

GOVERNMENT AFFAIRS - AMBULATORY SURGERY CENTER QUALITY AND ACCESS LEGISLATION

The ACOS supports legislation intended to accomplish four important goals:

- Prevent the widening gap between ASC payments and hospital outpatient department payments for identical procedures.
- Create a value-based purchasing system for ASCs.
- Implement an appropriate reporting system to measure the high quality care that is provided in the ASC setting.
- Allow Medicare patients to undergo surgery or procedures on the same day that those procedures are scheduled.

GOVERNMENT AFFAIRS - ANTI TRUST REFORMS

Any health care professionals who are engaged in negotiations with a health plan regarding the terms of any contract under which the professionals provide health care items or services for which benefits are provided under such plan shall, in connection with such negotiations, be entitled to the same treatment under the antitrust laws as the treatment to which bargaining units which are recognized under the National Labor Relations Act are entitled in connection with such collective bargaining. The ACOS will undertake efforts, including support of federal legislation and state legislation, to achieve these negotiations rights and opportunities and any necessary antitrust relief for physicians who are engaged in such negotiations and make the achievement a high priority.

GOVERNMENT AFFAIRS - AOA'S GRASSROOTS OSTEOPATHIC ACTION ON LEGISLATION PROGRAM

that the ACOS and AOA actively encourage their members to and participate in the AOA's Grassroots Osteopathic Action on Legislation program.

Government Affairs - AOA'S POLITICAL ACTION COMMITTEE

that the ACOS and AOA actively encourage their members to financially support the AOA's political action committee and expect that the AOA political action committee will be responsive to surgical issues.

GOVERNMENT AFFAIRS - AOA REPRESENTATION

that a member of the AOA Bureau of Federal Health Policy (BFHP) who also is an ACOS and/or AOA member be appointed annually to serve on the Government Affairs Committee.

GOVERNMENT AFFAIRS - CMS/IG INTERPRETIVE GUIDELINES ON INFORMED CONSENT AND OPERATIVE NOTES

that the ACOS and AOA support changes to current CMS hospital interpretive guidelines on informed consent and operative notes that better take into account the nature of a teaching hospital, whereby an attending surgeon will not know in advance exactly who might be a part of the surgical team and their exact tasks for a given procedure

GOVERNMENT AFFAIRS - ECONOMIC CREDENTIALING

that the ACOS and AOA oppose the use by a hospital or health care system of economic criteria to determine a physician's qualifications for the granting or renewal of medical staff membership or privileges. Hospitals and health care systems should award membership and privileges based solely on quality of care issues and a physician's competence. Under no circumstances should conflict of interest issues be used as a basis for credentialing, as such a practice could implicate the anti-kickback statute

GOVERNMENT AFFAIRS - END OF LIFE CARE

that the ACOS and AOA, with members who often care for patients near the end of their life, strongly support federal and state initiatives that encourage the adoption and use of advance directives, so that family members and medical personnel clearly understand and can carry out a patient's true wishes. End of life decisions are personal and should be left to patients and family members, working in consort with their medical caregivers. All possible efforts should be exerted to keep such decisions out of the judiciary systems.

GOVERNMENT AFFAIRS - EXCLUSIVE CREDENTIALLING

that the ACOS and AOA oppose the practice of exclusive credentialing of physicians and support legislation prohibiting its use. Exclusive credentialing is defined as requiring a physician to dedicate his/her practice to a specific hospital or health system and would include, among other possible limitations, limiting medical staff membership or privileges of a physician because (1) the physician has privileges at other hospitals; (2) the physician admits a substantial percentage of patients to other hospitals; (3) the physician has leadership positions on the medical staffs of other hospitals; (4) the physician has an employment services agreement, investment, or any compensation arrangement with other hospitals; or (5) the physician has a financial interest in a competing health care entity such as a surgicenter or imaging center

GOVERNMENT AFFAIRS - EXPERT WITNESSES

the following position statement on expert witnesses be adopted by the ACOS:
that the ACOS and AOA support that whenever possible a DO should be peer reviewed by another DO with a current, unrestricted license in the same state as the DO under review and with relevant experience and qualifications regarding the subject matter of the case.

