medical device tax at the 2015 AAOMS Day on the Hill in Washington, DC, March 18. Please endorse this effort by [asking your constituent members of Congress to support legislation to repeal the tax.](#)

AAOMS Joins Over 500 Stakeholder Groups in Calling for Repeal of IPAB

On May 7, a letter was sent to members of Congress expressing support for legislative action to repeal the Medicare Independent Payment Advisory Board (IPAB) from the Affordable Care Act (ACA). This [letter](#) was signed by over 500 healthcare, patient, employer, and veteran groups, including the AAOMS. The 15-member IPAB, which was conceived as a cost control mechanism for the Medicare program, holds a great deal of power over Medicare and health care decisions, yet is completely unaccountable to the public. It also does not adequately understand the needs of providers and their patients because its members are presidentially appointed and cannot be comprised of healthcare providers.

Please lend your support by [taking action](#) to voice your opposition to IPAB to your constituent members of Congress.

Innovative Legislation Dealing with Drugs and Medical Devices Gaining Steam in House

The House Energy and Commerce Committee has released a draft of what they are calling "signature" legislation to overhaul drug development and accelerate the approval of drugs and medical devices. The [21st Century Cures Act](#) was unanimously approved by the committee's Health Subcommittee on May 14 and committee chairman Fred Upton (R-MI) has pledged to bring the bill up for a full vote in the House by Memorial Day. Of particular importance to AAOMS and its members is the inclusion of language in the Act that addresses the interoperability of Electronic Health Records (EHRs). Stating that "the Office of the National Coordinator (ONC) for Health Information Technology has identified barriers to nationwide interoperability of health technology," the bill aims to "refocus national efforts on making systems interoperable and holding individuals responsible for blocking or otherwise inhibiting the flow of patient information throughout our healthcare system." In other areas, the bill seeks to speed the approval of new drugs and treatments, reform the government's rules for clinical trials, create new incentives for drug companies to study rare diseases, add \$10 billion to the National Institutes of Health (NIH) budget over five years, and place a far greater focus on patient data to move toward "personalized medicine." AAOMS will continue to monitor the progress of this legislation.

State Affairs

Oklahoma Enacts OMS Assistant Language

After two years of negotiations amongst Oklahoma dental providers, Governor Mary Fallin (R) signed legislation (SB 781) on May 1, 2015. The new law specifies the scope of practice and required training for "oral maxillofacial surgery assistants," including requiring these professionals to complete the Dental

Anesthesia Assistant National Certification Examination (DAANCE). Under direct supervision, an OMS assistant is permitted to initiate and discontinue an IV line, as well as draw up and prepare medications. Under direct visual supervision, an OMS assistant is allowed to follow instructions of the oral surgeon while acting as an accessory hand; follow instructions of the oral surgeon to adjust the rate of IV fluids or adjust an electronic infusion pump; and record the patient's vital signs.

The Oklahoma State Board of Dentistry (OSBD) will develop regulations to implement these provisions. Please contact the [OSBD](#) or Oklahoma Society of OMS with any questions.

Health Information Technology

2016 Payment Adjustment Hardship Application Period Open

The Centers for Medicare and Medicaid Services (CMS) has [opened the hardship application period](#) for providers to avoid the 2016 payment adjustment period for failure to meaningfully use certified electronic health records and a 2% reduction on provider services fees. **Providers have until July 1, 2015 to [submit their application](#)** and all applications will be considered on a case-by-case basis. Each hardship exception is valid for one payment year, so even if you received an exemption for 2015 you will need to reapply. It has also been announced that in no case may a provider be granted an exception for more than 5 years. For more information, please contact CMS directly at 888-734-6433 or visit the [CMS Web page on payment adjustments](#).

ONC Revises Guide to Privacy and Security Rules

The Department of Health and Human Services Office of the National Coordination for Health Information Technology (ONC) has [revised its guide](#) to the privacy and security of electronic health information. The guide is intended to help smaller practices understand legal requirements; however, it should not be seen as a substitute for a practice's own professional and legal advisors. The guide includes information on encryption and HIPAA provisions as they relate to electronic health information. Please contact the ONC at 202-690-7151 with any questions.

Practice Management

Medicare Part D Drug Data

The CMS created a public data set that contains information on the Medicare Part D prescription drugs prescribed by physicians in 2013, including OMSs. *The Medicare Provider Utilization and Payment Data: Part D Prescriber Public Use File (PUF)* identifies providers by their National Provider Identifier (NPI) along with the identification of the Medicare Part D prescription drug by its specific or generic name. This new data set was conceived as a way to make the healthcare system more transparent, affordable and accountable, according to the CMS.

The AAOMS recommends OMSs be aware of this new data set and create a policy to inform Medicare Part D patients of the new Part D data set. Please visit [the CMS website](#) with more questions.

Non-Medicare Providers Who Prescribe Medicare Part D Drugs

The CMS has delayed its requirement for physicians and other eligible professionals who write prescriptions for Medicare Part D drugs to be enrolled in the Medicare program. CMS states that if physicians who prescribe Medicare Part D drugs had claims denied because they were not enrolled in Medicare, it would be harmful to their practices. Those physicians will now have until January 1, 2016, to enroll in Medicare and have a valid enrollment record in PECOS, or valid opt-out affidavits on file with their Medicare contractor. CMS states that if a physician or eligible professional writes prescriptions to Medicare beneficiaries for Medicare Part D drugs, they must submit a Medicare enrollment application or opt-out affidavit to the Medicare carrier in their area and be enrolled or opted-out of Medicare by January 1, 2016. CMS has a file available on their website which [identifies those physicians and eligible professionals](#) who are enrolled in Medicare or have an approved opt-out status. For more information on Medicare enrollment, visit the Practice Management page of the [AAOMS website](#).