



AANS/CNS Washington Committee for Neurological Surgery

Charlotte Pineda, MPP
VP, Health Policy & Advocacy



Agenda

Organizational Background

Congress

Executive Branch

Subcommittee Highlights

NeurosurgeryPAC

American Association of Neurological Surgeons

Jacques Morcos, MD – President
Katie Orrico, JD – CEO

Congress of Neurological Surgeons

Daniel Hoh, MD, MBA – President
Regina Shupak – CEO

NeurosurgeryPAC

Kenneth Blumenfeld, MD – Chair
Cathy Mazzola, MD – Vice Chair

Josh Rosenow, MD
Jason Schwalb, MD
Luis Tumialán, MD

Clemens M. Schirmer, MD, PhD
Krystal L. Tomei, MD
Anand Veeravagu, MD

AANS/CNS Washington Committee for Neurological Surgery

Alexander Khalessi, MD, MBA – Chair

Coding and Reimbursement

Ed Vates, MD
Chair

Communications & Public Relations

Kris Kimmell, MD
Chair

Drugs & Devices

Josh Rosenow, MD
Chair

Joint Guidelines Review

Jennifer Sweet, MD
Chair

Neurosurgery Quality Council

John Knightly, MD
Chair

AMA House of Delegates

Josh Rosenow, MD
Chair

Subcommittees



Coding and Reimbursement

- Lead on new and revised CPT codes
- Collaborate with AMA on RUC surveys
- Advocate on policies across various payer markets



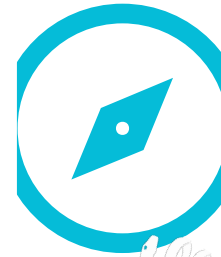
Communications and Public Relations

- Promote advocacy on social media and traditional media
- Communicate Washington Committee efforts in AANS and CNS newsletters



Drugs and Devices

- Testify before FDA panels
- Collaborate with industry partners
- Advocate in Congress and FDA



Joint Guidelines Review

- Review and endorse guidelines & practice parameters
- Serve as editorial review board for guidelines published in *JNS* & *Neurosurgery*



Neurosurgery Quality Council

- Leverage neurosurgical data
- Promote physician-led clinical registries
- Advocate in Congress and CMS



AMA House of Delegates

- Develop AMA HOD resolutions
- Serve in AMA Leadership
- Leverage coalitions in HOD to advance neurosurgery priorities

2025 Legislative and Regulatory Priorities



**Reduce
Administrative
Burdens**



**Champion Fair
Payment**



**Promote Market
Competition**



**Strengthen
Workforce
Pipeline**



**Protect &
Enhance Federal
Research Funding**



**Advance Medical
Liability Reform**



AANS/CNS Washington
Committee for
Neurological Surgery



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Wins in Pediatric Neurosurgery

- The **Gabriella Miller Kids First Research Act 2.0** (PL 118-228) expands funding for NIH research on brain and spinal tumors and congenital anomalies affecting growth and development.
 - The Kids First Data Resource Center serves as a hub for researchers, advancing understanding of childhood cancers and structural birth defects by identifying shared genetic pathways.
 - The program has supported several studies that explore the genetic basis of pediatric brain tumors and related defects.
- The **Emergency Medical Services for Children Reauthorization Act of 2024** (PL 118-178) reauthorizes a critical HRSA program that supports pediatric emergency preparedness including TBIs and other neurological emergencies.
 - A study of nearly 1,000 EDs found "high-readiness" departments **reduced short-term pediatric mortality by 60-76% and long-term mortality by 41-66%.**

NeurosurgeryBlog



Budget Reconciliation

- Reconciliation process still in motion to advance broader Administration priorities.
 - Budget resolution allows for **\$4.5T** in tax cuts over 10 years.
 - Contingent on **\$1.7T** in spending reductions, including mandatory programs
- Major implications for Medicare, Medicaid, and discretionary health programs.
- House Energy & Commerce Committee is expected to begin marking up its portion of the reconciliation package during the **week of May 5**.
- E&C is tasked with identifying **\$880 billion in spending cuts**, with \$500–\$600 billion potentially impacting health programs, including Medicaid.
- Leadership aims to finalize the reconciliation package by Memorial Day, but **internal GOP divisions may affect this timeline**.
- AANS/CNS is drafting a policy letter in response.

