



AMERICAN OSTEOPATHIC ASSOCIATION

1090 Vermont Avenue NW, Suite 510, Washington D.C. 20005 ph 202 414 0140 | 800 962 9008

Agenda 112th Congress

The American Osteopathic Association (AOA) Bureau on Federal Health Programs (Bureau) sets an agenda that will guide the work of the AOA and the Department of Government Relations as to items of priority. The agenda is developed during the January meeting of the Bureau in each odd year and revised in January of even years. The priorities outlined in this document are applicable for the two years of the current Congress and serve to advance the advocacy goals and objectives articulated in the AOA Strategic Plan.

The Bureau, in accordance with AOA policies adopted by the House of Delegates and Board of Trustees, believes that the promotion and protection of the osteopathic profession and the interests of patients served by osteopathic physicians are the underlying principles of the AOA's government relations program. Patient access to quality care and the ability of osteopathic physicians to provide such care are the themes that guide our efforts in all priority areas.

Maintaining and improving the status of osteopathic medicine is dependent upon presenting a united front, representing all osteopathic physicians, regardless of practice specialty, practice location, or membership status, when dealing with legislative, regulatory, and advisory bodies. The osteopathic profession must speak with one unified voice whenever possible.

The following principles will direct the work of the Bureau on Federal Health Programs and the Department of Government Relations activity for the 112th Congress:

1. Increase Access to and Coverage of Health Care Services
2. Protect and Promote Physicians' Ability to Practice Medicine
3. Ensure the Inclusion of Osteopathic Medicine in the Future Physician Workforce
4. Enhance the Quality of the Health Care Delivery System and Improve Patient Safety
5. Reform the Medical Liability System
6. Promote and the protect the policy objectives of the American Osteopathic Association through the implementation of the "Patient Protection and Affordable Care Act" (P.L. 111-148), the "Health Care and Education Reconciliation Act" (P.L. 111-152) and the "American Recovery and Reinvestment Act" (P.L. 111-5)
7. Improve the Health of the Public
8. Seek Funding for Osteopathic Medical Research
9. Advance and Promote the Osteopathic Profession
10. Educate, Inform, and Provide Support to the Osteopathic Profession

American Osteopathic Association

Agenda 112th Congress

1. Increase Access to and Coverage of Health Care Services

- A. Pursue the enactment of provisions that achieve universal coverage whereby all Americans have access to affordable health insurance.
- B. Monitor the insurance industry to ensure compliance with patient protections created by the Affordable Care Act
 - i. Preventive services
 - ii. Medical loss ratio requirements
 - iii. Coverage of dependent children
 - iv. Rate increase justification
 - v. Non-discrimination in coverage
- C. Provide input to efforts to reform Medicare and/or Medicaid
- D. Protect regulations that ensure accountability of health plans and third party payers to physicians and patients.
- E. Provide input into the development of Health Insurance Exchanges
- F. Support legislation to provide certain tax benefits, such as tax credits for osteopathic physicians who establish practices in health profession shortage areas.
- G. Support appropriate funding and expanded access to care for underserved children, such as improvements in the Children's Health Insurance Program (CHIP).

2. Protect and Promote Physicians Ability to Practice Medicine

- A. Reform and Enhance Physician Payment Policies
 - i. Work with Congress, the Administration, the Medicare Payment Advisory Commission, and other public and private entities to develop and implement a payment formula that would replace the sustainable growth rate (SGR) methodology with a new payment formula that allows for increases in reimbursements based upon annual growth in practice cost.

