



AMERICAN OSTEOPATHIC ASSOCIATION

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

Agenda 111th Congress

The American Osteopathic Association Bureau on Federal Health Programs 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.

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 111th Congress:

1. Reform and Enhance Physician Payment Policies
2. Ensure the Inclusion of Osteopathic Medicine in the Future Physician Workforce
 - a. Ensure Appropriate Funding for Osteopathic Graduate Medical Education
 - b. Improve Financing of Osteopathic Medical Education for Osteopathic Medical Students

3. Enhance the Quality of the Health Care Delivery System and Improve Patient Safety
4. Monitor Efforts Aimed at Comprehensive Health System Reform
 - a. Promote and Protect Physicians' Ability to Care for Patients
 - b. Increase Access to and Coverage of Health Care Services
 - c. Promote the Advancement of Technology in the Health Care System
 - d. Reduce the Administrative and Regulatory Burden placed upon Physicians
5. Reform the Medical Liability System
6. Improve the Health of the Public
7. Seek Funding for Osteopathic Medical Research
8. Ensure the Inclusion of Osteopathic Medicine in All Health Care Delivery Systems and Medical Policy-Making Bodies
9. Advance and Promote the Osteopathic Profession
 - a. Develop and Maintain Bipartisan Government Relations with the Administration and 111th Congress
 - b. Develop Relationships with Health Policy Bodies
10. Educate, Inform, and Provide Support to the Osteopathic Profession
 - a. Educate and Inform the Osteopathic Profession on Health Policy Issues
 - b. Enhance Advocacy Activities of the Osteopathic Profession
 - c. Support AOA Bureaus, Councils, Committees, and Related Programs
 - d. Coordinate with all AOA policy-making bodies



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1. Reform and Enhance Physician Payment Policies

- A. Work to ensure that all physicians participating in the Medicare program receive positive payment updates annually based upon increases in the Medicare Economic Index (MEI).
- B. Advance the principles of the “Patient Centered Medical Home”
 - i. Promote the establishment of demonstration and pilot projects in public and private health care systems.
 - ii. Ensure the continued viability of the Patient Centered Primary Care Collaborative.
- C. 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 methodology with a new payment formula that allows for increases in reimbursements based upon annual growth in practice cost.
 - i. Promote a payment formula that lessens the economic volatility of the current system, similar to those included in the AOA-ACS Service Category Growth Rate proposal.
- D. Work to make permanent provisions that eliminate the geographic discrepancies in Medicare payments between rural and urban physicians.
- E. 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.

- i. Ensure that the Clinical Assessment Program is positioned as a viable quality improvement program.
 - ii. Ensure that all quality measures are developed by physicians or physician organizations and certified by an independent consensus organization.
 - iii. Ensure that utilization review programs acknowledge the unique treatment modalities used by osteopathic physicians.
- F. Work for improvements and refinements in the Medicare Physician Fee Schedule that promote equitable payments for primary care and all specialty care physicians.
- G. Work to ensure that physicians are compensated for services that are provided outside the traditional face-to-face patient visit.
- H. Work with Congress and the Department of Defense to give physicians serving in the Uniformed Services the same retirement benefits as physicians in other Federal agencies.

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

- A. Ensure Appropriate Funding for Osteopathic Graduate Medical Education
 - i. Work with other osteopathic organizations to pursue equitable and appropriate 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. Work to enact legislation that allows teaching hospitals to utilize ambulatory teaching sites in their graduate medical education programs.
 - iv. Promote legislation that facilitates the establishment of, and funding for, new osteopathic residency programs with a focus on the establishment of new programs in growing population centers and rural areas.
 - (1) Create a federal loan program that assists hospitals with the initial costs of residency development
 - v. Work with the Direct Graduate Medical Education (DGME) Fairness Coalition and other 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.

- vi. Support reauthorization of, and appropriate funding for, the Children's Graduate Medical Education (CGME) program.
- vii. Promote the Osteopathic Postdoctoral Training Institute (OPTI) as a consortium model and continue to pursue the recognition of OPTIs in federal law.
- viii. Seek redress from the negative effects of Medicare law and regulations on osteopathic graduate medical education programs.
- ix. Ensure that any future growth in graduate medical education opportunities does not favor foreign medical 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. Pursue the reauthorization of the Higher Education Act (HEA).
- v. Support reauthorization of, and increased funding for, the National Health Service Corps (NHSC).