Congress of the United States

Washington, DC 20510

April 14, 2025

The Honorable Mike Johnson
Speaker
United States House of Representatives
Washington, DC 20515

The Honorable Steve Scalise
Majority Leader
United States House of Representatives
Washington, DC 20515

The Honorable Tom Emmer
Majority Whip
United States House of Representatives
Washington, DC 20515

The Honorable Brett Guthrie
Energy & Commerce Chairman
United States House of Representatives
Washington, DC 20515

Dear Speaker Johnson, Majority Leader Scalise, Majority Whip Emmer and Chairman Guthrie:

As Members of Congress who helped to deliver a Republican Majority, many of us representing districts with high rates of constituents who depend on Medicaid, we would like to reiterate our strong support for this program that ensures our constituents have reliable healthcare. Balancing the federal budget must not come at the expense of those who depend on these benefits for their health and economic security.

We acknowledge that we must reform Medicaid so that it is a strong and long-lasting program for years to come. Efficiency and transparency must be prioritized for program beneficiaries, hospitals, and states. We support targeted reforms to improve program integrity, reduce improper payments, and modernize delivery systems to fix flaws in the program that divert resources away

12 GOP Reps sent a letter to House leadership drawing a line on Medicaid reform. – April 14

They support “targeted reforms” to improve the program, but “will not support a final reconciliation bill that includes any reduction in Medicaid coverage for vulnerable populations.”

Reduce Administrative Burdens

- AANS/CNS continues to lead on prior authorization reform → advising on bill language, political strategy, and legislative advancement.
- Bipartisan momentum is **growing**, with Congress and witnesses citing care delays and physician burnout.
- During his CMS confirmation hearing, **Dr. Oz** called prior authorization “a pox on the system” and vowed major reforms.
- At a Joint Economic Committee hearing covering AI and efficiency, a physician urged Congress to modernize outdated processes and “**put the fax machine industry out of its misery.**”
- AANS/CNS renewed support for the **Reducing Medically Unnecessary Delays in Care Act** (H.R. 2433), led by Reps. Mark Green, MD (R-TN) and Kim Schrier, MD (D-WA).
 - The bill would ensure that prior authorization decisions in Medicare, Medicare Advantage, and Part D are made by appropriately credentialed physicians using clinically sound and specialty-relevant criteria.
- The **Improving Seniors’ Timely Access to Care Act**, which nearly passed last Congress, remains a top priority and is expected to be reintroduced with strong bipartisan support.
- Other prior authorization reform bills are expected to be reintroduced in the coming months.



Rep. Green



Rep. Schrier

Champion Fair Payment

- AANS/CNS endorsed the **Medicare Patient Access and Practice Stabilization Act** (H.R. 879), which reverses the 2.83% cut and adds a 2% positive update.
 - **160 bipartisan cosponsors** back the bill, led by Reps. Greg Murphy, MD (R-NC), Jimmy Panetta (D-CA), John Joyce, MD (R-PA), Kim Schrier, MD (D-WA), Marinette Miller-Meeks, MD (R-IA), and more.
- Omission of a permanent “doc fix” in recent funding bills has frustrated key congressional allies. Certain GOP leaders are now committed to including it in the next major health package.
- AANS/CNS is building momentum with **tailored messaging**, expanded coalitions, and targeted Hill engagement — including strategic outreach to Heritage Foundation and AEI.
 - New messaging emphasizes how outdated policies threaten access, stifle competition, and accelerate consolidation.

**NEUROSURGERY
SUPPORTS
MEDICARE PATIENT ACCESS AND
PRACTICE STABILIZATION ACT**



Champion Fair Payment

- AANS/CNS supports the bipartisan **No Surprises Act Enforcement Act** to hold insurers accountable and ensure compliance with federal arbitration rulings.
- Insurer delays and underpayments continue to **threaten practice sustainability** and patient access, particularly in emergency and out-of-network care.
- In April, **HHS Secretary Robert F. Kennedy, Jr.** held a closed-door meeting with physicians impacted by surprise billing issues, signaling a potential policy response.
- The WC is working with the bill sponsors on reintroduction and has drafted a **letter of support** for other organizations to sign.
- Led by Senators Roger Marshall (R-KS) and Michael Bennet (D-CO) and Representatives Gregg Murphy (R-NC), Jimmy Panetta (D-CA), and more!



