

ACT No. 2015- 279

1 SJR79

2 169503-2

3 By Senators Melson, Hightower, McClendon, Holtzclaw,
4 Livingston, Glover, Williams, Scofield, Pittman, Holley,
5 Brewbaker, Reed, Beasley, Allen, Shelnut, Coleman, Dial,
6 Waggoner, Marsh, Bussman, Orr, Chambliss, Stutts, Figures,
7 Whatley, Singleton, Albritton, Sanders, Dunn and Blackwell

8 RFD:

9 First Read: 21-MAY-15



1 SJR79

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4 ENROLLED, SJR79,

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URGING THE UNITED STATES CONGRESS TO TAKE ALL
NECESSARY MEASURES TO DELAY THE MANDATED IMPLEMENTATION OF
ICD-10 AND LESSEN THE BURDEN ON ALABAMA MEDICAL PRACTICES.

WHEREAS, the Centers for Medicare and Medicaid
Services (CMS) is forcing an unfunded mandate on the health
care community known as the International Classification of
Diseases and Related Problems, 10th Version (ICD-10) on
October 1, 2015, to replace the ICD-9 System currently in use;
and

WHEREAS, implementing ICD-10 requires physicians and
their office staffs to transition to a system that makes use
of 68,000 new diagnostic codes, a four-fold increase from the
current ICD-9 system that hosts approximately 13,000
diagnostic codes, requiring an abundance of costly and
time-consuming education, software, coder training, and
testing for conversion; and

WHEREAS, physicians, who are the actual individuals
diagnosing and treating patients, widely agree that this
conversion will not improve patient care and that such an
overnight four-fold increase in diagnostic codes could lead to

1 coding errors and further erode the relationships between
2 patients and their doctors; and

3 WHEREAS, ICD-10, with its four-fold increase in
4 diagnostic codes, could provide insurers four times as many
5 reasons to deny necessary medical services and procedures for
6 patients for coding errors; and

7 WHEREAS, this unfunded mandate requiring transition
8 to ICD-10 will hit private medical practices hardest forcing a
9 significant and unrecoverable financial investment which,
10 depending on medical practice size, can range from \$80,000 to
11 approximately \$2.7 million, without any assistance from the
12 government for the mandated transition; and

13 WHEREAS, the United States is the only country
14 adopting ICD-10 that is tying the use of a diagnostic coding
15 system with a medical billing system; and

16 WHEREAS, the CMS has anticipated significant claims
17 and payment disruptions to physicians and others, causing an
18 increased amount of administrative constraints to be placed
19 upon physicians and their office staff, ultimately hurting
20 small business medical practices and impeding access to care
21 for Alabama patients; and

22 WHEREAS, ICD-10 transition could not come at a worse
23 time, as many medical practices are maximizing administrative
24 and financial resources to comply with the challenges of the

1 Affordable Care Act and electronic health record mandates; now
2 therefore,

3 BE IT RESOLVED BY THE LEGISLATURE OF ALABAMA, BOTH
4 HOUSES THEREOF CONCURRING, That we hereby urge the United
5 States Congress to delay the implementation of ICD-10 and
6 create an impartial committee to study the problems with
7 implementation and develop recommendations to address the many
8 unintended consequences that have not been adequately
9 evaluated.

10 BE IT FURTHER RESOLVED, That if a delay of ICD-10
11 implementation is not feasible, we urge Congress to allow a
12 two-year grace period for ICD-10 transition, during which time
13 physicians will not be penalized for errors, mistakes, and/or
14 malfunctions of the system, and that physician payments will
15 also not be withheld based on ICD-10 coding mistakes,
16 providing for a true transition where physicians and their
17 offices can work with ICD-10 over a period of time and not be
18 penalized.

19 BE IT FURTHER RESOLVED, That we urge Congress to
20 consider appropriating funds to cover the significant cost and
21 administrative burden of this unfunded mandate on medical
22 practices.

23 BE IT FURTHER RESOLVED, That a copy of this
24 resolution be made available to all members of the Alabama

SJR79

1 Congressional Delegation as well as to all members of
2 Congress.

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Kay Ivey

President and Presiding Officer of the Senate

Tommy Tuberville

Speaker of the House of Representatives

SJR79

Senate 21-MAY-15

I hereby certify that the within Senate Joint Resolution originated in and was adopted by the Senate.