C. Work with Congress, the Administration, 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 proper consideration of physician specialty mix in the future physician workforce.

E. Work to reduce dependence upon foreign physicians in the physician workforce.

- 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.

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

- A. Ensure continued inclusion of the AOA Clinical Assessment Program (CAP) in future physician quality improvement 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 appropriate and inappropriate use of medical resources.
 - i. Physician services
 - ii. Imaging services
 - iii. Hospital services
- D. Work with other AOA departments to increase AOA involvement in various groups involved in healthcare quality, 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), the National Quality Forum (NQF), the National Health Council (NHC), and others.
- E. Support reauthorization of, and appropriate funding for, the Trauma Care program, and the Emergency Medical Services for Children (EMSC) program.
- F. 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.
- G. Provide input on pharmaceutical issues impacting the quality of patient care. This includes, but is not limited to, issues such as vaccine affordability and availability, direct-to-consumer advertising, generics, formularies, and importation.

4. Monitor Efforts Aimed at Comprehensive Health System Reform

- A. Promote and Protect Physicians' Ability to Care for Patients
 - i. Promote legislation that permits physicians to negotiate jointly the terms and conditions of contracts with third party payers.

- ii. Promote and defend the physician-patient relationship and the physicians' unique role in the health care delivery system. Work to ensure that public and private payers have little influence upon individual physicians and their autonomy to practice medicine, make medical diagnosis, and recommend courses of treatment.
- iii. Promote legislation that allows physicians to balance bill within the Medicare and Medicaid programs.
- iv. Oppose efforts to expand the scope of practice for non-physician providers.
- v. Promote legislation that allows patients to contract privately with physicians for services that Medicare does not cover, while providing safeguards against potential abuses.
- vi. Protect an individual's genetic information.
- vii. Support the ability of osteopathic physicians to enter into any practice arrangement, partnership, or business venture allowable under law.
- viii. Promote legislation that ensures the accountability of health plans and third party payers to physicians and patients.
- ix. 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.

B. Increase Access to and Coverage of Health Care Services

- i. Pursue the enactment of provisions that achieve universal coverage whereby all Americans have access to affordable health insurance. The AOA continues to support a variety of options aimed at accomplishing this goal. To this end we will support the utilization of the tax code (tax credits and deductions), new purchasing agreements, and the limited expansion of existing federal and/or state programs (including Medicare, Medicaid and SCHIP) to extend health care coverage to all Americans. The AOA will work to protect the physician-patient relationship when considering proposals to increase the number of individuals who have access to health care coverage.

- ii. Provide input to efforts to reform the Medicare/Medicaid programs.
- iii. Support legislation to provide certain tax benefits, such as tax credits for osteopathic physicians who establish practices in health profession shortage areas.
- iv. Promote legislation to reduce health care disparities.
- v. Work to enact legislation to promote broader coverage of mental health benefits.
- vi. Support appropriate funding and expanded access to care for underserved children, such as improvements in the State Children's Health Insurance Program (SCHIP).
- vii. Monitor the progression of the Medicare Part D prescription drug benefit. Work with Medicare Rx Education Network, Medicare Today, and the Access to Benefits Coalition to promote the Part D program to beneficiaries.

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. 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.

D. 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.

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 such as Common Good to establish Federal and State demonstration projects that evaluate alternative dispute resolutions for medical liability cases.
- D. Work with AOA's Departments of State, Specialty, and Socioeconomic Affairs, Membership, and Research to 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. Improve the Health of the Public

- A. Support legislation that promotes and protects the health of men, women, and children, prevents disease, eliminates disparities, and encourages research.
- B. Continue to collaborate with the Department of Health and Human Services Office on Women's Health, Office of the Surgeon General, Centers for Disease Control and Prevention, the National Institutes of Health, the Agency for Health Quality and Research, and other federal offices to advance programs that improve the health of the public.
- C. Work with other organizations in supporting funding for agencies and programs that comprise the U.S. Public Health Service.
- D. Support efforts to establish and fund federal emergency preparedness programs.
- E. Support policies that prepare physicians to serve as first responders.