- ii. Work to ensure that all physicians participating in the Medicare program, regardless of specialty or practice location, receive positive payment updates annually.
 - (1) Work for improvements and refinements in the Medicare Physician Fee Schedule that promote equitable payments for primary and specialty care physicians.
 - (2) Work to ensure that payment models include coverage for osteopathic manipulative therapy as an independent treatment modality.
 - (3) Work to develop payment models that promote longitudinal, continuous, and comprehensive care and move away from episode-based payment models.
 - (4) Work to develop payment models that accurately reflect the practice model and patterns of physicians individually versus collectively.
 - (5) Work to make permanent provisions that eliminate the geographic discrepancies in Medicare payments between rural and urban physicians.
 - (6) Work to restore compensation for consultation codes in the Medicare Physician Fee Schedule.
- iii. Advance practice transformation models that promote patient-centered care, support the patient-physician relationship, and promote access to quality health care services for all patients.
 - (1) Promote the principles of the “Patient-Centered Medical Home” through the establishment of demonstration and pilot projects in public and private health care systems.
 - (2) Ensure the continued viability of the Patient Centered Primary Care Collaborative (PCPCC).
 - (3) Promote the tenets of the patient-centered medical home as the foundation of shared savings delivery models.
 - (4) Work with the Center for Medicare and Medicaid Innovation to advance delivery system reforms that promote access to quality

health care, promote the patient-physician relationship, and advance transformations based upon continuous and comprehensive care.

- iv. Work to ensure that physician quality-reporting, pay-for-performance, and utilization review programs are fair and implemented in an equitable manner that provides participating physicians financial incentives above the annual Medicare physician payment update.
 - (1) Ensure that the Clinical Assessment Program (CAP) is positioned as a viable quality improvement program.
 - (2) Ensure that all quality measures are developed by physicians or physician organizations and certified by an independent consensus organization.
 - (3) Ensure that utilization review programs acknowledge the unique treatment modalities used by osteopathic physicians.

B. Promote and Protect Physicians' Ability to Care for Patients

- i. Promote and defend the physician-patient relationship and the unique role of the physician in the health care delivery system. Work to ensure that public and private payers have minimal influence upon individual physicians and their autonomy to practice medicine, make a medical diagnoses, and recommend courses of treatment.
- ii. Advance legislation that permits physicians and physician groups to negotiate jointly the terms and conditions of contracts with third party payers.
- iii. Advance legislation that allows patients to contract privately with physicians for services that Medicare does not cover, while providing safeguards against potential abuses.
- iv. Advance legislation that allows physicians to balance bill within the Medicare and Medicaid programs.
- v. Support the ability of osteopathic physicians to enter into any practice arrangement, partnership, or business venture allowable under law.

C. Promote the Advancement of Technology in the Health Care System

- i. Provide input into the development and implementation of new health information technologies. This includes, but is not limited to, electronic health records, electronic prescribing, and personal health records.
- ii. Educate the osteopathic profession on the incentives provided through the electronic prescribing and electronic health records programs.
- iii. Advance legislation that would provide financial assistance to small physician practices seeking to implement health information technologies.
- iv. Work with Congress, federal agencies, and the health care community to ensure that the increasing use of telemedicine does not jeopardize the provision of quality health care.
- v. Work to ensure that medical privacy regulations do not hinder the timely access to medical information required to provide the best possible medical care to the individuals whom these regulations are designed to protect.

D. Oppose Expansion in Scope of Practice for Non-Physician Providers in Federal Statute and Regulation

E. Reduce the Administrative and Regulatory Burden Placed Upon Physicians

- i. Continue to seek regulatory relief for physicians, including the elimination or reduction of unfunded mandates.
- ii. Work with the Centers for Medicare and Medicaid Services (CMS) to improve lines of communication between the agency and the osteopathic community.

3. Ensure the Inclusion of Osteopathic Medicine in the Future Physician Workforce

A. Ensure Adequate Funding for Osteopathic Graduate Medical Education

- i. Work with osteopathic organizations and other partners to pursue equitable funding for osteopathic graduate medical education (OGME).
- ii. Work to eliminate the full time equivalent resident “cap” on funded residency positions established by the Balanced Budget Act of 1997.
- iii. Promote legislation that facilitates the establishment of, and funding for, new osteopathic residency programs.