Sen. Marshall



Sen. Bennet



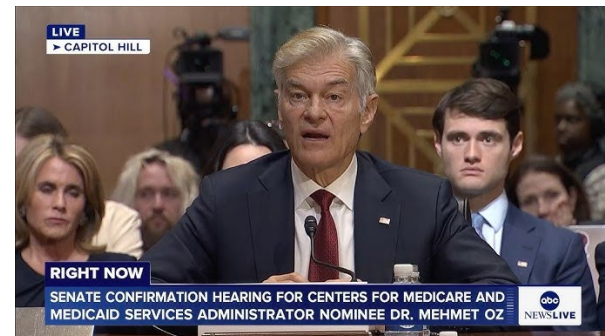
Rep. Pannetta



Rep. Murphy

Champion Fair Payment

- MA plans have been found to overstate patient diagnoses, a practice known as upcoding, leading to significant overpayments.
- The bipartisan **No Unreasonable Payments, Coding, or Diagnoses for the Elderly (No UPCODE) Act** (S.1105) – led by Senators Bill Cassidy (R-LA) and Jeff Merkley (D-OR) – fixes this by:
 - Use two years of diagnostic data for more accurate risk adjustment.
 - Limit use of irrelevant or outdated conditions in cost calculations.
 - Ensure Medicare pays only for relevant treatment.
 - Align risk scoring between traditional Medicare and Medicare Advantage.
- CBO savings estimated at **\$124 billion over 10 years**.
- During a Senate Finance Committee hearing, **Dr. Oz** pledged to tackle upcoding in Medicare Advantage, criticizing the practice.
- The AANS/CNS endorsed this legislation July 2024 and continues to push for advancing it.



Combating Opioid Epidemic

- Senate Judiciary Committee requested neurosurgery's input on **permanently scheduling illicit fentanyl analogs**, citing physicians' expertise in pain management.
- The WC comment letters were submitted as **congressional record** during legislative hearings for the Senate Judiciary and the House Energy & Commerce Committees:
 - Provided a **clinical perspective as DEA registrants** and the rationale for permanent scheduling.
 - Flagged concerns about unintended consequences of temporary scheduling.
 - Raised issue with original SUPPORT Act on physician-directed treatments (e.g., **intrathecal pain pumps**).

February 3, 2025

VIA ELECTRONIC TRANSMISSION

The Honorable Charles E. Grassley
Chair
Committee on the Judiciary
U.S. Senate
Washington, D.C. 20510

The Honorable Dick Durbin
Ranking Member
Committee on the Judiciary
U.S. Senate
Washington, D.C. 20510

Dear Chairman Grassley and Ranking Member Durbin:

On behalf of the undersigned organizations, we commend your bipartisan leadership in addressing the fentanyl epidemic, a crisis that has devastated families across the country, and for holding the hearing entitled, *The Poisoning of America: Fentanyl, its Analogues, and the Need for Permanent Class Scheduling*, scheduled for Tuesday, February 4, 2025.¹ As physicians, we write to provide a clinical perspective on this issue, particularly regarding our compliance with the Controlled Substances Act (CSA) and the critical distinction between fentanyl approved by the U.S. Food and Drug Administration (FDA) and illicit fentanyl analogues.²

We care for patients who experience severe, chronic intractable pain due to conditions such as advanced cancer, complex surgical interventions, and neurological disorders who require carefully prescribed individualized pain management strategies. This often involves the use of regulated medical devices and controlled substances under the CSA. For example, patients with cancer pain caused by tumors that have spread to the skeleton or that are compressing nerves, or individuals suffering from severe spasticity disorders (i.e., cerebral palsy, multiple sclerosis, stroke, brain/spinal cord injury), may require an intrathecal drug delivery system.³ Sometimes colloquially termed "pain pumps," these implantable devices deliver medication directly into the spinal fluid, providing effective pain relief while minimizing systemic opioid exposure. These therapies allow patients to have significant improvement in symptoms and quality of life as compared to oral medications. Some of the FDA-approved pain medications used in these devices—such as morphine—are classified as Schedule II drugs due to their high potential for abuse. Yet, they are essential for certain chronic disabling medical conditions and safe when prescribed and carefully monitored by a physician.

