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## HEALTH POLICY AND ADVOCACY COMMITTEE ACTIVITIES

In recent reports to the CHEST Board of Regents, Health Policy and Advocacy Committee (HPAC) Chair Neil Freedman, MD, FCCP, presented updates on the five main activities HPAC has focused on in the last few months:

■ **Planning and executing an external Technical Expert Panel (TEP) at the request of the Centers for Medicare and Medicaid Services (CMS) on noninvasive ventilation (NIV) outside of the hospital.** The original coverage criteria for the reimbursement of NIV for Medicare beneficiaries were primarily based on the 1998 consensus conference report recommendations (*Chest*. 1999;116:521-534). Over the last two decades, important changes in clinical practice and pertinent new clinical evidence have emerged and a reevaluation is long overdue. The current NIV reimbursement criteria have resulted in problematic regulatory barriers for reimbursement of NIV necessary to appropriately support these patients. A multisociety coalition of the American Academy of Sleep Medicine, the American Association of Respiratory Care, the American Thoracic Society, and CHEST created a TEP, which met virtually on October 3-4 to recommend updates to the regulations. An initial summary of this meeting appears in this issue of *Washington Watchline* and more specific outcomes will be presented in upcoming issues as the TEP's efforts continue.

■ **Comment on the National Coverage Determination (NCD) on Home Use of Oxygen (240.2).** As the current NCD was established in 1993, when CMS presented the opportunity for comment in September, HPAC recognized the importance for CHEST members and our patients to recommend necessary changes. Within a week of the deadline, a group of experts (Drs. Dennis Doherty, Gerard Criner, Jim Lamberti, Robert De Marco, and Neil Freedman) [crafted comments](#) to CMS which were endorsed by 10 additional organizations and submitted to CMS.

## HEALTH POLICY AND ADVOCACY COMMITTEE INITIAL MEMBERS AND STAFF

Neil Freedman, MD, FCCP  
*Chair*

James Lamberti, MD, FCCP  
*Vice-Chair*

Angel Coz Yataco, MD, FCCP

Laura Crotty Alexander, MD

Robert De Marco, MD, FCCP

Peter Gay, MD, MS, FCCP

Nicholas Hill, MD, FCCP

Roozehra Khan, DO, FCCP

Michael Nelson, MD, FCCP

Kathleen Sarmiento, MD

David Schulman, MD, MPH,  
FCCP

Lisa Wolfe, MD, FCCP

## STAFF AND *EX OFFICIO* MEMBERS

Michelle Kosobucki  
*Volunteer Engagement  
Specialist*

Jenny Nemkovich, CAE  
*Chief of Staff and Senior Vice  
President, Organization Affairs*

John Studdard, MD  
*Consultant*

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Be sure to check [chestnet.org](http://chestnet.org) and *CHEST Today* for COVID-19 related education, practice, and regulatory updates.

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“At the end of the day, who is speaking for us?” Neil Freedman, MD, FCCP, Chair of CHEST’s Health Policy and Advocacy Committee (HPAC) explains why he is involved in advocacy activities. “We are the clinicians who most clearly see our patients’ needs and are in the best place to bring our voices together to advocate for them. Educating legislators and regulators about what we see in our practices—including telehealth, oxygen access, home ventilation, and smoking and vaping issues—contributes to our ability to provide the best care we can.”



- **The CHEST/ATS Joint Clinical Practice Committee and CHEST HPAC commented on the overall 2021 Medicare Physician Fee Schedule.** A summary of these comments is presented later in this issue.
- **Collaborative work on “oxygen toolkit” continues.** HPAC and the CHEST Foundation continue to work together with the American Association of Homecare in reviewing and building the “oxygen toolkit” addressing efforts in oxygen prescribing education and patients’ and caregivers’ oxygen use education.
- **Tobacco-dependence toolkit revision.** HPAC members in the tobacco/vaping area are working to revise CHEST’s tobacco dependence treatment toolkit and other patient-and clinician-focused resources.

Dr. Freedman encourages all members to be aware of the committee’s activities as an integral part of the practice of chest medicine. Responding to calls to action as well as working within CHEST NetWorks to support advocacy efforts will strengthen the voice for the best care for patients. Members interested in participating in committee activities should contact [advocacy@chestnet.org](mailto:advocacy@chestnet.org).

## CHEST AND ATS RESPOND TO PROPOSED FEE SCHEDULE

CHEST and the American Thoracic Society (ATS) submitted joint comments regarding the proposed Medicare Physician Fee Schedule for 2021 to CMS Administrator Seema Verma on topics of direct interest to members. The letter focuses on:

**Medicare payment for critical care services:** Further to the joint letter from CHEST, ATS, and the Society of Critical Care Medicine to Department of Health and Human Services Secretary Azar (see article in [September 2020 Washington Watchline](#)), the concerns related to the proposed 8% reduction in reimbursement for critical care services are explained, particularly relating to the role of critical care providers during the pandemic. They call for waiving budget neutrality or utilizing the public health emergency declaration to ensure appropriate patient care.

**E/M payment changes:** ATS and CHEST voice support for the proposed changes to evaluation and management (E/M) office visits and the increased reimbursement for the cognitive component of E/M medicine. They urge CMS to use its authority to waive the budget neutrality requirements while implementing the E/M changes.

**Adoption of RUC-recommended values for pulmonary services:** They urge CMS to finalize values for specific pulmonary services while acknowledging thanks for the adoption of the Relative Value Scale Update Committee (RUC)-recommended physician work values for a range of Current Procedural Terminology codes.

