

July 13, 2016

Senate Committee on Finance  
Attn. Editorial and Document Section  
Rm. SD-219  
Dirksen Senate Office Building  
Washington, DC 20510

**Re:** American Society of Plastic Surgeons  
Testimony for the Record before the Senate Committee on Finance  
Full Committee Hearing, “Medicare Access and CHIP Reauthorization Act of 2015: Ensuring  
Successful Implementation of Physician Payment Reforms”

Chairman Hatch, Ranking Member Wyden, and the honorable members of the Senate Committee on Finance (Committee), on behalf of the American Society of Plastic Surgeons (ASPS), we submit this testimony regarding the July 13, 2016 Committee hearing reviewing the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) implementation process. ASPS is grateful for your continued attention to the MACRA rulemaking process.

ASPS is the largest association of plastic surgeons in the world, representing more than 7,000 members and 94 percent of all American Board of Plastic Surgery board-certified plastic surgeons in the United States. Plastic surgeons provide highly skilled surgical services that improve both the functional capacity and quality of life of patients. These services include the treatment of congenital deformities, burn injuries, traumatic injuries, hand conditions, and cancer. ASPS promotes the highest quality patient care, professional and ethical standards, and supports education, research and the public service activities of plastic surgeons.

As mentioned above, plastic surgeons perform a wide array of procedures and surgeries. This diversity makes defining quality care a difficult task. As surgical specialists, plastic surgeons have unique issues with the MACRA implementation process, and today we address the Committee regarding three specific areas where the Centers for Medicare and Medicaid Services (CMS) has deviated from Congressional intent:

1. **SECTION 101(e)** of the law creates a new Physician-Focused Payment Model Technical Advisory Committee (PTAC) to provide recommendations to the Secretary of Health and Human Services on the development of new physician-focused alternative payment models. Late in 2015, CMS staff stated in public forums that it is “under no statutory obligation” to follow the recommendations of the PTAC. This clearly disregards Congress’ desire to ensure that the design of these models is heavily influenced by the practitioners that form their foundation. Additionally, ASPS is concerned

that the review criteria employed by the PTAC will not result in sufficient engagement with specialty medicine providers in the evaluation of proposed new specialty-focused payment models.

2. **SECTION 102** of the law directs the Secretary to provide \$15 million annually to support the development of physician quality measures, beginning in FY15. FY15 came and went without these funds being released, FY16 is nearing its end, and CMS has given no indication of when they will be made available. Furthermore, ASPS has heard troubling indications that CMS may determine that medical specialty societies will not be eligible to apply for this funding. Because they play a significant role in the development of evidenced based clinical guidelines and provide a great deal of time and resources measuring specialty-specific quality, medical specialty societies are uniquely positioned to develop quality measures for physician specialists. If CMS enacts this provision as suspected, it will disadvantage specialist physicians and undermine efforts to develop useful measures.
  
3. **SECTION 105(b)** of the law directs CMS to share Medicare claims data with Qualified Clinical Data Registries (QCDR) to support quality improvement and patient safety. Earlier this year, CMS stated that it intended *not* to implement this provision. This month, CMS released a Final Rule partially implementing this section in a manner that does not respect the law as written, and will not permit QCDR's to access real-time Medicare claims data.

Thank you very much for this opportunity to address the Committee and for your consideration of our comments. CMS should not be allowed to repeat the mistakes of the past, and we implore Congress to ensure that its statutory will is respected in the design of MACRA. Additionally, ASPS is happy to work with you and CMS to ensure CMS implements the law appropriately. Please do not hesitate to contact Patrick Hermes, ASPS Senior Manager of Advocacy and Government Affairs, if you have any comments, questions, or concerns. He can be reached at [phermes@plasticsurgery.org](mailto:phermes@plasticsurgery.org) or (847) 228-3331.