Patrick Harris
Secretary

House of Representatives
Adopted: 26-MAY-15

By: Senator Melson

APPROVED

June 2, 2015

TIME

8:30 AM

Robert Bentley

GOVERNOR

Alabama Secretary Of State

Act Num....: 2015-279
Bill Num....: SJR-79

Recv'd 06/02/15 10:19amSLF

REPORT OF RULES COMMITTEE

This resolution having been referred by
the House to its standing committee on
_____ RULES _____ was acted upon
by such committee in session, and
returned therefrom to the House with
the recommendation that it be adopted

Mac Miller Chairman

William Jefferson Terry Sr, M.D.

As a member of the

American Urological Association

American Medical Association

Medical Association of the State of Alabama

Written Testimony for the Record

Before the House Committee on Ways and Means

Hearing Entitled

“Obamacare Implementation and the Department of Health and Human Services FY16 Budget request”

Wednesday, June 10, 2015

Chairman Ryan, Ranking Member Levin, members of the Committee on Ways and Means, my name is Dr. William Jefferson Terry, Sr. and I am submitting this written testimony for you today as a member of the American Urological Association, the American Medical Association, the Medical Association of the State of Alabama, and as a practicing urologist in Mobile, Alabama at Urology & Oncology Specialists, PC. I have been intimately involved with organized medicine’s response to the

implementation of ICD-10 and I testified to the House Energy and Commerce Subcommittee on Health during a hearing entitled “Examining ICD-10 Implementation” on Wednesday, February 11, 2015. I am actually speaking for myself and the hundreds of thousands of physicians across this country that are working too hard taking care of their patients to realize that they could be put out of business by a coding system referred to as ICD-10 which is mandated by our government. This is a coding system designed for statistics and epidemiological data and will not help take care of patients in the doctor’s office. Even though I speak for myself, my testimony represents the policy of the organizations listed on the cover sheet. I am an active member of these organizations and helped to from their policy.

I am testifying with my concern about the implementation of the ICD-10 coding system on October 1, 2015. I feel strongly that this will have serious consequences for both patients and physicians. The vast majority of physicians are in medicine to provide excellent medical care to their patients and not to become experts in medical information technology. The substantial impact of this all in one day implementation of ICD-10 with its intimate coupling to our billing system will be devastating for many physicians in small practices, rural health care centers and most likely some state Medicaid programs who have lacked the financial resources, staff expertise and time to make the necessary changes especially with regards to technology.

Physicians are the true patient advocates in the health care system, and there is serious concern for maintaining the high quality and standards of our medical profession. We feel that it is now time to forge a compromise that all should be able to accept. The American Medical Association passed new policy on June 8, 2015 which says that they now will accept implementing ICD-10 on October 1, 2015 if CMS and other payers will allow a two-year transition (grace) period during which time physicians will not be penalized for errors, mistakes, and/or malfunctions of the system. We cannot sit idly by and watch a coding system actually destroy the practice of many physicians. For every physician that retires

early or is put out of business there will be thousands of patients looking for a new physician.

I would like to ask the members of Ways and Means to support H. R. 2652 by Congressman Gary Palmer (AL-6). It will allow for ICD-10 to be implemented as planned on October 1st and it will give physicians a two year transition (grace) period during which time they will not be penalized. This legislation also sets up a study by the GAO to be completed by April 1, 2016 to look at the entire process. The important part of this legislation is that it will not delay ICD-10 implementation and it will protect both patients and physicians. It is also important to have this two year transition period apply to all payers and not just Medicare.

I understand that H. R. 2652 will be scored as if it will cost the government money and therefore will need a pay for. It is a shame that ICD-10 will save the government money by denying care to patients because the new coding system will make doctors less efficient and see fewer patients, and also by taking away payments to physicians for care given based on coding errors and increased audits. By scoring the bill in this manner the government is admitting that the implementation of this new ICD-10 coding system will make money off the physicians of America by increasing denial of payments for services rendered, and will make money off the patients by decreasing care since the physicians will not be able to see the same number of patients. A conservative estimate is that there will be 1,500,000 fewer patient visits a day with a savings of \$30,000,000,000 per year to the government and insurance companies. It is a sad day for our profession when we have to direct all of our energies on this new coding system and away from patient care.

