## **AMERICAN SOCIETY OF PLASTIC SURGEONS**

## 2018 Federal Policy Priorities

The American Society of Plastic Surgeons advocates for policies that serve the interests of patients, advance the specialty, and support its members. ASPS promotes the highest quality patient care, and its member surgeons strive to improve functional capacity and quality of life for patients. To ensure that our health care system is effective and efficient, ASPS will focus its federal advocacy efforts on:

## HIGH PRIORITIES

- Increasing patient access to plastic surgery services by advancing policies that:
  - o raise awareness of the scope of plastic surgery;
  - o reform the American health system in a way that supports covered individual access to health care and reduces regulatory and administrative burdens that create barriers to patient care, without financing change on the backs of providers;
  - shape the implementation of the Quality Payment Program so that it is fair to all specialties and maintains a viable fee-for-service and independent private practice option;
  - o repeal the Independent Payment Advisory Board (IPAB) and any other mechanism that erodes transparency and fairness in Medicare payment policy development; and
  - o reduce professional liability, with a focus on tort reform and capping non-economic damages.
- Protecting the safety of plastic surgery patients by advancing policies that:
  - o prevent non-surgeons from performing complex surgical procedures; and
  - o ensure practitioners cannot advertise in a false or misleading way support and enhance ASPS research initiatives by optimizing the use of physician-led qualified clinical data registries (QCDRs) and reducing red tape involved in biomedical research.

## **OTHER PRIORITIES**

- Increasing patient access to plastic surgery services by advancing policies that:
  - continue to implement and advance the goals of the recently enacted Breast Cancer Patient Education Act;
  - o provide Medicare beneficiaries the choice to privately contract with physicians;
  - o increase the cap on Medicare-funded graduate medical education (GME) positions for specialists and increase funding for those additional residency slots;
  - o adequately reimburse ambulatory surgery centers in order to ensure that these costeffective facilities remain a viable alternative to hospital outpatient departments;
  - o establish and enforce adequate numbers of plastic surgeons in payor networks and preserve out-of-network options.