- iv. Promote legislation and regulations that facilitate the establishment of, and funding for, new osteopathic residencies in community-based settings such as Teaching Health Centers or other ambulatory settings.
- v. Create a federal loan program that assists hospitals with the initial cost of residency development
- vi. Work with appropriate partners to seek revisions to current Medicare law that would increase direct graduate medical education payments to hospitals with osteopathic medical education programs from the current 85 percent to 100 percent of the locality-adjusted national average.
- vii. Support reauthorization of, and funding for, the Children's Graduate Medical Education (CGME) program.
- viii. Promote the Osteopathic Postdoctoral Training Institute (OPTI) as a consortium model and continue to pursue the recognition of OPTIs in federal law, specifically for the purposes of allowing OPTIs to serve as sponsors of community-based teaching sites.
- ix. Seek redress from the negative effects of Medicare law and regulations on osteopathic graduate medical education programs.
- x. Ensure that future growth in graduate medical education opportunities favors domestic medical school graduates by ensuring adequate training opportunities for U.S. osteopathic and allopathic graduates.

B. Improve Financing of Osteopathic Medical Education for Osteopathic Medical Students

- i. Pursue legislation that would expand current laws governing the deferment of student loans for osteopathic medical students.
- ii. Promote legislation that would allow for full deduction of interest on student loans and eliminate the income threshold and other limitations for deductibility of student loan interest payments.
- iii. Pursue legislation that would reduce the interest rates applied to government subsidized student loans for osteopathic medical students.
- iv. Support increased funding for the National Health Service Corps (NHSC).

- C. Work with Congress, the Administration, the National Health Care Workforce Commission, the Medicare Payment Advisory Commission (MedPAC), the Institute of Medicine, and other public and private agencies to ensure proper consideration of osteopathic medicine in the discussion of the future physician workforce.
- D. Work to ensure a physician specialty mix that meets the populations needs.
- E. Work to reduce dependence upon foreign educated and trained physicians.
- F. Work to ensure that the J-1 Visa program does not hinder the goals or objectives of the osteopathic profession or osteopathic medical education.

4. Enhance the Quality of the Health Care Delivery System and Improve Patient Safety

- A. Ensure the inclusion of the AOA Clinical Assessment Program (CAP) in future physician quality improvement, health information technology, and related legislation and regulations.
- B. Provide input into efforts to reduce adverse medical events and improve quality of care.
- C. Provide input into the evaluation of utilization patterns of medical resources, such as advanced imaging, laboratory services, durable medical equipment, hospital services, and voluntary medical procedures.
- D. Work to increase AOA involvement in various healthcare quality organizations, such as the Ambulatory Care Quality Alliance (AQA), the Hospital Care Quality Alliance (HCQA), the Agency for Healthcare Research and Quality (AHRQ), the National Council on Quality Assurance (NCQA), and the National Quality Forum (NQF).
- E. Support reauthorization of, and appropriate funding for, the Trauma Care program.
- F. Support reauthorization of, and appropriate funding for, the Emergency Medical Services for Children (EMSC) program.
- G. Continue involvement with issues related to bioterrorism, influenza pandemic, natural disasters and other public health concerns, stressing the responsibility of physicians to act as educators and counselors for patients seeking information about such threats.
- H. Provide input to Congress and oversight agencies on pharmaceutical issues impacting the quality of patient care. This includes, but is not limited to, issues such as Risk Evaluation and Mitigation Strategies (REMS), vaccine affordability and

availability, direct-to-consumer advertising, generics, formularies, academic detailing, and importation.

- I. Provide input to Congress, oversight agencies, and the Patient Centered Outcomes Research Institute (PCORI) on comparative effectiveness research.
- J. Provide input to Congress and oversight agencies on genetic testing, personalized medicine, research, and health promotion and disease prevention.
- K. Provide input to Congress and oversight agencies on palliative and end-of-life care issues, including the advancement of payment policies for such services.