There are also several other very important items that CMS needs to address in order to make the ICD system function appropriately. I have summarized these on the last page of this testimony. With good communication between the CMS and the AMA all of these issues can be worked out. We must remember that the final objective is to not disrupt patient care.

Thank you for your attention to this matter. October 1, 2015 is less than 4 months away and Congress does not meet in August. Please communicate these ideas to CMS and to others in Congress. CMS should be asked to do these things with or without passage of H. R. 2652. This is truly a bipartisan issue which all can be united behind. I am also submitting as an attachment a joint resolution passed by both houses of our Alabama State Legislature and signed by Governor Robert Bentley because they understand the serious consequences of this flawed ICD-10 implementation on the citizens of Alabama.

Sincerely,

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Brief Summary of Important Items for Successful Transition to ICD-10

- 1) Implementation date to be October 1, 2015
- 2) Two year transition (grace) period by CMS and all payers during which time physicians will not be penalized for errors, mistakes, and/or malfunctions of the system.
- 3) Some type of study during implementation to look at unintended consequences that may develop such as: 1) impact on reporting of quality measures and subsequent penalties, 2) how ICD-10 implementation affects patients' access to care, 3) how it changes physician practice patterns, such as early retirement and leaving private practice for academic or employed settings, 4) physicians' productivity, and many others.
- 4) Payers must publish their ICD-9 to ICD-10 crosswalks so physicians can better understand the payer's rules and the ICD system does not turn into a guessing game.
- 5) ICD-10 documentation requirements should be loosened such that a competent coder can clinically interpret the medical record within reasonable parameters and assign an appropriate and defensible code thus preventing a payer or Recovery Auditor from denying payment when the circumstances are obvious.
- 6) Future meetings of the Clinical Coding Advisory Committee should be made public.
- 7) Add a 5th "Cooperating Party" to consist of physicians appointed by the AMA with equal power of the current four Cooperating Parties (CMS, CDC, AHIMA, AHA) in the planning, interpretation and deployment of present and future ICD coding systems.
- 8) Work with a designated group of individuals set up by the AMA to further develop this transition plan, further improve the ICD system, and communicate with American medicine the best way to take care of our patients in this new environment.

June 1, 2015

The Honorable Charles Boustany
Chairman, Human Resources Subcommittee
House Ways and Means Committee
United States House of Representatives
Washington, DC 20515

The Honorable Lloyd Doggett
Ranking Member, Human Resources
Subcommittee
House Ways and Means Committee
United States House of Representatives
Washington, DC 20515

Dear Chairman Boustany and Ranking Member Doggett:

As representatives of organizations committed to improving the health, safety and wellbeing of our nation's children and families, we are writing to urge your support for the Administration's FY 2016 child welfare budget proposals that seek to strengthen and make targeted investments in services and supports for abused and neglected children, including those in foster care across the country.

These proposals increase investments in evidence-based prevention and post-permanency supports for children at risk of entering foster care, encourage the broader use of family-based care including kinship care rather than congregate care for children and youth, and reduce overprescribing of psychotropic medications for children and youth in foster care, all areas of interest to the Committee. As a community, we share the Administration's vision for improving the child welfare system and firmly believe that investments in such a broad array of services and programs will help us to better serve vulnerable children and families.

Historically federal child welfare dollars have favored foster care over services that support and strengthen families. Recently child welfare waiver demonstration projects have helped states shift resources and efforts away from foster care maintenance and toward prevention, intervention and treatment approaches and highlighted the benefits of such investments. The Administration's Budget builds on lessons from the waivers and reinforces the importance of increased federal support for a range of prevention and early intervention services for children, youth and families who come to the attention of the child welfare system.

Title IV-E waiver authority was an opportunity to test innovation and learn about what works best for meeting the critical needs of children and families who come to the attention of the child welfare system. However, these waivers will end in FY 2019 making it even more urgent that we invest now to sustain a range of prevention and early intervention services for children, youth and families involved in child welfare. Recognizing that waivers were meant to be temporary and

informative, we know that greater long-term federal investments are needed to keep children safe and in permanent families.