Therefore, the ACOS and AOA encourage its members who provide expert witness services to voluntarily sign an affirmation that they agree to adhere to the following principles:

- The physician must have a current, valid, and unrestricted license to practice medicine in the state in which he or she is still in active practice and be under no disciplinary action in any state;
- Whenever possible, the physician shall be board certified in the same medical specialty or sub specialty as the defendant and the board should be one that is recognized by the AOA and/or the ABMS;
- The physician must be well qualified by experience or demonstrated competence in the subject matter of the case and where practical should be at least five years removed from post-graduate training and have been engaged in the active practice of medicine or involved in teaching in the same specialty or subspecialty of the defendant for a period of no less than three years prior to the date of the testimony;
- The specialty of the physician shall be appropriate to the subject matter of the case;
- The physician shall be impartial and not adopt a position as an advocate in the legal proceedings;
- The physician shall review all relevant medical information in the case and testify to its content fairly, honestly, and in a balanced manner. If asked to draw an inference or provide an opinion, such inference or opinion should be based on the facts of the case;
- The physician shall be prepared to distinguish between negligence and complications occurring as a result of medical uncertainty;
- In a case involving a specific surgical procedure(s), the physicians shall have current privileges to perform these same procedure(s) at the time of the occurrence giving rise to the claim at an accredited hospital;

- The physician shall have completed continuing medical education relevant to the specialty or the subject matter of the case;
- The physician shall be prepared to document the percentage of time that was involved in serving as an expert witness;
- The physician shall be willing to disclose the amount of compensation received for such activities and the total number of times he or she has testified for the plaintiff or defendant in a lawsuit; and
- Compensation of the physician shall be reasonable for the time and effort spent in preparing for the testimony.

Any false, misleading and/or egregious testimony that is without medical foundation provided by an expert witness who is a member of ACOS and/or AOA shall be considered unprofessional conduct and shall be subject to ethical review within ACOS and AOA.

GOVERNMENT AFFAIRS - FEDERAL FRAUD AND ABUSE LAWS AND ANTI KICKBACK STATUTES

that the ACOS/AOA encourage its members to comply with federal fraud and abuse laws, including the Stark and anti-kickback statutes and regulations; provide educational materials and other assistance to its members to support such compliance; and monitor developments in these laws to ensure that they do not unduly restrict the ability of surgeons to provide quality and efficient patient care on a regular basis.

GOVERNMENT AFFAIRS - HEALTH CARE TRUTH AND TRANSPARENCY LEGISLATION

The ACOS and AOA support legislation that prohibits misleading and deceptive advertising or representation in the provision of health care services, and requires the identification of the license of certain health care providers. ACOS and AOA strongly believe that a physician-led healthcare team including coordination of services is the best approach for providing the highest quality care to patients. By necessity, most medical conditions require a full patient history and physical examination by a physician. While non-physician providers play a critical role in providing quality healthcare and at an appropriate cost, the desire to independently diagnose transcends the level of training and expertise of most non-physician providers.

Physician referrals are a key means by which the Medicare program assures that beneficiaries are receiving medically necessary services and reduces program costs by avoiding potential payment for asymptomatic services and tests that are not covered by Medicare. In addition, patients and their families should be empowered to make the best possible health care decisions without being subject to misrepresented advertising or statements related to non-physician provider education levels or licensure

GOVERNMENT AFFAIRS - INDEPENDENT PAYMENT ADVISORY BOARD (IPAB)

that the following position statement on the Independent Payment Advisory Board (IPAB) be adopted: ACOS has made the decision that it is not comfortable calling for repeal of the Independent Payment Advisory Board (IPAB) at this time. The ACOS decided this for a number of reasons:

- That there is no chance of IPAB being repealed this year and very little chance in the next two years and the ACOS believes that our resources are better placed elsewhere;
- A concern that taking a public position of repeal of IPAB could hurt our efforts on other issues;
- A concern about calling for a repeal of IPAB without positively advocating for something that will reduce health care costs;

- That the IPAB does not go into effect for four more years and ACOS has other priorities now; and
- With the very high likelihood of IPAB not being repealed, there is the need to lay the groundwork to make sure that there is surgical representation on the IPAB.

