

The ASA Annual Board of Directors Meeting



By Linda J. Mason, M.D., ASA Director for California

The annual meeting of the ASA Board of Directors was held August 16-17, 2008, in Chicago, Illinois. California

members who attended were Drs. Linda Mason, ASA Director for California; Mark Singleton, ASA Alternate Director for California; Michael Champeau, CSA President; Linda Hertzberg, CSA President-Elect; Johnathan Pregler, CSA Speaker; Patricia Kapur, Chair, Section on ASA Annual Meeting; Steven Goldfiel, ASA Delegate; Kenneth Pauker, LPAD Chair; and Ms. Barbara Baldwin, Chief Executive Officer.

Washington Report

In a historic triumph for the ASA, a law has been enacted that will reverse the Medicare payment cuts for 2008 and 2009, provide a 0.5 percent positive update for the rest of 2008 and a 1.1 percent positive update for 2009, and permanently restore full Medicare payment to anesthesiology teaching programs beginning in 2010. This victory for the ASA was a long and hard-fought process. At the 2006 Legislative Conference, in front of 500 people, our own Dr. Ken Pauker challenged House Ways and Means Health Committee Chairman Rep. Pete Stark (D-CA) to sponsor an ASA bill. Rep. Stark agreed to do that. It was an amazing moment, showing his long-time support for anesthesiology (initiated and nurtured by former CSA President Thomas H. Cromwell, M.D.), and bolstering his working relationship with the Washington office. The outcome of this, however, took a long time to come to fruition.

Rep. Pete Stark introduced H.R. 5348—a Democratic version of H.R. 5246 that was supported by Rep. Clay Shaw (R-FL) and Rep. Pete Sessions (R-TX)—which would have restored funding for the Medicare teaching rule. In April 2007, Rep. Xavier Becerra (D-CA) introduced H.R. 2053, Medicare Anesthesiology Teaching Fund Restoration, and in September of the same year Sen. Jay Rockefeller (D-WV) and Sen. Jon Kyl (R-AZ) introduced Senate Bill 2056, the companion to H.R. 2053. The Senate bill gained 29 bipartisan cosponsors and the House bill gained 128 bipartisan cosponsors. H.R. 2053

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finally evolved into H.R. 6331, which on June 24 was passed overwhelmingly by a 355 to 59 bipartisan vote, the first time legislation that included the teaching rule fix passed. On June 27, 2008, the Senate rejected H.R. 6331 on a procedural vote, one vote shy of the number to advance the bill by refusing to cut off debate on the bill. On July 9, 2008, a procedural vote of 69 to 30 allowed the Senate to pass H.R. 6331 by unanimous consent. On July 15, 2008, President Bush vetoed the bill, but the Senate voted to override President Bush's veto 70 to 26 and the House also voted to override President Bush's veto 383 to 41. Thus, on that date the bill became law and H.R. 6331 included both the Medicare payment fix and the teaching rule reform. This averted the disastrous 10.6 percent Medicare payment cut that took effect on July 1. The net outcome of this bill is \$83.7 million of increased payments to anesthesiologists in 2008 and \$500 million increased payments to anesthesiology teaching programs over 10 years. We applaud the Washington and Park Ridge offices for their superb work on this issue that finally allowed a victory for all of anesthesiology.

The four review committees that met on Saturday morning were Administrative Affairs, Professional Affairs, Scientific Affairs, and Finance.

The Review Committee on Administrative Affairs

The following recommendations were approved: the purchase of 3.015 acres of property immediately adjacent to the east and south of the ASA Park Ridge, Illinois, headquarters building and the implementation of a Quality Institute with start-up funding of \$750,000.

Based on Administrative Council recommendation, the dues for regular active ASA members will be increased by \$150 to \$600 a year and dues for affiliate and educational members will be increased by \$75 to \$300 a year. The rationale for this increase is that the ASA has been dipping into reserves over the past few years to meet expenses. Although non-dues revenue sources will be explored over the next three years, the dues increase is necessary to support all the ASA programs at this time.

Another important area was the Administrative Council's expert-witness testimony review program and the recommendation that there be a committee with nine members—and additional members appointed as deemed necessary by the president—to evaluate expert witness testimony. The President-Elect's Annual Report also indicated that the Board of Directors should approve a grant of \$300,000 to the Anesthesia Foundation, with a recommendation that this grant be used for a wellness program for practicing anesthesiologists in a manner similar to the one that is presently limited to residents.

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The Anesthesia Care Team Annual Report was approved, and notification will be sent to the ASA membership of the new Anesthesia Care Team statement.

Two resolutions that did not pass were term limits for officers and one that would have strongly discouraged the distribution of campaign paraphernalia for ASA elections. In the Committee for Pediatric Anesthesia Annual Report, the Review Committee recommended disapproval of the recommendation that the ASA endorse the revised application for subspecialty certification in advanced pediatric anesthesiology. However, they did refer to a committee or task force of the president's choice the feasibility of developing an ASA educational certificate of completion program in conscious sedation analogous to the American Heart Association's basic and advanced life support programs, designed for nonanesthesiologists.

The Review Committee on Professional Affairs

The Committee on Performance and Outcomes Measurement received approval for financial support for ASA methodologists to continue to develop performance measurements. The ASA methodologists will be appointed to serve as ad hoc advisors to the CPOM, hence facilitating scientific evaluation of the available evidence when developing measures for which there are no guidelines.

The Review Committee on Scientific Affairs

The Committee on Equipment and Facilities Annual Report included a recommendation by Dr. Ehrenwerth to send letters to the National Fire Protection Association (NFPA) in support of ASA proposals for the rewrite of NFPA 99 standards. ASA members are encouraged to contact Jan Ehrenwerth for documentation and support for electrical safety in the operating room at jan.ehrenwerth@yale.edu.

The Committee on Trauma and Emergency Preparedness will have a name change to the CODE (Committee on Disaster and Emergency Preparedness) Committee. It was hoped that ASA members with an interest in trauma will continue to volunteer to serve on this renamed committee.

The CSA's environmental sustainability in anesthesia practices and facilities resolution was not approved, but the concept was referred to a committee of the president's choice to discuss whether or not the ASA should become involved in issues of environmental consciousness and sustainability.

The Review Committee on Finance

The final budget was approved; however, testimony at the Board of Directors indicated that the dues increase is necessary to be able to balance the budget for next year.

The afternoon session had a candidates' forum during which the only contested election, the ASA First Vice-President, had presentations by the two candidates, Dr. Candace Keller and Dr. Mark Warner. Following the candidates' presentations, Paula Cozzi Goedert, Esq., gave an informative talk about fiduciary responsibility for the ASA Board of Directors. She discussed such interesting topics as antitrust laws, expert testimony, copyright law, and how nonprofit organizations need to think about handling information that is placed on the Internet.

State issues also were discussed. No further states have opted out of supervision of CRNAs by physicians (currently 14), but Utah and Colorado are potential threats. In Louisiana, interventional pain management was judged by the courts not to be within the scope of practice of a CRNA, and in Missouri, prescriptive authority excluded CRNAs and applied only to APRNs. Licensure of AAs has occurred in 12 states, the last one being Oklahoma. Office-based regulations have now been passed in 24 states, Indiana and Arizona most recently.

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