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YEARS

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& technical
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PROMOTING STATE PM&R ADVOCACY – NEXT STEPS

- *Historically*, state PM&R societies have operated as independent organizations that advocate on legislative and regulatory proposals.



PROMOTING STATE PM&R ADVOCACY – NEXT STEPS

- *Today*, because of factors such as adaptations to the Affordable Care Act (ACA), states are moving forward with programs authorized under various legislative and regulatory mandates.



PROMOTING STATE PM&R ADVOCACY – NEXT STEPS

- The ACA is also the basis for a related national movement away from fee-for-service models and towards coordinated care along a multidisciplinary continuum.



PROMOTING STATE PM&R ADVOCACY – NEXT STEPS

- These and other trends challenge the state societies to be more involved and accountable on the health policy front.



What is Needed?

- State PM&R societies will benefit from creating an infrastructure for state advocacy that will facilitate monitoring public and private payer laws and regulations that affect the specialty/patients.



What is Needed?

- Physiatrist participation with the Medicare Contractor Advisory Committees (CACs) is essential.



What is Needed?

- State societies working collaboratively in local medical coalitions on state issues, and maintaining active affiliations with the state medical associations (SMAs) equals value.
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PROMOTING STATE PM&R ADVOCACY – NEXT STEPS

What are other advantages of participating in state societies, SMAs and state-based coalitions?



PROMOTING STATE PM&R ADVOCACY – NEXT STEPS

- State Societies provide a structure to highlight the uniqueness of the PM&R specialty for grassroots' advocacy. This can be specifically targeted around essential health benefits and state health insurance exchanges.



PROMOTING STATE PM&R ADVOCACY – NEXT STEPS

- Participating in SMAs and state-based coalitions provides opportunities for Physiatrists to educate other specialties and state officials about PM&R.



What is Needed?

- SMA staff usually include lobbyists to monitor and report on all legislation and proposed rules that potentially affect physician practice.



PROMOTING STATE PM&R ADVOCACY – NEXT STEPS

- State medical societies and SMAs are largely viewed by legislators and policymakers as the “nerve centers” for physician issues.



PROMOTING STATE PM&R ADVOCACY – NEXT STEPS

- This means that there is a reliance factor here that is often undervalued: physicians are needed to team up with legislators and policymakers and offer their medical insights to the process of law and policymaking.



PROMOTING STATE PM&R ADVOCACY – NEXT STEPS

- Not all legislators/policymakers understand our specialty; thus, it is incumbent on psychiatrists to help inform those who are charged with making important decisions about how we practice medicine!



PROMOTING STATE PM&R ADVOCACY – NEXT STEPS

- SMAs consist of representation from the various state specialty societies that are highly motivated by specific issues that impact their practices, some of which may be competitive with other medical specialties that fall under this umbrella group.



PROMOTING STATE PM&R ADVOCACY – NEXT STEPS

- State-based coalitions can serve as ‘vehicles’ for coordinated comments on issues that tend to carry more ‘weight’ than individual comments from the societies.



PROMOTING STATE PM&R ADVOCACY – NEXT STEPS

- Participating in SMAs and state-based coalitions provides an opportunity for Psychiatrists to educate other specialties and state officials about PM&R.



ENVIRONMENTAL SCAN OF STATE PM&R SOCIETIES

- 27 states and Puerto Rico have state PM&R societies/Presidents:

(AL, AZ, CA, CO, DE, FL, HI, IL, IN, IA, KS, MA, ME, MD, MI, MO, NE, NV, NJ, NY, NC, OH, PA, PR, SC, TN, TX & VA).

- 3 contiguous states (KS, MO & NE) form a regional PM&R society (“Central Society”).



ENVIRONMENTAL SCAN OF STATE PM&R SOCIETIES

- 23 states and DC do not have formal state societies: (AK, AR, CT, DC, GA, ID, KY, LA, MN, MS, MT, NH, NM, ND, OK, OR, RI, SD, UT, VT, WA, WV, WI & WY).