The ACOS/AOAO opposes the IPAB as currently defined and constituted and is committed to developing alternatives or modifications to the IPAB.

The ACOS and AOAO will monitor reports on IPAB from Congress, Med PAC and other organizations as well as analyses from ACS, AMA, AOA and other specialty organizations; review the projections of any excessive growth in the Medicare program to be made the CMS Actuary's Office beginning in 2013; and evaluate payment proposals issued by the IPAB in 2014 to become potentially effective in 2015

GOVERNMENT AFFAIRS - MANAGED CARE PLANS - TIMELY REIMBURSEMENT AND ARBITRARY TERMINATION PROTECTION

that the College support legislative provisions to assure timeliness of reimbursement to providers by managed care plans and protections for providers from arbitrary termination by managed care plans by defining the grounds for termination and establishing an appeal mechanism to an outside administrative body

GOVERNMENT AFFAIRS - MEDICAL LIABILITY REFORM

that the ACOS and AOAO support medical liability reform including a \$250,000 cap on non-economic damages, joint and several liability reform for non-economic damages, the collateral source doctrine, periodic payment of non-economic damages in excess of \$50,000, limits for attorney contingency fees, criteria for an expert witness that comply with ACOS/AOAO policy on expert witness testimony, and limits on the time period for filing claims to no more than three years after the initial injury occurred

GOVERNMENT AFFAIRS – MEDICARE AMBULATORY SURGICAL PROCEDURES

that the ACOS and AOAO support legislative and regulatory efforts to ensure the development of a more equitable Medicare payment system for services provided in ambulatory surgery centers (ASCs) so that decisions on where physicians should treat patients are not based on economic issues. No services should be excluded or deleted from the list of ASC covered services if the services can be safely performed in an ASC

GOVERNMENT AFFAIRS - MEDICARE BALANCE BILLING

that ACOS oppose federal legislation for limits on extra billing and for the denial of non-participating physicians to balance bill

GOVERNMENT AFFAIRS - MEDICARE CENTERS OF EXCELLENCE

that the ACOS adopt the following position statement:

that use of the term “centers of excellence” will mislead patients to believe that the federal government has used objective and clinically relevant criteria to determine that the quality of care provided in these centers is superior to the care provided by non-selected hospitals and surgeons, and furthermore, that attributing the “centers of excellence” label to an increasing number of health care centers around the country will only detract from those facilities that truly are recognized as centers of excellence and therefore, the ACOS urges the federal government to no longer utilize the term – “centers of excellence”

GOVERNMENT AFFAIRS - MEDICARE CLAIMS AND INADVERTANT ERRORS

that the College adopt the following position on inadvertent billing errors/fraud and abuse: the ACOS is very concerned about the Office of the Inspector General, the Department of Justice, and CMS's overly zealous and abusive implementation of its policies in addressing waste, fraud and abuse. The ACOS has zero tolerance for deliberate and intentional fraud. The federal government must distinguish between criminal fraud and legitimate differences of opinion regarding complex billing issues. There is a vast continuum of issues arising from Medicare claims (e.g., deficiencies in documentation, inadvertent coding and billing mistakes, and intentional criminal fraud) and the federal government fails to differentiate in that range of issues. The federal government refers to "waste, fraud, and abuse" all in the same breath and should not have a continual "catchall" approach to these issues. The pursuit of cost-containment initiatives pursued by the federal government in the guise of fraud and abuse or program integrity activities is inappropriate and misguided. The ACOS supports legislation with provisions to distinguish between inadvertent errors, legitimate issues of medical judgment, and knowing and willful intent to commit fraud

that the ACOS is committed to providing educational programs to assist members in conforming to the latest laws and regulations and will support a legislative provision for payment of attorney's fees in cases where it is determined by an administrative body or court that the physician has been in substantial compliance with the federal law

GOVERNMENT AFFAIRS - THIRD PARTY/INSURANCE COMPANY TIMELY REIMBURSEMENT

that the ACOS support legislative provisions for timely reimbursement to providers by any third party payer, which is defined as occurring no later than 30 days after the submission of a clean claim

