



## Nov. 15, 2024: National Advocacy Update

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### **CMS releases 2025 OPPS/ASC final rule; phases in OB conditions of participation**

On Nov. 1, the Centers for Medicare & Medicaid Services (CMS) released the 2025 Medicare Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems final rule.

OPPS payment rates will increase 2.9% for hospitals that meet applicable quality reporting requirements. The AMA is pleased CMS applied the hospital market basket percentage increase minus a productivity adjustment to ASC payment system rates, as well, updating them by 2.9% in 2025.

CMS finalized new national health and safety standards, known as conditions of participation (CoPs), for hospitals and Critical Access Hospitals (CAHs) that offer obstetrical (OB) services as part of CMS' multi-pronged approach to improve maternal health outcomes. These CoPs include new requirements for maternal quality assessment and performance improvement; baseline standards for the organization, staffing and delivery of OB care; and staff training on evidence-based maternal health practices.

In response to strong advocacy by the AMA and other interested parties, CMS will phase in implementation of the new CoPs to reduce burden and provide additional clarity, particularly for small and rural hospitals. Finally, the AMA is pleased CMS finalized its proposal to pay separately for any diagnostic radiopharmaceutical with a per-day cost greater than \$630 and we will continue to urge the agency to consult with key specialty societies about the impact of this policy change.

### **AMA supports proposed marketplace changes to enhance beneficiary protections and program integrity**

The AMA recently [commented](#) (PDF) on the Affordable Care Act Notice of Benefit and Payment Parameters for 2026 [proposed rule](#) (PDF). Overall, the AMA was broadly supportive of proposed



changes to enhance beneficiary protections and program integrity efforts while offering specific recommendations to further strengthen marketplace coverage. Specifically, the AMA supported adopting additional new de minimus payment premium thresholds under which consumers could not lose coverage for owing a relatively small amount of their premiums and urged the Department of Health and Human Services (HHS) to extend the new thresholds to all payments, including payments to initiate coverage.

The AMA supported additional changes designed to improve the sustainability of plans covering high-risk populations and force plans to meaningfully differentiate between plan options to improve the consumer shopping experience as well as responded to a request for feedback on directing consumers to resources for medical debt. The AMA also supported additional enforcement proposals including adding a section to the model consumer consent form to document consumer review and confirm the accuracy of their information in an effort to reduce fraudulent entries. A final notice is expected in the Spring of 2025.

## **Physician Data Initiative enables the sharing of better data**

The AMA, the Accreditation Council for Graduate Medical Education (ACGME) and the Association of American Medical Colleges (AAMC) founded the Physician Data Initiative in 2021 to work toward establishing standard practices for categorizing, collecting, reporting, and sharing sociodemographic data. Through the initiative, the AMA, AAMC and ACGME aim to enable meaningful collaboration by sharing better data for advancing research regarding a more diverse and culturally prepared physician workforce.

To date, the initiative has produced resources for the Race and Ethnicity Data Collection and Reporting Standard and Language Proficiency Standard (PDF).

For race and ethnicity data collection and reporting, all three organizations have agreed to use this standard. Given ambiguities in the distinctions among race, ethnicity, culture, ancestry, geography, nationality, country of origin and other concepts, the three organizations refer to race and ethnicity in this standard as a shorthand way to describe a holistic approach for allowing individuals to self-identify as the individuals find appropriate. In terms of a language proficiency standard, the three organizations reviewed current standards and literature, and sought to apply inclusive language principles, modernize wording and enhance usability by introducing a new standard.

The Physician Data Initiative sets the foundation for expanded access to physician workforce data across the continuum of medical education, clinical practice and research.



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