ASTS Update: Federal Funding Passed

ASTS
American Society of Transplant Surgeons

Legislative and Regulatory Update

December 2014

2015 Business Practice/Legislative Seminar
For a more in-depth look at legislative and regulatory topics, join us Friday, January 16, for the Winter Symposium Business Practice/Legislative Seminar, "Staying on Course—Regulatory Compliance, Quality, and Advocacy." You can register for the session as part of your Winter Symposium registration, or in a package that includes this session and the Pre-Meeting only. You'll learn about topics such as legislative priorities, SRTR, TransQip, and "Life in Your Center Under a Mitigating Circumstances Review, SIA, or MPSC CAP." Click here to view the full program. To register for this session and/or the Winter Symposium, click here.

Impact to Transplant of Spending Bill
In mid-December, Congress passed the joint Omnibus Spending Bill and Continuing Resolution ("Omnibus") for fiscal year 2015. The bill contains 11 of the 12 appropriations bills; the Department of Homeland Security bill will be funded under a continuing resolution at the FY14 funding levels through February 27, when the new Congress will consider this funding issue again. The Homeland Security bill is controversial because it contains funding for immigration programs which were the subject of a recent Executive Order opposed by many in Congress.

The Omnibus bill funds the federal government (with the exception of the Department of Homeland Security) through September 2015. The $1.1 trillion spending bill includes funding increases and decreases for a wide range of programs. For instance, the bill provides $5.4 billion across multiple agencies to fight the Ebola virus worldwide. Funding for implementation of the Affordable Care Act is held constant as both CMS and the IRS do not receive any increases

despite significant ACA demands on those agencies. Veterans programs receive significant funding increases with a total appropriation of $159 billion and significant efforts to eliminate waiting times for access to care.

There is a $149.7 million budget increase for the National Institutes of Health, bringing that total budget to over $30 billion, and a $21.43 million budget increase for the Centers for Disease Control and Prevention. The $23.5 million budget allotted for Organ Transplantation remains unchanged.

The bill directs CMS to review the decision in the Medicare National Coverage for Ventricular Assist Devices for Bridge-to-Transplant and Destination Therapy Decision Memo and, upon receiving appropriate new evidence, consider whether to cover VAD for individuals undergoing evaluation for heart transplantation and individuals for whom transplant is contraindicated but for whom the VAD could favorably modify the contraindication. ASTS is monitoring this issue and will respond to CMS if appropriate, as well as keep members up to date on any changes.

The bill also requests a report describing the plan to resolve the current and future backlog at the Office of Medicare Hearing and Appeals and an update on CMS' process to ensure a focus on preventing improper payments and paying claims right the first time.

ASTS Comments on OPTN Policy Proposals

ASTS submitted comments on OPTN Policy Proposals in early December. These included informed consent for kidney paired donation, definition of pancreas graft failure, OPTN oversight of VCAs, development of a QAPI process for transplant hospitals and OPOs, and pre-transplant review by the MPSC. You can read the ASTS comments submitted here.

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