



**Association of
American Medical Colleges**
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Submitted electronically via www.regulations.gov

November 19, 2018

Ms. Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-3346-P
P.O. Box 8010
Baltimore, MD 21244-1810

RE: Medicare and Medicaid Programs; Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction, CMS-3346-P

Dear Ms. Verma:

The Association of American Medical Colleges (AAMC or Association) welcomes this opportunity to comment on the proposed rule entitled “Medicare and Medicaid Programs; Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction,” 83 *Fed. Reg.* 47686 (September 20, 2018), issued by the Centers for Medicare and Medicaid Services (CMS or Agency).

AAMC is a not-for-profit association dedicated to transforming health care through innovative medical education, cutting-edge patient care, and groundbreaking medical research. Its members are all 152 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and more than 80 academic societies. Through these institutions and organizations, the AAMC serves the leaders of America’s medical schools and teaching hospitals and their more than 173,000 full-time faculty members, 89,000 medical students, 129,000 resident physicians, and more than 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

As will be discussed below, the AAMC supports CMS’s efforts to reduce administrative burden and agree with removing some requirements to allow providers to decide the best treatment options for their patients. We support the proposed changes to transplantation requirements to encourage use of all viable organs; too many Americans die each year waiting for organ transplants. The AAMC also supports the proposal to defer to the physician’s clinical judgment when deciding if a comprehensive history and physical (H&P) is required prior to surgery. However, we do not support proposed changes to eliminate the requirement for transfer agreements between hospitals and ambulatory surgical centers (ASCs). These agreements allow hospitals to understand the capacity at different ASCs which helps to facilitate care transitions if the need for transfer arises.

Finalize Proposals to Reduce Reporting Requirements for Transplant Centers to Incentivize Use of All Viable Organs

CMS is proposing to remove requirements for transplant centers to submit documentation including clinical experience and outcomes requirements for re-approval of transplant programs in the Medicare program. CMS notes in the proposed rule that current transplant data submission policies may disincentivize the use of otherwise viable organs available for transplant. CMS cites studies that revealed that penalizing transplant centers based on outcomes measures led to lower transplant rates.

AAMC supports this change and agrees that more should be done to promote transplantation of all viable organs. We agree that requirements that could result in providers not wanting to transplant all viable organs does a disservice to individuals awaiting a transplant. Viable organs should be considered for transplantation based on patient benefit, not on the possibility of penalties due to lower outcome measures that hospitals may face with respect to post-transplant results.

Allow Physicians to Decide Whether a Physical Examination Prior to Surgery in an ASC is Required

CMS is proposing to remove the requirement that a comprehensive medical H&P be performed within 30 days of the scheduled surgical procedure performed at an ASC. Instead, the decision to perform a comprehensive H&P would be based on a “facility’s established policies” and the “operating physician’s clinical judgment.” (83 *Fed. Reg.* 47694) The AAMC supports this proposal and believes that evaluation of a patient’s health status prior to any surgical intervention should be at the discretion and oversight of the treating physician.

Do Not Eliminate Requirements for a Written Hospital Transfer Agreements and Hospital Physician Admitting Privileges

CMS is proposing to remove the requirement for a written hospital transfer agreement between an ASC and a local hospital stating that the proposed changes would “streamline ASC administrative processes” and be “less burdensome” for ASCs. (p. 47693) CMS states this proposal will address a “widespread issue” of hospitals being unwilling to enter into these agreements due to “competition between hospital outpatient surgery departments and ASCs.” (p.47693) The AAMC disagrees that hospitals are unwilling to enter into transfer agreements because of competition. These agreements outline the policies and procedures for patient transfers including necessary documentation to ensure a smooth transition between facilities. This allows for the receiving hospitals to better understand the treatment capacity of the ASC and be better equipped to receive patient transfers. Without such agreements, patients will likely be transported to emergency departments with limited information about the reason for transfer rather than being directly admitted to the hospital.

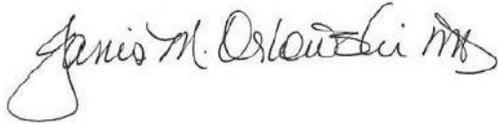
If an ASC does not have a written transfer agreement in place, physicians performing surgery at the ASC must have admitting privileges at the hospital. CMS is proposing to remove the requirement for physicians employed by the ASC to have hospital admitting privileges at the transferring hospital. Removing this requirement bypasses hospitals’ credentialing policies to ensure patient safety and access to high-quality care. The AAMC does not support the removal of this requirement.

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Conclusion

Thank you for the opportunity to comment on this proposed rule to reduce regulatory burden with respect to Medicare Conditions of Participation and for your consideration of these comments. If you have questions concerning these comments, please feel free to contact Mary Mullaney at mmullaney@aamc.org or 202.909.2084.

Sincerely,

A handwritten signature in black ink that reads "Janis M. Orlowski M.D.". The signature is written in a cursive style with a large, looping initial "J".

Janis M. Orlowski, M.D., M.A.C.P.
Chief Health Care Officer

cc: Ivy Baer, AAMC