GOVERNMENT AFFAIRS - MEDICARE PRIVATE CONTRACTS

that the ACOS adopt a position in support of the repeal of the provision in the Balanced Budget Act that requires a physician to withdraw from Medicare for two years before entering into private contracts with Medicare beneficiaries for services covered under Medicare

GOVERNMENT AFFAIRS - MEDICARE REIMBURSEMENT FOR GRADUATE MEDICAL EDUCATION AND VOLUNTEER FACULTY

that ACOS/AOAO support legislative and regulatory changes in Medicare graduate medical education payment policies that would lead to the recognition of an OPTI as an "affiliated group" under 42 CFR 413.86 by the federal government and would allow the movement of funded and approved residency slots from one hospital to another within an OPTI, even after one or more hospitals in the OPTI has closed its training programs; and

that ACOS/AOAO support legislative and regulatory efforts to ensure that any and all residency training programs with voluntary faculty are fully eligible for direct and indirect graduate medical education funding

that the ACOS and the AOAO believe that the United States is facing a significant shortage of physicians, particularly osteopathic surgeons, in the workforce, and, therefore, the ACOS and the AOAO strongly support legislative efforts to increase and diversify the supply of physicians, particularly in underserved areas. Such legislative efforts could include: eliminating the graduate medical education (GME) cap in the funding of residency slots so that there would be sufficient federally funded residency positions to accommodate all graduates of accredited allopathic and osteopathic medical schools; forestalling the

repayment of student loans while a resident is in an approved training program; maintaining the federal funding of graduate medical education programs to provide for a stable, rational, adequate and feasible system for osteopathic surgical education and that any formula for the federal funding of osteopathic surgical training positions provide full funding for at least the minimum period of training necessary to meet the eligibility requirements of AOA certifying boards and a sufficient number of training positions to educate the osteopathic surgeons necessary to deliver appropriate and necessary patient care. The ACOS and the AOA will continue to actively monitor proposed changes in federal physician workforce policies, including GME funding, and to analyze the projected impact of these changes on osteopathic medicine

GOVERNMENT AFFAIRS - MEDICARE SELF REFERRAL

that the ACOS and AOA encourage their members to comply with federal fraud and abuse laws, including the Stark and anti-kickback statutes and regulations; provide educational materials and other assistance to its members to support such compliance; and monitor developments in these laws to ensure that they do not unduly restrict the ability of surgeons to provide quality and efficient patient care – **SUNSET**

GOVERNMENT AFFAIRS - MEDICARE SUSTAINABLE GROWTH RATE UPDATE SYSTEM

The ACOS take a united stand with the surgical community in the effort to bring fundamental and long-term change to the Medicare physician payment system. The House of Surgery has three top priorities for this effort:

- *Repealing* the current sustainable growth rate (SGR) and establishing a new baseline for the physician payment system
- *Replacing* the current SGR with a system of multiple conversion factors
- *Ensuring* that any additional payments that are made to physicians of any specialty are not budget neutral within the physician payment pool

In addition to the above priorities, the surgical community has developed a common position on innovative payment options:

Surgery supports the development of new innovative payment models that involve the patient, physicians and payers. Surgeons support the concept of incentive payment or shared savings programs between hospitals and physicians and encourage the removal of any legal barriers that may restrict these types of arrangements. In addition, the surgical community is supportive of pilots and demonstration projects to determine if bundling payments is an appropriate mechanism to improve the Medicare payment system. Physician payment mechanisms that move beyond the current system of payment for more services or more complex services should be explored. – **SUNSET**

GOVERNMENT AFFAIRS - MEDICARE USER FEES

that the ACOS strongly opposes any attempt on the part of the federal or state governments or other entities to impose “user fees,” “provider taxes,” “access fees,” or “bed taxes” on physicians and other health care providers to subsidize or fund any health care program; and urges Congress to appropriate sufficient funds to enable CMS and its carriers to carry out their statutorily required functions