As you know, the U.S. Drug Enforcement Administration (DEA) oversees a rigorous regulatory framework for controlled substances to prevent misuse and diversion while ensuring appropriate medical access. Physicians and other clinicians must register with the DEA to prescribe, administer, or dispense controlled substances, including FDA-approved fentanyl and other opioids. This registration must be renewed every three years, and registrants must comply with strict record-keeping, safety reporting, prescription monitoring, and storage requirements. The most restrictive classification is Schedule I. The

¹ Senate Judiciary Committee, (2025, February 4), *The poisoning of America: Fentanyl, its analogues, and the need for permanent class scheduling* [Hearing], United States Senate, <https://www.judiciary.senate.gov/committee-activity/hearings/the-poisoning-of-america-fentanyl-its-analogues-and-the-need-for-permanent-class-scheduling>.

² 21 U.S.C. §§ 801-971 (1970).

³ These are prescribed when oral opioids or other pain management strategies are ineffective or cause intolerable side effects.

Combating Opioid Epidemic

- The Senate Judiciary Committee crafted a bipartisan solution that balances public safety with clinical considerations.
- The revised **HALT Fentanyl Act** would:
 - Permanently schedules fentanyl analogs under Schedule I
 - Strengthens law enforcement tools
 - Preserves research access
- Passed the House (**312–108**) and Senate (**84–16**) with neurosurgery's engagement cited as pivotal.
- The Senate Judiciary Committee cited **Neurosurgery's engagement as key to bipartisan Senate passage**.
- In return, the Judiciary Committee committed to fix a regulatory barrier from the SUPPORT Act of 2018 that limits **pain pump access**.
- Tailored legislative language submitted to the Committees. **Discussions are ongoing**.



Josh Rosenow, MD
Chair, Drugs and Devices Committee

Promote Market Competition

- The **Physician-Led and Rural Access to Quality Care Act** (S. 1390/H.R. 2191) is a narrowly tailored approach to restoring competition and physician leadership:
 - Allows the establishment of new POHs in rural areas located more than 35 miles from an existing hospital or CAH (15 miles in mountainous or hard-to-reach areas).
 - Permits the expansion of existing POHs that were established before the current ban enacted by the ACA.
- Led by Reps. Morgan Griffith (R-VA), Vicente Gonzalez (D-TX), Kevin Hern (R-OK), and Lou Correa (D-CA), among others. Sen. James Lankford (R-OK) with six additional co-leads.
- Backed by **AANS/CNS and 86+ national and state organizations**, citing better access and competition.
- **AHA and FAH are on the attack**, claiming physicians are greedy and cherry-pick patients, harm community hospitals, and just can't be trusted to lead.



Protect and Enhance Federal Research Funding

- On February 7, NIH issued guidance **capping indirect cost recovery at 15%**, replacing institution-specific rates.
- The WC **authored a coalition letter signed by 40+ national organizations** urging NIH to rescind the cap and adopt a more transparent process.
- The letter was entered into the **congressional record** during Dr. Bhattacharya's NIH nomination hearing.
- The WC engaged the media and received coverage in **Becker's Spine**, AMA News, ACS News, and others.
- Congressional staff from multiple committees reached out for follow-up and policy insights.
- The **Senate Appropriations Committee** will hold a two-part hearing on biomedical research; the first is scheduled for April 30.





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The White House

- **AI Leadership EO** (Jan 23): Revokes prior directives; requires White House to develop a plan to promote AI innovation and competitiveness.
- **MAHA Commission EO** (Feb 13): Launches a federal commission to address rising rates of childhood metabolic, autoimmune, and mental health conditions.
- **Deregulatory Initiative EO** (Feb 19): Directs agencies to rescind burdensome or unlawful regulations and coordinate future rulemaking with the Department of Government Efficiency (DOGE).
- **Healthcare Price Transparency EO** (Feb 25): Strengthens enforcement of price disclosure rules for hospitals and insurers to empower consumers.
- **Bureaucracy Reduction EO** (Mar 14): Orders agencies to eliminate non-statutory functions and restricts funding for non-compliant activities.
- **U.S. Investment Accelerator EO** (Mar 31): Establishes an initiative to reduce regulatory burdens, streamline permitting, and boost domestic and foreign investment.
- **Drug Pricing Reform EO** (Apr 15): Revives Trump-era reforms to lower drug costs by expanding importation, fast-tracking generics, and targeting middlemen.