**Telehealth services:** While commending CMS for actions related to telehealth to provide care during the pandemic, they suggest it is now appropriate to sunset the telehealth listing for critical care services as providers have acquired additional experience in treating COVID-19.

**GPC1X descriptors and utilization projections:** They urge CMS to clarify the descriptors and seek additional comments on primary and ongoing health-care services.

Watch for reports of ongoing efforts from CHEST as the fee schedule process continues. Details of other activities in support of CHEST members will appear in the November issue of *Washington Watchline*.

## TECHNICAL EXPERT PANEL ON OPTIMAL NIV MEDICARE ACCESS

Encouraged by the proceedings of the Medicare Evidence Development and Coverage Advisory Committee’s (MEDCAC) July 22 meeting on home noninvasive ventilation (NIV), a TEP was formed to document scientific evidence pertaining to the use of various types of noninvasive positive pressure ventilation (NIPPV) equipment to best support patients with chronic respiratory failure.

Important changes in clinical practice and pertinent new evidence are available to apply to a reevaluation of reimbursement criteria that have interfered with appropriate delivery of equipment to Medicare beneficiaries, leading to reduced quality of life for too

many patients. HPAC members Peter Gay, MD, MS, FCCP, and Lisa Wolfe, MD, FCCP, participated in the MEDCAC event, covered in the [August issue](#).

Through the organizational efforts of CHEST's HPAC, a wide-ranging assembly of experts convened virtually on October 3 and 4 to develop documents that will be presented to CMS as well as in a peer-reviewed journal to support reimbursement decisions to best serve patients' needs in optimizing quality of life for those who need home oxygen. In addition to clinical experts representing professional societies including the American Academy of Sleep Medicine, American Thoracic Society, and the American Association for Respiratory Care, patient organizations, health-care information technologists, manufacturers, and other stakeholders are involved in the process.

The group is working rapidly to develop not only evidence-based documents for presentation to CMS, but will develop a template for an NCD with reimbursement criteria relevant to the evolving technology and capabilities of home mechanical ventilation equipment.

## ADVOCACY SESSIONS HIGHLIGHTED IN CHEST ANNUAL MEETING PROGRAM

[Register](#) now for CHEST's most anticipated event of the year. Totally virtual in 2020, the sessions to be held October 18-21 will provide the informative programming, expert-driven education, original investigations, case studies, international networking, and unique content the meeting is traditionally known for—including the keynote address by Dr. Anthony Fauci.

Several sessions of special interest to CHEST's key advocacy efforts are on the program. Mark your calendar now for these and more unique sessions:

### CHEST, Advocacy, and the Future

Sunday, October 18, 2020 | 3:00 PM - 3:50 PM CT

This program addresses health-care advocacy in pulmonary medicine from past efforts to future impact. Objectives of this session include reviewing past initiatives under NAMDRC (National Association of Medical Directors of Respiratory Care); identifying the challenges currently faced by advocacy organizations; and envisioning the future of advocacy under CHEST. Speakers and topics are:

- NAMDRC and the Legacy of Advocacy in Pulmonary Medicine, Peter Gay, MD, MS, FCCP
- Challenges of Advocacy in 2020, Neil Freedman, MD, FCCP
- CHEST and the Future of Advocacy, John Studdard, MD, FCCP

### The Erin Popovich Endowment: The Role of Doctor and Patient in Chronic Lung Disease Education and Oxygen Therapy

Wednesday, October 21, 2020 | 7:30 AM - 8:30 AM CT

- Patient Education and Advocacy in the Setting of Chronic Lung Disease, Jairo Melo, MD, FCCP
- The Oxygen Tool Kit: The CHEST Foundation and Oxygen Therapy Advocacy, Rudy Anderson, CAE

*Additional sessions of interest available as pre-recorded content include:*

### The Vaping Epidemic: From Epidemiology to Biology and Policy

- Vaping in Latino Youth: Impact on Respiratory Outcomes and Lung Function, Fernando Holguin, MD
- The Vaping Epidemic: Implications for Policy, Laura Crotty Alexander, MD
- EVALI: Case Reports From the Field, Natalie Held, MD
- The Vaping Epidemic: An Epidemiologist's Perspective, Sarah Commodore, PhD

### The Nuts and Bolts of Home Mechanical Ventilation Transition: Hospital to Home

- How a DME Company Can Make or Break Your Discharge to Home Ventilation, Jason Ackrivo, MD
- Canadians Do It Better: Coordinating Outpatient Care Transitions for Chronic Respiratory Failure, Sherri Katz, MD, FCCP
- Translating the Language of Inpatient to Outpatient Ventilators, Julie Hanley, NP
- How a Respiratory Therapist Can Make or Break Your Discharge to Home Ventilation, Laura Marchiano, RRT

[Sessions](#) throughout the CHEST Annual Meeting will contribute to attendees' abilities to advocate for their patients on a range of topics. All content will be made available to registered attendees.

## CLINICIAN MATCHING NETWORK CONTINUES EFFORTS

As the COVID-19 pandemic persists throughout the United States with increasing concern related to college campuses, the oncoming flu season, and potential mutations of the virus, the American College of Chest Physicians' Clinician Matching Network (CHEST), developed in partnership with PA Consulting and engaging the American Association of Respiratory Care (AARC) and the American Thoracic Society (ATS), continues pairing qualified health-care workers with locations in need. If you are a clinician who wishes to participate, learn more about the program [here](#).