ENVIRONMENTAL SCAN OF STATE PM&R SOCIETIES

- Of the 23 states (& DC) without PM&R societies, 11 have state contacts who serve as resources for information about PM&R concerns in their states (AR, CT, LA, MN, MS, NH, RI, SD, UT, WA, and WI).
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ENVIRONMENTAL SCAN OF STATE PM&R SOCIETIES

- Of the 23 states (& DC) without PM&R societies, 12 states and DC do not have state societies or contacts: AK, DC, GA, ID, KY, MT, NM, ND, OKLA, OR, VT, WV, & WY.

- 5 states contract with the Academy for “a la carte” administrative services - (AL, IL, NJ, TN & VA).
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ENVIRONMENTAL SCAN OF STATE PM&R SOCIETIES

- 4 state PM&R societies employ lobbyists (CA, FL, NJ & NY).
 - 4 state PM&R societies employ executive directors /staff (CA, FL, NV & TX).
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AAPM&R RESOURCES TO HELP WITH YOUR STATE'S ADVOCACY EFFORTS

- AAPM&R ADVOCACY ACTION CENTER
- AAPM&R STATE ADVOCACY GROUPS (SAGs)
- AAPM&R HEALTH POLICY & PRACTICE SERVICES' STAFF.



AAPM&R ADVOCACY ACTION CENTER

The Advocacy Action Center is a Web-based congressional and state lobbying software tool that will:

- Assist you in grassroots lobbying and political advocacy by providing a simple way to contact members of Congress /state legislators.
- Offer strategic targeting to legislative chambers, congressional committees or individuals, & Medicare contractors.



AAPM&R STATE ADVOCACY GROUPS

- In 2012, AAPM&R launched an innovative approach to help the state societies connect with their colleagues on key health policy issues facing the specialty and remain vigilant as states move forward on these policy fronts that are impacting physiatrists and people with disabilities and chronic conditions.



AAPM&R STATE ADVOCACY GROUPS

- The State Advocacy Groups (SAGs) are available on the website at:
www.phyzforum.org ([member login required](#))
- Each State Advocacy Group is listed under “My Groups.”



AAPM&R STATE ADVOCACY GROUPS

- The State Advocacy Groups are integrated with the Academy's Advocacy Action Center to help members communicate their advocacy priorities to their state legislators.



AAPM&R STATE ADVOCACY GROUPS

- Each SAG should have a Moderator to help promote interest and participation within the group.
- Check with the Academy staff to find out if your state has a Moderator and to get more information.



Medicare Contractor Advisory Committees (CACs)

The primary A/B Medicare Administrator Contractor (MAC) Jurisdictions operate regionally in all states.

- Each region, under the leadership of a Contractor Medical Director (CMD), utilizes a Contractor Advisory Committee (CAC) to assist in the development of coverage policies (often known as “Local Coverage Determinations” (LCDS)).
 - Each of the CACs permits representation from the medical specialty societies.
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Medicare Contractor Advisory Committees (CACs)

- The representatives (physicians) from the specialties function in an advisory capacity on the CACs on coverage policies that impact physician reimbursement and patient access.
- The CMDs rely on the CAC reps to better understand services and procedures associated with the various specialties.
- CAC Reps can wield considerable influence in the development of LCDs.



Medicare Contractor Advisory Committees (CACs)

The responsibilities of the CAC reps include the following:

- Availability to attend CAC meetings and participate in coverage discussions.
- A comprehensive understanding of the Medicare “reasonable and necessary” legal standard to be applied to PM&R services (& familiarity with CPT codes and appropriate ICD-9 codes (soon to be ICD-10 codes).



Medicare Contractor Advisory Committees (CACs)

- Report back to the state society on those discussions and help to coordinate formal comments on the draft policies to be submitted to the CMD.
- Participation in alliances with other CAC reps to present a unified approach on coverage decisions where there is a common physician interest at stake.



“Examination” of a LCD

Here are suggested core questions to apply to your review /analysis of a coverage policy:

What is at stake for psychiatrists/patients (include medical necessity concerns)?

Will physician judgment be compromised (give substantial weight to this)?



“Examination” of a LCD

Will new documentation guidelines be created?

Are interruptions to normal workflows likely to occur?

Are there obstructions to access?

What are the medical staffing implications?



“Examination” of a LCD

Note: *REQUIRED*: Include in your assessment the selection of medical literature to support your recommendations.



CLOSING REMARKS

**Who is ready to sign up to
advocate for PM&R in his or
her state?**