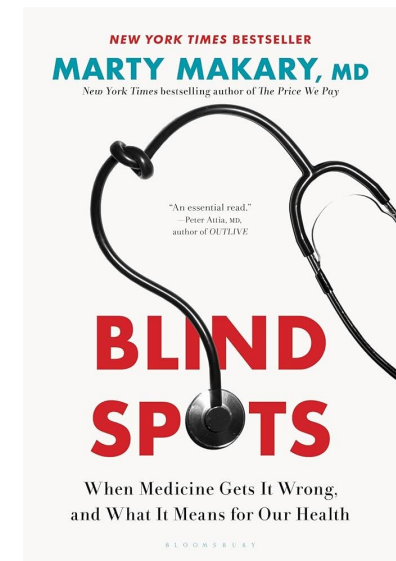
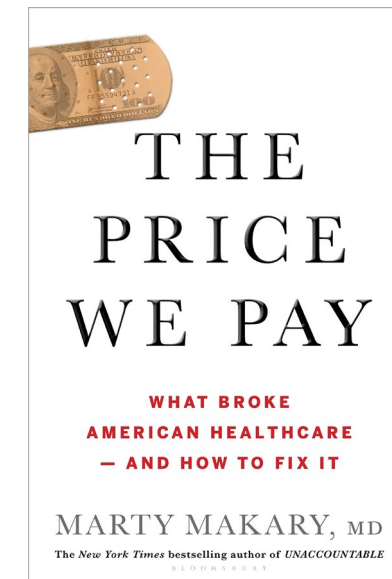
Centers for Medicare and Medicaid Services

- Dr. Oz outlined a vision for CMS built on curiosity, courage, competence, and compassion, focused on modernizing Medicare, Medicaid, and the Marketplace.
 - **Empower Patients:** Enforce transparency EO to help patients understand and compare healthcare costs.
 - **Support Providers:** Cut red tape to streamline care access and reduce paperwork.
 - **Combat Fraud:** Target fraud in Medicare and Medicaid to protect patients and taxpayers.
 - **Promote Wellness:** Shift toward prevention, wellness, and chronic care management.
- The **WC met with Dr. Oz** to discuss neurosurgery priorities: prior auth reform, Medicare payment, and insurance oversight. Dr. Oz expressed interest in reducing administrative burden and improving care delivery.



Food and Drug Administration

- Dr. Marty Makary confirmed as FDA Commissioner in March 2025. Known for his focus on transparency, innovation, and reducing regulatory burdens on clinicians.
 - **Transparency & Trust:** Aims to rebuild public trust by enhancing transparency in FDA processes and decision-making.
 - **Streamlining Approvals:** Focuses on expediting the approval process for drugs and medical devices, particularly those addressing critical health needs.
 - **Reducing Regulatory Burden:** Intends to simplify regulatory requirements to encourage innovation while maintaining safety standards.
 - **Enhancing Post-Market Surveillance:** Plans to strengthen monitoring of products after approval to ensure ongoing safety and efficacy.
- Dr. Makary served as a keynote speaker at the WC July 2024 in-person meeting.



Department of Justice

- Launched March 27 by the DOJ Antitrust Division, the **Anticompetitive Regulations Task Force** aims to identify and eliminate federal and state laws that hinder free market competition
- Will evaluate regulations across sectors—including health care, education, and transportation.
- Key Focus Areas:
 - Rules that protect incumbent interests or **limit consumer choice**.
 - Licensing laws, anti-competitive payment rules, and **monopolistic contracting** practices
 - **Barriers to entry** for independent physicians, small practices, and new market participants
- DOJ is seeking public input through a formal RFI – due May 26.
- The WC is working on a comment letter detailing anti-competitive impacts of payer consolidation, med mal, and regulatory burdens in neurosurgery.





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Coding and Reimbursement

- The committee continues to lead neurosurgery's work with the **CPT Editorial Panel** and **RUC**, advancing **new/revised CPT codes** for functional neurosurgery, spine, and imaging procedures.
 - CRC led the development of a new **annular closure device code**, presenting it at the January 2025 RUC meeting.
- CRC leadership convened in-person strategy sessions on January 30–31 alongside the AANS coding course and plans to host a similar meeting in January 2026 to foster leadership development.
- Conducted **coverage policy outreach** on multiple fronts, including efforts **that led BCBS South Carolina to begin covering intracranial MRI-guided LITT** and encouraged the **BCBS Association** to review its national policy in **May 2025**.
- On March 14, CRC **secured a policy correction from Horizon BCBS NJ**, which agreed to reverse bundling denials for spinal decompression and fusion procedures—retroactive to January 1, 2024.
- CMS restored full payment for **MR-guided focused ultrasound** in the **2025 Final Rule** after CRC-led advocacy corrected valuation errors in the proposed rule.