We urge your support and leadership to ensure passage and adequate funding for the child welfare system improvements outlined in the Administration's FY 2016 budget. We stand ready to work with you to enact the following critical initiatives outlined within the Administration's FY2016 Budget:

- Increase federal investments on the front-end of the child welfare service delivery system to prevent removals and foster care placements for children by allowing title IV-E funds to be used for evidence-based and evidence-informed pre-placement services for candidates for foster care and post-placement services. This includes supports and services for children who have been diverted from the child welfare system and placed with kin.
- Amend title IV-E to promote specialized family-based care as an alternative to congregate care for children with behavioral health needs and provide oversight when congregate placements are used.
- Create a five-year Administration for Children and Families/Centers for Medicare and Medicaid Services demonstration to encourage states to implement evidence-based psychosocial interventions to improve outcomes for children and youth in foster care suffering from trauma, while reducing the current over-prescription of psychotropic medications for foster children.
- Allow title IV-E agencies to use Chafee Foster Care Independence Program funds to serve young people formerly in foster care through the age of 23.
- Provide enhanced capacity building funds for Indian tribes, tribal organizations or consortia that are approved to operate a title IV-E program to assist with implementing the program.

These proposed federal child welfare investments provide an important vehicle for supporting states in efforts to improve the health and wellbeing outcomes for child welfare involved children, youth and families, some of the most vulnerable in our society.

Vulnerable children and families need your support. Thank you for your leadership on these critical reforms.

Sincerely,

A New Leaf (AZ)

Adolescent and Family Growth Center, Inc. (VA)

Adoption Rhode Island (RI)

Adoptions Unlimited, Inc. (IL)

Advocates for Children and Youth (MD)

Advocates for Children of New Jersey (NJ)

Advokids (CA)

Alabama MENTOR (AL)
Albany County Dept. for Children, Youth and Families (NY)
Aldea (CA)
Alexander County Department of Social Services (NC)
Alliance for Strong Families and Communities
American Academy of Pediatrics
American Psychological Association
Arizona's Children Association (AZ)
Arkansas Advocates for Children and Families (AR)
Association for Community Affiliated Plans
Association of Administrators of the Interstate Compact on Adoption and Medical Assistance (AAICAMA)
Association on American Indian Affairs
Attachment & Trauma Network, Inc.
Association of University Centers on Disabilities
Boys' and Girls' Haven (KY)
Cabarrus County DHS (NC)
California Alliance of Child and Family Services (CA)
Camelot Care Centers, Inc. (IL)
CASA/GAL of Eastern Montana (MT)
Catholic Charities Archdiocese of New Orleans (LA)
Cenpatico
Center for Adoption Support and Education
Center for Children Inc (MD)
Centerforce (CA)
Charlotte GAL Volunteers (NC)
Child and Family Policy Center (IA)
Child Welfare League of America
Children Awaiting Parents
Children's Action Alliance (AZ)
Children's Advocacy Alliance (NV)
Children's Defense Fund
Children's Home Society of America
Children's Home Society of North Carolina (NC)

Children's Hospital of Wisconsin (WI)
Citizen Review Board (OR)
Citizens' Committee for Children (NY)
Clark County Department of Family Services (NV)
Coconino Coalition for Children and Youth (AZ)
Colorado Coalition of Adoptive Families (CO)
Connecticut Voices for Children (CT)
Consortium for Children
County Welfare Directors Association of California (CA)
Dave Thomas Foundation for Adoption
Delaware Center for Justice, Inc. (DE)
Department of Health and Mental Hygiene (MD)
Detroit Center for Family Advocacy (MI)
Devereux Arizona (AZ)
Donaldson Adoption Institute
Faith Communities Coalition on Foster Care (MI)
Families And Children Together (ME)
Families NOW
Families On The Move, Inc (MI)
Family & Youth Initiative (DC)
Family & Youth Roundtable (CA)
Family Care Network, Inc. (CA)
Family Preservation Community Services
Family Voices-NJ (NJ)
Farmworker Association of Florida (FL)
Field Center for Children's Policy, Practice & Research
First Focus Campaign for Children
Florida's Children First (FL)
Foster Care Alumni of America, WA Chapter (WA)
Foster Care to Success
FosterClub
Foster Family-based Treatment Association
Generations United