5. Reform the Medical Liability System

A. Work with osteopathic state and specialty organizations, the Health Coalition on Liability and Access, and other organizations to promote the enactment of comprehensive medical liability reforms. The AOA supports comprehensive reforms, that when enacted together, have demonstrated the ability to stabilize the medical liability system, ensure patient access to health care services, improve the availability and affordability of professional liability insurance for physicians, and provide injured or harmed patients access to courts. These reforms include:

- i. Limitations on non-economic damages
- ii. Offsets for collateral sources
- iii. Joint and several liability reform
- iv. Uniform statute of limitations
- v. Periodic payment for future expenses
- vi. Limitations on attorneys' contingency fees

(a) Additionally, the AOA supports other legislative proposals, including expert witness provisions that would limit the number of meritless medical liability claims. To this end, the AOA will consider the establishment of pre-litigation panels, binding arbitration, or similar proposals provided they demonstrate the ability to decrease the frequency and severity of medical liability claims. The Bureau will monitor other proposals that may enhance the enactment of medical liability

legislation. The Bureau will remain mindful of provisions in state laws that may be impacted by federal legislation.

- B. Pursue legislation that would provide limited liability protections for physicians that volunteer their services to Community Health Centers, Rural Health Clinics, charity clinics, etc.
 - C. Work with Congress, the Administration, and other organizations to fund federal and state demonstration projects that evaluate alternative dispute resolutions for medical liability cases.
 - D. Develop osteopathic-specific data and information for use by the AOA and others to promote federal and state medical liability reform legislation.
 - E. Work to evaluate the impact of insurance underwriting policies and procedures and their impact upon the availability and affordability of professional liability insurance for osteopathic physicians.
 - F. Work to ensure that the information in the National Practitioner Data Bank (NPDB) is complete, accurate and fair, and is used only for the purpose for which it was intended and is not made public.
- 6. Promote and the protect the policy objectives of the American Osteopathic Association through the implementation of the “Patient Protection and Affordable Care Act” (P.L. 111-148), the “Health Care and Education Reconciliation Act” (P.L. 111-152) and the “American Recovery and Reinvestment Act” (P.L. 111-5)**

7. Improve the Health of the Public

- A. Support legislation that promotes and protects the health of men, women, and children, that prevents disease, eliminates disparities, and encourages research.
- B. Collaborate with federal agencies to advance programs that improve the health of the public with a focus on:
 - i. Chronic diseases
 - ii. Obesity
 - iii. Health care disparities
- C. Work to advance legislation that promotes broader coverage of mental health benefits.

- D. Work to advance legislation that encourages the establishment of workplace wellness programs.
- E. Work with other organizations in supporting funding for agencies and programs that comprise the U.S. Public Health Service.
- F. Support efforts to establish and fund federal emergency preparedness programs.

8. Seek Funding for Osteopathic Medical Research

- A. Collaborate with other organizations to seek funding from the National Institutes of Health (NIH) or other grant making entities, for research on the efficacy of the osteopathic approach to healthcare.
Monitor the annual budget and appropriations processes to ensure that the National Institutes of Health (NIH) and other medical research programs receive appropriate funding.

9. Advance and Promote the Osteopathic Profession

- A. Ensure the Inclusion of Osteopathic Medicine in All Health Care Delivery Systems and Medical Policy-Making Bodies
 - i. Seek opportunities for DOs to serve on federal boards, commissions, councils, and task forces. Continue to monitor health agencies to ensure that nomination criteria include doctors of osteopathic medicine.
 - (1) Work with specialty affiliates, state societies and other osteopathic organizations to identify and promote qualified nominees for such appointments.
 - (2) Maintain the DO Database as a resource for potential nominees.
 - ii. Promote the inclusion of osteopathic physicians in academic health policy bodies, with an emphasis on those operated by The National Academies.
 - iii. Continue to provide staff support for AOA representatives on federal boards, commissions, councils, and task forces as appropriate.
 - iv. Promote, through education, osteopathic physicians participation in public service.