Ed Vates, MD
Chair, Coding and Reimbursement
Committee

Drugs and Devices

- Raised awareness on **Open Payments** through a March blog post, April e-blast, and upcoming newsletter; published a white paper in the **Journal of Clinical Neuroscience** (Feb 2025).
- Continued engagement with the **FDA TAP program**; three meetings held, next scheduled for May 2025.
- Worked with **FDA CMO Dr. Loftus** to identify 10 neurosurgeons for a planned FDA town hall (date TBD).
- Submitted formal comments on **adverse event reporting** to FDA on March 18.
- Hosted a webinar on AI innovations in neurosurgery on January 15, with 145 registrants.
- Finalizing response to **Congress on Cures 2.0**, advocating for modernized drug/device regulations.
- Received 16 applications for **new resident member seat**; finalist to be selected by April 27.



Joint Guidelines Review

Electronic review forms are now live, streamlining JGRC's triage and review processes for both CNS and external submissions

Document	Submitted By	Reviewed By	Outcomes/ Status
Systematic Review and Evidence Based Guidelines Update for the Role of Emerging Therapies for Patients with Metastatic Brain Tumors	CNS Guidelines	JGRC	<i>Endorsed Fall 2024</i>
Brain Trauma Foundation's Guidelines for the Management of Penetrating Brain Injury, Second Edition	BTF	JGRC	First Review Fall 2024
Antithrombotic Therapies for Adults Undergoing Spine Surgery	NASS	JGRC	First Review Fall 2024
ACOE Practice Guideline on Traumatic Brain Injury (TBI)	ACOE	JGRC	First Review Spring 2025
ACS TQP Best Practices Guidelines – The Management of Traumatic Brain Injury	ACS	JGRC*	First review Winter 2025
Systematic Review and Evidence Based Guidelines for Perioperative Spine: Intraoperative	CNS Guidelines	JGRC	First Review Spring 2025



Jennifer Sweet, MD
Chair, Joint Guidelines Review Committee

*due to too many conflicts at Section level

Neurosurgery Quality Council

- Reforming the **Merit-Based Incentive Payment System (MIPS)**
 - In November, at the urging of the AANS and the CNS, **CMS finalized improvements to its MIPS scoring policies** that are expected to result in higher scores and better represent physicians' value of care.
 - AANS/CNS joined 30+ societies urging CMS to fix ongoing MIPS issues. Concerns include siloed categories, reporting complexity, weak measures, and registry disincentives.
- AANS/CNS submitted HIPAA comments via PCRC on the **HHS cybersecurity rule**. Supported stronger data protections but flagged inflexible, burdensome proposals.
- NQC met in March to revise mission and roster. Finalizing structure and action items at AANS Annual Meeting.



John Knightly, MD
Chair, Neurosurgery Quality Council

American Medical Association HOD

- The AANS/CNS continues to elevate neurosurgery's voice in the House of Delegates, securing leadership roles, building coalitions, and advancing policy priorities through resolutions.
- Following AMA apportionment, the delegation expanded with an additional AANS seat, appointing **Dr. Brian Gantwerker** as alternate delegate. One alternate slot remains vacant due to budget constraints.
- Delegates serve in key leadership roles:
 - Dr. Krystal Tomei chairs the **Council on Medical Education** (term ends June 2025)
 - Dr. Ann Stroink reappointment to the **Council on Legislation**
 - Drs. Maya Babu and Laura Stone McGuire serve on the **Surgical Caucus Governing Council**
- Ahead of the **June 2025 Annual Meeting**, the delegation held a strategic planning session to align on resolutions, messaging, and coalition-building.



Communications and Public Relations

- The Neurosurgery Blog has **over 530 subscribers**, with seven blogs published and **over 13,000 web page views**.
 - A prior authorization series and a NINDS 75th anniversary series are launching this year.
- Produced **103 DC E-Newsletters** covering a variety of topics, with a **40% open rate in 2025**.
- Social media accounts have amassed **over 120,000 followers**.
- Legislative successes in pediatric neurosurgery were highlighted on the Neurosurgery Blog, social media, and DC E-Newsletter.
- Members featured in major news outlets including **Becker's Spine Review**, Forbes, **MedPage Today**, Policy and Medicine, San Diego Union Tribune, and more!



Kris Kimmell, MD
Chair, Communications and Public Relations
Committee





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TIME FOR A NEW HEADSHOT?

