
Advocacy Activity Report

January 2014

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Bipartisan Bill Introduced on Managing Chronic Care

HHS Issues Final Rule on 2014 Medicare Physician Fee Schedule

NCBSL Adopts Policy Promoting Obesity Treatment Coverage

Bipartisan Bill Introduced on Managing Chronic Care Under Medicare

On January 15, Senators Ron Wyden (D-OR), and Johnny Isakson (R-GA), and U.S. Representatives Erik Paulsen (R-MN), and Peter Welch (D-VT), introduced the [Better Care, Lower Cost Act](#). This bipartisan legislation aims at providing better care at a lower cost for the millions of Medicare beneficiaries living with multiple chronic conditions. At press time, OCC staff were still evaluating the bill for its potential benefits for those affected by obesity. Next month's newsletter will include a comprehensive analysis of the legislation.

HHS Issues Final Rule on 2014 Medicare Physician Fee Schedule - Focus on Chronic Care Management

In early December 2013, the Centers for Medicare & Medicaid Services (CMS) released the final regulations that will govern the 2014 Medicare Physician Fee Schedule (MPFS) – including a new code for chronic care management (CCM) that will take effect January 1, 2015. The CCM code will apply to services provided to patients who have two or more chronic conditions that are expected to last at least 12 months or until the patient dies. CMS specifies that to qualify for the new code, a chronic condition must put the patient at significant risk of death or functional decline.

In its September 6, 2013 comments on the proposed regulations, which were issued in July, the Obesity Care Continuum (OCC) commended CMS for proposing this kind of enhanced payment for those providing chronic care management. However, OCC member groups made several recommendations to CMS regarding its proposed provider and patient eligibility requirements for these new payments.

The final regulations resulted in a mixed bag for the obesity community as CMS chose to accept some of our recommendations but failed to respond positively to others. For example, on the positive side, CMS stated that it would not limit the list of chronic conditions to those only outlined in the Medicare Chronic Conditions Chartbook (MCCC). In its comments on the proposed rule, OCC noted that 13 of the 15 conditions listed in the MCCC (high blood pressure, high cholesterol, ischemic heart disease, arthritis, diabetes, heart failure, chronic kidney disease, depression, COPD, atrial fibrillation, certain cancers, asthma, and stroke) are commonly associated with obesity and/or are exacerbated by obesity.

On the negative side, CMS chose to not adopt our recommendations regarding provider eligibility for physician specialists and non-physician practitioners. In terms of the latter, CMS “believes other nonphysician practitioners (such as registered dietitians, nutrition professionals or clinical social workers) or limited- license practitioners, (such as optometrists, podiatrists, doctors of dental surgery or dental medicine), would be limited by the scope of their state licensing or their statutory Medicare benefit such that they would not be able to furnish chronic care management services.”

NBCSL Strongly Supports Increased Access to Obesity Treatment Options

At their 37th Annual Legislative Conference this past December, the National Black Council of State Legislators (NBCSL) adopted formal [policy](#) stating that the NBCSL recognizes the critical importance of expanding access to, and increasing awareness of, obesity treatment options, including safe and FDA-approved prescription weight loss medications.” NBCSL also “calls on Congress to conduct a thorough review of the prohibition on Medicare Part D coverage for weight loss medications, and determine whether safe and FDA-approved weight loss medications and treatment should be allowed under certain circumstances.”