GOVERNMENT AFFAIRS - NATIONAL PRACTITIONER DATA BANK

that the ACOS adopt the following position statement on the National Practitioner Data Bank: The ACOS objects to the opening of the National Practitioner Data Bank (NPDB) to the general public. The NPDB’s collection of information on disciplinary and malpractice records of physicians was never intended to be used as a resource for patients. The NPDB should not be used as an alternative to the

well-balanced and complete information that states are compiling to assist patients in evaluating physicians

GOVERNMENT AFFAIRS - PATIENT PRIVACY AND CONFIDENTIALITY

that ACOS support compliance with all applicable HIPPA rules and regulations and other applicable federal and state laws addressing patient privacy and confidentiality

GOVERNMENT AFFAIRS - PATIENT SAFETY REPORTING AND MEDICAL ERRORS

ACOS supports the following general principles for patient safety reporting systems with respect to governmental legislation and regulations. The general principles are:

- Creating an Environment for Safety. There should be a non-punitive culture for reporting healthcare errors that focuses on preventing and correcting systems failures and not on individual or organization culpability.
- Healthcare professionals and organizations should foster a positive atmosphere that encourages the submission of healthcare error reports to public or private oversight organizations, accrediting bodies, an official compendia body, or other generally recognized patient safety reporting systems. The existence of a reporting system does not relieve healthcare professionals and organizations of their responsibility to maintain professionally recognized standards of care.
- Data Analysis. Information submitted to reporting systems must be comprehensively analyzed to identify actions that would minimize the risk that reported events recur.
- Systems within organizations should be scrutinized to identify weaknesses and processes that make healthcare errors possible or likely to occur, and to identify actions to prevent future errors. Effective procedures and/or protocols developed through reporting systems should be compiled and widely disseminated to all healthcare professionals and organizations.
- Confidentiality. Confidentiality protections for patients, healthcare professionals, and healthcare organizations are essential to the ability of any reporting system to learn about errors and effect their reduction.
- Reporting systems should protect the identity of individual patients and abide by all relevant confidentiality laws and regulations. The identities of healthcare professionals and organizations involved in errors should not be disclosed outside a reporting system without consent.
- Information Sharing. Reporting systems should facilitate the sharing of patient safety information among healthcare organizations and foster confidential collaboration with other healthcare reporting systems.
- Sharing information is fundamental to a reporting system's ability to achieve widespread improvements in patient safety and to instill a confidence in the public that safety issues are being addressed. Sharing of error-related information is subject to the confidentiality principle.
- The causes of errors and their solutions must be widely shared so that all healthcare organizations can learn from the experiences of others.

In some circumstances, it will be desirable to share reports of errors among reporting systems, and with other appropriate quality improvement entities, in order to accomplish root cause analyses, to construct action plans, and to engage in other efforts to enhance patient safety.

Legal Status of Reporting System Information. – With some exceptions (e.g. the Patient Safety Organization (PSO) Act and regulations), the absence of federal protection for information submitted to

patient safety reporting systems discourages the use of such systems, which reduces the opportunity to identify trends and implement corrective measures. Information developed in connection with reporting systems should be privileged for purposes of federal and state judicial proceedings in civil matters, and for purposes of federal and state administrative proceedings, including with respect to discovery, subpoenas, testimony, or any other form of disclosure.

- **Scope.** The privilege for the information prepared for a reporting system should extend to any data, report, memorandum, analysis, statement, or other communication developed for the purposes of the system. This privilege should not interfere with the disclosure of information that is otherwise available, including the right of individuals to access their own medical records.
- **No Waiver.** The submission of healthcare error information to a reporting system, or the sharing of information by healthcare organizations or reporting systems with third parties in accordance with these principles, should not be construed as waiving this privilege or any other privilege under federal or state law that exists with respect to the information.
- **Freedom of Information Act.** Healthcare error information received by and from reporting systems should be exempt from the Freedom of Information Act and other similar state laws. Such an exemption is necessary to preserve the privilege discussed in this principle.
- **Impact on State Law.** A federal law is necessary to assure protection of information submitted to national reporting systems, but the federal protection should not preempt state evidentiary laws that provide greater protection than federal law. Providing such information to reporting systems should not constitute a waiver of any state law privilege.