WE GOT YOU COVERED.



INTRODUCING THE NEUROSURGERYPAC HEADSHOT PHOTO LAB

AVAILABLE TO
2025 MEMBERS

OPEN
SATURDAY & SUNDAY
12:00 PM – 2:00 PM

BOOTH IN
EXHIBIT HALL

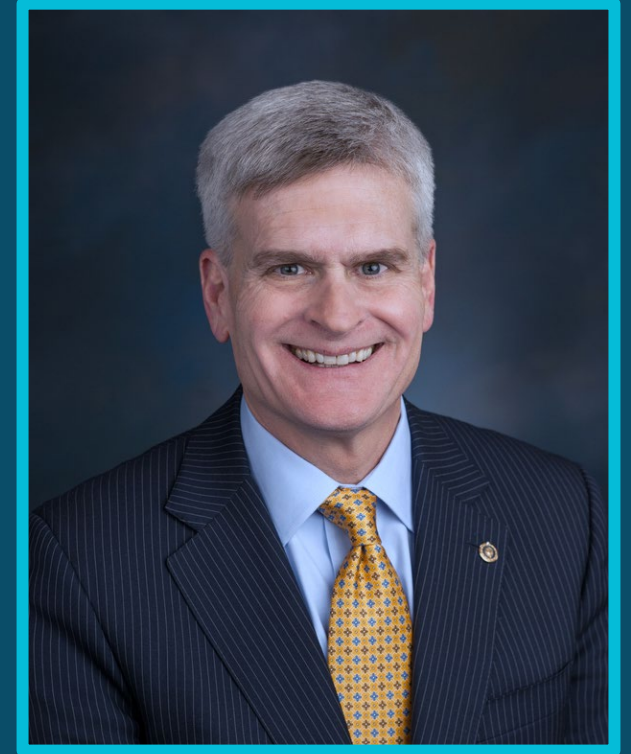
Don't Miss Your Chance to Meet Senator Bill Cassidy, MD!

Join NeurosurgeryPAC's Reception in Sen. Cassidy's Honor:

- **Date:** Friday, April 25
- **Time:** 3:30 – 4:30 PM
- **Place:** Room 200S Northeast Pre-Function
Boston Convention & Exhibition Center

Suggested Contributions:

- Medical Students & PGY1–4: \$25
- PGY5–Fellows: \$50
- Practicing Neurosurgeons: \$250



- Committee on Health, Education, Labor, and Pensions (Chair)
- Committee on Finance
- Committee on Veterans' Affairs

Senator Bill Cassidy: One of the Greats!

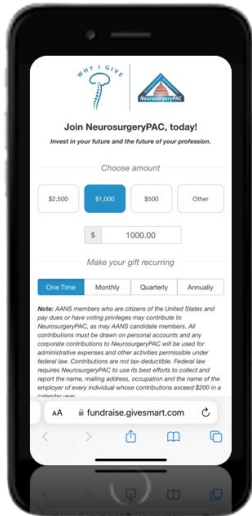
- Board-certified **gastroenterologist** with real-world clinical experience.
- Serves as **Chair** of the **HELP Committee**; member of the powerful **Finance Committee**.
- Known for **bipartisan leadership** on key health care policy issues.
- Authored and passed the **No Surprises Act**; led Senate efforts to implement it fairly for physicians, including defending a balanced dispute resolution process.
- Introduced bipartisan **GME reform** to add 5,000 new Medicare-funded residency slots.
- Lead sponsor of the **No Fees for EFTs** Act to ban insurer fees on electronic payments, cutting costs for physicians.
- Champion of **site-neutral payment reform** to lower costs and curb hospital consolidation.
- Introduced the **No UPCODE Act** to stop MA overpayments and protect the Trust Fund.
- Cosponsored the **Safe Step Act** to give doctors more control over step therapy and streamline appeals.
- Cosponsored legislation to lift the ban on **physician-owned hospitals**, expanding access and competition in specialty care.
- Original cosponsor of the **Improving Seniors' Timely Access to Care Act** to streamline prior authorization in MA and hold plans accountable.
- Longtime advocate for **robust NIH and neuroscience research funding**.

If you aren't at the table, then you're on the menu.

**BECOME A NEUROSURGERYPAC
MEMBER TODAY**

Ways to Contribute

text **WhyIGive** to
91999



use the **QR Code** to
visit our website



login to myAANS at
myaans.aans.org