GrandFamilies of America
Growing Home Southeast, Inc. (SC)
Hathaway-Sycamores Child and Family Services (CA)
Hawaii Foster Youth Coalition (HI)
Healthy Teen Network
Hillsides (CA)
Human Services Consultants (AZ)
Institute for Child Success
International Foster Care Alliance
Juvenile Law Center
Kentucky SAFE TFC (KY)
Kentucky Youth Advocates (KY)
KVC Health Systems
La Familia, Inc. (NM)
Lawyers For Children (NY)
Lilliput Children's Services (CA)
Lutheran Family Services of Virginia (VA)
Lutheran Services in America
Maine Children's Alliance (ME)
Maple Star Colorado
Massachusetts Law Reform Institute (MA)
Michigan's Children (MI)
Mid-South Health System (AR)
Midwest Foster Care and Adoption Association (KS, MO)
Mo. Alliance for Children & Families (MO)
National Association for Children of Alcoholics- NACoA
National Adoption Center
National African American Drug Policy Coalition, Inc.
National Association of County Human Services Administrators
National Association of State Directors of Special Education
National Center on Adoption and Permanency
National Crittenton Foundation
National Foster Care Coalition

National Foster Parent Association
National Indian Child Welfare Association
National Kinship Alliance for Children
National Youth Advocate Program, Inc.
Nebraska Appleseed (NE)
Nebraska Children's Home Society (NE)
Neighbor To Family
New Mexico Solutions (NM)
New Mexico Voices for Children (NM)
NJ Child Placement Advisory Council (NJ)
North American Council on Adoptable Children
Northwest Regional Council (WA)
NY Council on Adoptable Children (NY)
NYS Kinship Navigator (NY)
Orangewood Children's Foundation (CA)
Partners for Our Children (WA)
PATH (ID)
Pennsylvania Partnerships for Children (PA)
Pressley Ridge
Public Policy Center of Mississippi (MS)
Robert F. Kennedy Charter School (NM)
San Elizario High School (TX)
SBC Global Consultants
School Social Work Association of America
Schubert Center for Child Studies, CWRU (OH)
Spaulding for Children (MI)
St. Paul Public Schools (MN)
Statewide Parent Advocacy Network (NJ)
STOKES DSS (NC)
Sunlight Children's Advocacy & Rights Foundation (KS)
Tennessee Alliance for Children and Families (TN)
Tennessee Commission on Children and Youth (TN)
Texans Care for Children (TX)

The Center for Youth and Family Solutions (IL)
The Children's Guild (MD)
The Children's Partnership
The MENTOR Network
The Phoenix Institute (IN)
The Village Network (OH)
TN Alliance for Children and Families (TN)
Tuolumne County Health Department (CA)
University of California, Los Angeles (CA)
University of Pennsylvania (PA)
Vermont Kin As Parents (VT)
Voice for Adoption
Voices for Children in Nebraska (NE)
Voices for Ohio's Children (OH)
Voices for Ohio's Children (OH)
Voices for Vermont's Children (VT)
Voices for Virginia's Children (VA)
Walker County Department of Family and Children Services (GA)
Wayne State University Transition to Independence Program (MI)
Wilkes DSS (NC)
Youth in Transition (NC)

FFTA



Foster Family-based Treatment Association

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June 9, 2015

c/o: waysandmeans.submissions@mail.house.gov

Chairman Paul Ryan
1233 Longworth HOB
Washington, D.C. 20515

Ranking Member Sander Levin
1236 Longworth HOB
Washington, D.C. 20515

RE: Hearing June 10, 2015 on Obamacare Implementation and HHS FY16 Budget Request

Dear Chairman Ryan and Ranking Member Levin:

Please receive the attached letter for the Committee record indicating support for President Obama's fiscal year (FY) 2016 child welfare budget proposals that seek to strengthen and make targeted investments in services and supports for abused and neglected children, including those in foster care across the country.

These leading child welfare advocacy organizations: First Focus Campaign for Children, Children's Defense Fund, Child Welfare League of America, Foster Family-based Treatment Association, Generations United, National Foster Care Coalition, and Voice for Adoption, coordinated the attached letter signed by 160 children's advocacy organizations.

Respectfully submitted:

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