While some of these protections are available under the PSO rules, or for entities receiving federal (e.g., Agency for Healthcare Research and Quality) funding or doing certain studies that qualify for certificates of confidentiality, there is no general federal protection for information submitted to patient safety systems.

GOVERNMENT AFFAIRS - PRACTICE PARAMETERS

that the ACOS maintains that the federal government should not regulate the clinical standards for medical procedures. Scientifically sound, clinically relevant practice parameters should be developed by medical professionals to assist physicians in appropriate clinical decision-making within the scope of their training and to keep them informed about appropriate patient management strategies

GOVERNMENT AFFAIRS - PRESCRIPTION DRUG BENEFITS

The ACOS believes that any prescription drug benefits bill should allow the physician to exercise his or her judgment in selecting the treatment best suited for the patient. Health plans should not be allowed to use formularies that unduly restrict physicians or patients in accessing appropriate drug therapies and the ACOS believes any pharmaceutical benefit under Medicare should be fully funded

GOVERNMENT AFFAIRS - PUBLIC OPTION IN HEALTH CARE REFORM BILLS

to support the concept of “the public health insurance option” contingent on the adoption by Congress of amendments that a public plan option not be tied to Medicare rates and that health reform legislation that includes a public plan option must expressly state that physicians are not mandated to participate in such a plan

GOVERNMENT AFFAIRS - QUALITY IMPROVEMENT PROGRAMS

to go on record in support of the “Patient Charter for Physician Performance Measurement, Reporting, and Tiering Programs.” The charter calls for transparency, validity, and auditing of quality improvement programs that health plans use to evaluate and rate physicians. It also calls for physician organizations to be involved in developing measures and reporting systems. Furthermore, the charter states that

individual physicians should have adequate notice and opportunity to correct any inaccuracies in the data that is used to report on their performance

that the following position statement on ensuring quality health care be adopted:

ACOS understands that all stakeholders, particularly patients, benefit from the collection and analysis of physician quality data and that it is important to provide patients, the public and physicians with accurate information on comparative quality performances among providers. To demonstrate our commitment to providing the highest quality surgical care to patients, our organization is actively engaged in developing evidence-based and clinically relevant quality measures and establishing clinical data registries. To be successful, however, surgeons believe that performance measurement should be non-punitive and transparent. Furthermore, meaningful and accurate clinical outcomes and processes of care data must be generated by physicians. Finally, any performance measurement system must provide data to providers on how they compare with their peers, and this should be done in a confidential and non-punitive manner.

ACOS remains committed to providing the highest quality care possible and supports the following to ensure the accuracy and value of data reported:

Repeal the PQRI penalties so quality improvement efforts remain voluntary and non-punitive; Delay the implementation of the value based payment modifier until efficiency measures are adequately defined so they not merely equate lower cost with higher quality; and Ensure that any efficiency measures appropriately account for risk-adjustment.

GOVERNMENT AFFAIRS - QUICK RESPONSE POLICY

that for legislative issues that require quick decision-making by the ACOS and AOA, usually within two weeks or less, the AOA Executive Director be contacted and the ACOS Government Affairs Chair and or President be contacted to take action, unless they determine that it is an issue requiring decision-making by their executive committee

GOVERNMENT AFFAIRS - REFORM OF MEDICARE OVERPAYMENT AUDITS

That the ACOS and AOA work to encourage CMS to provide meaningful enforcement of the regulations and timeframes for reopening Medicare claims. Medicare regulations permit audit contractors to reopen claims within one year of payment for any reason, but, from one to four years of payment, a contractor may only reopen a claim for "good cause." Good cause is defined either as an error on the face of the evidence or as new and material evidence that was not known or available at the time of payment. Contractors frequently reopen claims older than one year without showing good cause, but CMS's policy is that providers may not challenge the reopening in an administrative appeal. CMS permits providers to appeal only the substance of the revised payment determination and not the timeliness of the reopening. ACOS believes that this lack of enforcement has nullified the reopening timeframes and the good cause standard. CMS should amend its policy to permit providers to challenge the timeliness of the reopening of Medicare claims

