

2010 DOTH Talking Points – March 3, 2010

1. Critical Access Hospitals (CAHs) and the potential loss of patient access to CR and PR programs in those facilities due to CMS rules pertaining to physician availability.
2. Non Physician Practitioners are not permitted to function as physician extenders for cardiac or pulmonary rehab while they are authorized to do so for other hospital outpatient services!
3. Inadequate Medicare reimbursement amount for cardiac rehab based on CMS research.
4. 2010 – Year of the Lung Proclamation to be supported by Congress.
5. Medicare Advantage exorbitant co-payments for CR/PR services are a barrier to utilization.

Left business card at each meet.

Ben Nelson's office (Hart Senate Office Building):

Met with Charlie Ellsworth, Legislative Assistant to Mr. Nelson. Charlie is aware of the physician supervision requirement in outpatient programs; something coming out today regarding Critical Access Hospital (CAH) and the possible allowance of non physician practitioners as the supervising component. Took notes related to PL 110-275 and that CR is not receiving the correct reimbursement, based on the results of a study did related to actual CR costs, and current reimbursement. Encouraged appropriate reimbursement codes to be in place as soon as possible. Charlie was not aware of 2010, year of the Lung initiative. Staff in Senator Nelson's office is aware of the managed Medicare plans not working out as well as expected.

Mike Johanns office (Russell Senate Office Building):

Met with Susan Tvrdy, Legislative Aide to the health aide of Mr. Johanns. Susan took notes, was not aware of the Talking Points: Nonphysician practitioners able to provide direct supervision of outpatient services, CR services are under-reimbursed, 2010 Year of the Lung, and managed Medicare programs increase barriers to health care for Medicare beneficiaries. Discussed Senator Nelson's aide was aware of some movement today on the Critical Access Hospital non physician practitioner issue, and Susan will contact Charlie for an update; a letter is probably going to go around to the NE Congressman for support to alter the physician supervision component.

Adrian Smith's office (Cannon House Office Building):

Met with Josh Jackson, Legislative Assistant to Mr. Smith. Josh is aware of the CAH physician supervision issue, will follow up with Mr. Nelson's aide regarding new information today. Josh asked about exactly what is Cardiac Rehab, and discussion re: disease management model for both rehab programs took place. Josh took a few notes, was not aware of 2010 year of the Lung, and was aware of managed Medicare programs putting up access barriers for beneficiaries. Also discussed appropriate reimbursement for Cardiac Rehab, based on CMS's study that found the under funding component. Josh is not from Nebraska.

Jeff Fortenberry office (Longworth Building):

Met with Ingrid Sell, JD, MPH, Health Counsel for Mr. Fortenberry. Ingrid is very interested in the disease prevention and disease management model; Mr. Fortenberry is working toward this model as part of the health care package. Ingrid is aware of the CAH physician supervision issue, had met with Nurse Practitioners last week regarding this issue. Ingrid was not aware of the CMS study which found CR is under funded; Ingrid was also unaware of 2010 Year of the Lung. Ingrid is aware of the difficulty beneficiaries are experiencing with Managed Medicare programming.

Lee Terry office (Rayburn House Office Building):

Met with Representative Lee Terry and his aide. Discussed Critical Access Hospital Non physician provider need; under payment of Cardiac Rehab; Medicare Advantage barriers for beneficiaries and 2010 Year of the Lung. Briefly discussed disease management, disease prevention; Pulmonary Rehab and Cardiac Rehab developed the initial disease management model. Mr. Terry's aide nodded when we talked about 2010 Year of the Lung. Mr. Terry indicated he would look into the Medicare Advantage barriers.

Comments: other groups meeting with Nebraska representatives: Multiple Sclerosis, Arthritis Foundation, SRG, and Genetic testing included in proposed health care package. Secure access to each building is at an extremely high level, with policemen stationed at each corner around the Capitol Building and surrounding area. Office staff for each Congressman are very cordial and accessible to constituents.

Follow up: Letter to each office specific to person(s) met, with a Thank You and brief reiteration of Talking Points. Reinforce NCVPRN as resource for questions or reference needs.