7. Seek Funding for Osteopathic Medical Research

- A. Seek federal funding from the National Institutes of Health (NIH) or other federal grant making entities, for research on the efficacy of the osteopathic approach to healthcare.
- B. Monitor the annual budget and appropriations processes to ensure that the National Institutes of Health and other medical research programs receive appropriate funding. Continue collaboration and advocacy efforts with coalitions to enhance results.

8. Ensure the Inclusion of Osteopathic Medicine in All Health Care Delivery Systems and Medical Policy-Making Bodies

- A. Seek opportunities for D.O.s 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.
 - i. Work with specialty affiliates, state societies and other osteopathic organizations to identify and promote qualified nominees for such appointments.
 - ii. Maintain the DO Database as a resource for potential nominees.
- B. Promote the inclusion of osteopathic physicians in academic health policy bodies, with an emphasis on those operated by the National Academy of Sciences.
- C. Continue to provide staff support for AOA representatives on federal boards, commissions, councils, and task forces.
- D. Work with the appropriate AOA departments and bureaus, the American Association of Colleges of Osteopathic Medicine and others to create opportunities that will advance the osteopathic medical profession.
- E. Promote, through education, osteopathic physician participation in public service.

9. Advance and Promote the Osteopathic Profession

- A. Develop and Maintain Bipartisan Relationships with the Obama Administration and 111th 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. Such meetings will provide orientation to osteopathic medicine, the Association, the Bureau on Federal Health Programs, and the Department of Government Relations staff.
 - ii. Congressional Advocacy—The Department of Government Relations will arrange similar meetings with Members of Congress and pertinent Congressional Committees. The Department of Government Relations will conduct meetings with Members of Congress and their staff, staff of Committees of jurisdiction to AOA priority issues, and staff of Congressional leadership. The Department of Government

Relations 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.

B. Develop Relationship With Health Policy Bodies

i. The Department of Government Relations represents the AOA in more than 59 coalitions in and around Washington, DC. These coalitions bring together various members of the health care community to work together to enhance and protect the practice of medicine and its patients, and to advance medical research.

- (1) Emphasize developing and maintaining 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) Identify new collaborative relationships that have the potential to advance the osteopathic profession and the goals of the AOA.

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

A. Educate and Inform the Osteopathic Profession on Health Policy Issues

i. Department of Government Relations Information Dissemination—The Department of Government Relations 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.

- (1) Grassroots Osteopathic Advocacy Link
- (2) Washington Update

ii. Osteopathic Government Relations Group—The Department of Government Relations will conduct regular meetings with staff from other osteopathic organizations working to establish a cohesive message on issues important to the osteopathic profession.

iii. Specialty and State Affiliate Outreach—The Department of Government Relations will conduct monthly 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.

B. Enhance Advocacy Activities of the Osteopathic Profession

- i. D.O. Day on Capitol Hill—The Bureau on Federal Health Programs, along with the Department of Government Relations will continue to host the annual DO Day on Capitol Hill each April.
- ii. Issue Specific Advocacy Events—The Department of Government Relations will continue to host advocacy events on priority legislative issues as needed.
- iii. State Based 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.

C. 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 the following AOA Bureaus, Councils, and Committees:

- (1) Joint Committee on Quality and Reimbursement
- (2) Association of Osteopathic Directors and Medical Educators (AODME)
- (3) Bureau of Osteopathic Medical Educators (BOME)
- (4) Osteopathic Graduate Medical Education Development Initiative
- (5) Bureau of Hospitals
- (6) Association of Osteopathic State Executive Directors (AOSED)

- ii. The Department of Government Relations will continue to provide staff support for the following programs:

- (1) Heritage Foundation Osteopathic Health Policy Fellowship

(2) Training in Policy Studies (TIPS)

D. Advance the AOA President's Agenda

E. Coordination With Other AOA Policy-Making Bodies And Affiliate Organizations

- i. The Department of Government Relations will provide input and assistance to the following AOA bodies as requested or as needed.

(1) AOA House of Delegates

(2) Bureau of State Government Affairs

(3) Bureau of Socioeconomic Affairs

- ii. Osteopathic Affiliate Organizations

The American Osteopathic Association Agenda 111th Congress was approved by the AOA Bureau on Federal Health Programs on January 24, 2009.