GOVERNMENT AFFAIRS - REIMBURSEMENT FOR SURGICAL ASSISTANCE

that a principal surgeon should consider the following guidelines in deciding when an assistant at surgery is needed to ensure the quality and safety of the surgical services provided to a patient:

- the degree to which the operation is complex and technically demanding, so that joint efforts of the principal surgeon and one or more assisting physicians contribute meaningfully to the successful treatment of the patient;
- the expected effect of the use of an assistant on the patient's mortality and morbidity, including that related to blood loss and duration of the operation;
- the degree to which the patient's history indicates that there is a substantial risk of complications arising in the course of the operation that would require the services of an assistant at surgery to avoid the increased risk of mortality or morbidity.

The determination of the need for an assistant at surgery rests with the principal surgeon. Ideally, an assistant at surgery should be a surgeon or an individual who has the necessary qualifications to participate in a particular operation and who actively assists in performing the surgical procedure - October 1990;

that the ACOS believes that Medicare and all third-party payers should provide full, separate, reimbursement for surgical assistance services that, according to the professional judgment of the primary surgeon, are deemed to be medically necessary, and the fact that a particular service is not usually required by the general patient population has no bearing on the needs of an individual patient

GOVERNMENT AFFAIRS - SUPERVISION OF NON PHYSICIAN CLINICIANS

that the ACOS support the establishment of the following guidelines for physician/non-physician clinician practice in order to assure quality patient care:

- The physician is responsible for managing the health care of patients in all settings;
- Health care services delivered by physicians and non-physician clinicians must be within the scope of each practitioner's authorized practice, as defined by state law;
- The physician is ultimately responsible for coordinating and managing the care of patients and, with the appropriate input of the non-physician clinician, ensuring the quality of health care provided to patients;
- The physician is responsible for the supervision of the non-physician clinician in all settings;
- The role of the non-physician clinician in the delivery of care should be defined through mutually agreed upon guidelines that are developed by the physician and the non-physician clinician and based on the physician's delegatory style;
- The physician must be available for consultation with the non-physician clinician at all times, either in person or through telecommunication systems or other means;
- The extent of the involvement by the non-physician clinician in the assessment and implementation of treatment will depend on the complexity and acuity of the patient's condition and the training, experience, and preparation of the non-physician clinician, as adjudged by the physician;
- Patients should be made clearly aware at all times whether they are being cared for by a physician or a non-physician clinician;
- The physician and non-physician clinician together should review all delegated patient services on a regular basis, as well as the mutually agreed upon guidelines for practice; and
- The physician is responsible for clarifying and familiarizing the non-physician clinician with his/her supervising methods and style of delegating patient care.

GOVERNMENT AFFAIRS - SURGICAL WORKFORCE SHORTAGES

adopt the following position on graduate medical education:

More must be done by the federal government to help address surgical workforce shortages:

- While the redistribution of unused residency training positions may begin to address some of the workforce shortages, Congress must take additional steps to ensure that enough surgeons are entering the pipeline; and
- Incentives such as loan forgiveness programs should be considered for surgical specialties with documented current or future workforce shortages, especially those specialties with longer training programs.

Given the length of time required to educate and train surgeons, it is vital that a surgeon be among the members of the National Health Care Workforce Commission

GOVERNMENT AFFAIRS – POSITION STATEMENTS

policy statement nomenclature to be called and considered to be position statements to more accurately reflect the nature and intent of the statements

GOVERNMENT AFFAIRS – 10/90 DAY GLOBALS

Adopt the following position statement on global 10/90 day:

The ACOS will stand with the house of surgery to oppose any support for the SGR Patch unless the global 10/90 issue is addressed

GOVERNMENT AFFAIRS – INTERSTATE MEDICAL LICENSURE COMPACT

The ACOS supports ongoing legislative and regulatory activities to enact the Interstate Medical Licensure Compact.

GOVERNMENT AFFAIRS – TRANSPARENCY OF DATA COLLECTION

The ACOS recognizes the need for the collecting of data to be displayed in a user friendly format. The data collection methods need to be all inclusive with multiple chances for peer review. The collection methodology and the analysis also must be transparent for all parties to view and participate.