B. Develop and Maintain Bipartisan Relationships with the Administration and the 112th Congress

- i. Administration Advocacy—The Department of Government Relations will arrange meetings for AOA leadership with Administration officials at the White House, U.S. Department of Health and Human Services (HHS), the U.S. Department of Education, and others. Congressional Advocacy—The Department will conduct meetings with Members of Congress and their staff, staff of Committees of jurisdiction over AOA priority issues, and staff of Congressional leadership. The Department will work to ensure that all Members of Congress have a point of contact with the osteopathic profession, are educated on the profession, and are apprised of AOA positions on legislative issues.

C. Develop Relationships with Health Policy Bodies

- i. The Department of Government Relations represents the AOA in numerous coalitions in and around Washington, DC. These coalitions bring together representatives of the health care community to work to enhance and protect the practice of medicine and its patients, and to advance medical research.
 - (1) Develop and maintain collaborative relationships with other physician and health care organizations.
 - (2) Expand relationships with the patient advocacy community in an effort to provide resources and benefits to the patients they represent.
 - (3) Collaborate with coalitions in the private sector advocacy arena that seek to address issues with payers such as contracting, coding, bundling and claim denials; pay for performance; physician measurement; tiered networks; administrative simplification; retail clinics; and transparency.

10. Educate, Inform, and Provide Support to the Osteopathic Profession

- A. Work to advance the AOA’s Strategic Plan with emphasis on the Advocacy Pathway
- B. Work to advance the goals and objectives of the AOA President

- C. Oversee the development, implementation, and objectives of the National Osteopathic Advocacy Center (NOAC)
- D. Educate and Inform the Osteopathic Profession on Health Policy Issues
 - i. Department of Government Relations Information Dissemination—The Department will provide regular updates, briefings, and background documents on relevant legislative and regulatory issues to the Bureau on Federal Health Programs, the AOA Board of Trustees, and the osteopathic profession through the Grassroots Osteopathic Advocacy Link (GOAL) program and the DO Washington Update.
 - ii. Osteopathic Government Relations Professionals—The Department of Government Relations will maintain consistent communication with government relations staff from other osteopathic organizations.
 - iii. Specialty and State Affiliate Outreach—The Department of Government Relations will conduct meetings with the leadership and senior staff of the osteopathic specialty and state affiliates to provide updates on legislative, regulatory, advocacy, and political programs.
 - iv. AOA Senior Staff—The Department of Government Relations will coordinate regular dissemination of information to AOA Departments as a means of ensuring a consistent message on health policy issues.
- E. Enhance Advocacy Activities of the Osteopathic Profession
 - i. DO Day on Capitol Hill—The Bureau on Federal Health Programs, along with the Department of Government Relations will continue to host DO Day on Capitol Hill annually.
 - ii. Issue Specific Advocacy Events—The Department of Government Relations will continue to host advocacy events on priority legislative issues as needed.
 - iii. In-state Advocacy—The Department of Government Relations will work to enhance outreach to state osteopathic organizations with a special focus on developing relationships between osteopathic physicians and Members of Congress.
- F. Support for AOA Bureaus, Councils, Committees, and Related Programs

- i. In addition to the Bureau on Federal Health Programs and the AOA Board of Trustees, the Department of Government Relations will continue to provide staff support to:
 - (a) Joint Committee on Quality and Payment (JCQP)
 - (b) Association of Osteopathic Directors and Medical Educators (AODME)
 - (c) Bureau of Osteopathic Medical Educators (BOME)
 - (d) Osteopathic Graduate Medical Education Development Initiative
 - (e) Bureau of Hospitals Executive Committee
- ii. The Department of Government Relations will continue to provide staff support for the following programs:
 - (a) Osteopathic Health Policy Fellowship
 - (b) Training in Policy Studies (TIPS)

G. Coordinate with Other AOA Policy-Making Bodies and Affiliate Organizations

The American Osteopathic Association's (AOA) Agenda 112th Congress was approved by the AOA Bureau on Federal Health Programs on January 22, 2011.