

September 21, 2012

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NEXT WEEK IN WASHINGTON...

* When the Senate completes work on the Continuing Resolution, Congress will adjourn until the week after the federal elections.

1. ENERGY AND COMMERCE COMMITTEE PASSES HEALTH BILLS

The House of Representatives passed four pieces of legislation, all by voice vote, that emerged from the House Energy and Commerce Committee. The bills would advance the treatment and research of rare diseases, provide flexibility to current rules at CMS protecting patients access to care, create jobs for returning veterans while addressing a shortage of emergency medical technicians (EMTs) and allow NIH to fund pediatric research networks.

- The *Recalcitrant Cancer Research Act* (HR 733) directs the National Cancer Institute to establish a scientific framework for research of recalcitrant cancers with low survival rates in order to advance diagnosis and treatment.
- The *National Pediatric Research Network Act* (HR 6163) allows NIH to fund consortia of cooperating institutions that will work together to research conditions and diseases affecting children.
- The *Veterans Medical Technician Support Act* (HR 4124) would provide demonstration grants to states with a shortage of emergency medical technicians to streamline states licensing requirements for military veteran EMTs who have already undergone training.
- The *Taking Essential Steps for Testing Act* (HR6118) would give CMS flexibility to enforce prohibitions against improper referrals of proficiency testing under the Clinical Laboratory Improvement Amendments (CLIA).

2. AAFP NOMINATES DR. ERIC WALL TO MEDICARE COMMITTEE

In a letter sent September 17, the AAFP nominated Eric Martin Wall, MD, MPH of Shoreline, Washington, to fill an upcoming vacancy on the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC). The MEDCAC provides advice and guidance to the

Department of Health and Human Services and the Centers for Medicare and Medicaid Services concerning the adequacy of scientific evidence available to CMS for “reasonable and necessary” determinations under Medicare. The MEDCAC reviews and evaluates medical literature, technology assessments, and hears public testimony on the evidence available to address the impact of medical items and services on health outcomes of Medicare beneficiaries.

The AAFP considers this work important for Medicare beneficiaries and their physicians. Dr. Wall served as the Chair of the AAFP’s Commission on Science and has participated on the development of numerous evidence-based clinical practice guidelines.

3. REGULATORY BRIEFS

- On September 17, HHS and the Department of Veterans Affairs [announced](#) a joint demonstration project that will allow sensitive health information, in compliance with confidentiality laws and regulations, to be shared among providers using electronic health records (EHRs). According to the release, the demonstration is intended to “show how sensitive information can be tagged so that when it is sent to another provider with the patient’s permission, the receiving provider will know that they need to obtain the patient’s authorization to further disclose the information with others.”
- On September 19, HHS issued a [press release](#) regarding Medicare Advantage. In it, they projected that enrollment in the Medicare Advantage program will increase by 11 percent in the next year and premiums will remain steady.

4. HOUSE PANEL APPROVES CHANGES TO HEALTH INSURANCE REFORMS

On September 20, the House Energy and Commerce Committee approved the *Access to Professional Health Insurance Advisors Act* (HR 1206), which would modify a consumer protection provision in the health reform law. The measure, which the committee approved by a vote of 26-14, would amend the law’s provision on medical loss ratios (MLR) in an effort to protect the earnings of insurance brokers and agents. John Barrow of Georgia was the lone Democrat to vote in favor of the bill. The bill would exclude payments to licensed independent insurance agents or brokers from a health insurer’s administrative costs when calculating the MLR. Currently, the health care law requires a health insurer to provide an annual rebate to subscribers if the plan spends less than 80 percent of premium revenue on medical care and quality improvement for small-group or individual policies, and less than 85 percent for large group plans.

Democrats argued that exempting agent and broker commissions from MLR calculations would be detrimental to consumers. On September 19, the independent testing and information organization Consumers Union issued an analysis concluding that had the provisions of the measure been in effect before the MLR rebates were paid out this summer, consumers and businesses would have lost up to \$722.6 million in rebates.

The panel also advanced an amended version of the *Strengthening Medicare and Repaying Taxpayers Act* (HR 1063) by voice vote. The bill would make several modifications to the Medicare Secondary Payer program, which lays out when the primary responsibility for claims comes from another insurer. Under the bill, procedures for processing Medicare secondary payer reimbursement from liability and workers’ compensation settlements would be overhauled to speed up the settlement process. The measure also would require the Health and Human Services Department to respond to a claimant’s notification of conditional Medicare reimbursement within 65 days.