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IN THIS REPORT...

1. House Passes Two Bills to Roll Back ACA Employer Mandate
2. House Approves the Low-Dose Radiation Research Act
3. AAFP comments on proposed 2016 benefits and payment parameter proposed rule
4. AAFP reiterates support for Advance Care Planning codes
5. Letter sent to CMS supporting screening for cervical cancer with HPV testing
6. Regulatory Briefs

NEXT WEEK IN WASHINGTON...

*On January 15-16, Medicare Payment Advisory Commission (MedPAC) will discuss per-beneficiary payment for primary care.

1. HOUSE OPENS NEW CONGRESS WITH BILLS TARGETING ACA

In the opening days of the 114th Congress, the House passed two bills to repeal portions of the *Affordable Care Act* (ACA). On Tuesday, January 6, the House unanimously passed the *Hire More Heroes Act* (HR 22) to exempt employees who are covered by the Veterans' Health Administration or TRICARE from being counted toward the ACA's employer mandate threshold.

On Thursday, January 8, the House voted 252 to 171 to pass the *Save American Workers Act* (HR 30), which would revise the ACA's definition of full-time employment from 30 hours to 40 hours per week. According to the [cost estimate](#) from the Congressional Budget Office (CBO), HR 30 would reduce the number of people receiving employment-based coverage by about one million people; increase by 500,000 to one million the number of people who obtain coverage through Medicaid, the Children's Health Insurance Program (CHIP), or the ACA's insurance market places; and increase the number of uninsured by about 500,000. CBO also estimated that enacting HR 30 would increase the federal budget deficit by \$18.1 billion over the 2015-2020 period and by \$53.2 billion over the 2015-2025 period as fewer employers are assessed penalties. The President, in a [Statement of Administration Policy](#), indicated that he would veto HR 30. Both bills now proceed to the Senate.

2. HOUSE APPROVES LOW-DOSE RADIATION RESEARCH ACT

On January 8, the House of Representatives approved the *Low-Dose Radiation Research Act* (HR 35), a bill that requires Department of Energy to carry out a research program on low-dose radiation. In addition, *the* National Academies of Science will conduct a study assessing the current status and development of a long-term strategy for low-dose radiation research. The legislation was approved in 2014 but was not considered in the U.S. Senate before the session ended.

3. COMMENTS SENT ON PROPOSED 2016 BENEFITS AND PAYMENT PARAMETERS

In a December 18 [letter](#) to the Centers for Medicare & Medicaid Services, the AAFP commented on a proposed rule titled, "HHS Notice of Benefit and Payment Parameters for 2016" which makes several policy adjustments to federally facilitated exchanges. After expressing our

continued support for improving patient access to affordable health insurance coverage, the AAFP commented on marketplace coverage of primary care services. As articulated in previous letters, the AAFP noted that CMS recognized and encouraged the value of primary care services for patients. However, rather than only encourage issuers to cover three primary care office visits prior to applying any annual patient deductible or coinsurance/co-payment, the AAFP instead urged CMS to require that issuers not apply any deductible or coinsurance/co-payment to the first three primary care visits so that patients would enjoy “first dollar coverage” for those visits.

The letter also urged CMS to require plan pharmacy & therapeutics committees to have dedicated seats for practicing family physicians since they treat patients with a variety of ages, diseases, and conditions. The letter discussed the exceptions process that plans use to allow an enrollee, the enrollee’s designee, or the enrollee’s prescribing physician to request access to clinically appropriate drugs not covered by the plan. To the greatest extent possible, the AAFP urged CMS and health plans to decrease administrative burdens involved with prescribing medications and avoid needless delays that can usurp appropriate medical care for patients. Finally, the letter expressed the AAFP’s ongoing concerns with network adequacy standards, in particular our concern with ensuring networks have robust access to primary care physicians.

4. COALITION LETTER SENT ON ADVANCE CARE PLANNING CODES

In addition to AAFP [comments](#) sent on December 9, the AAFP on December 30 sent the Centers for Medicare & Medicaid Services (CMS) a coalition [letter](#) that urges the agency to recognize and make separate payment for the new Current Procedural Terminology (CPT) codes for advance care planning (99497 and 99498) for 2016. Both letters express the importance of these services since advance care planning is a comprehensive, ongoing, patient-centered communication between patients, their surrogates and their health care providers to discuss and document their future health care choices. The letter discusses how these services not only support patient choice regarding end-of-life care, but also enhance quality of life throughout the illness trajectory.

5. AAFP SUPPORTS SCREENING FOR CERVICAL CANCER WITH HPV TESTING

In a [letter](#) sent to the Centers for Medicare & Medicaid Services on December 17, the AAFP responded to the national coverage analysis (NCA) for screening for cervical cancer with human papillomavirus (HPV) testing. In this NCA, CMS accepted the AAFP’s formal request to CMS submitted in an April 24, 2014 letter to begin an analysis to determine if the agency should cover cervical cancer screenings with a combination of HPV and cytology (Pap smear) testing. The AAFP supports coverage for this screening which is recommended with a grade A by the United States Preventive Services Task Force for females aged 30-65 at 5-year intervals as an alternative to triennial Pap smears, which is also recommended with a grade A.

6. REGULATORY BRIEFS

- On December 16, HHS [awarded](#) more than \$665 million to design and test state-led efforts to improve health care quality, accessibility and affordability. Twenty eight states, three territories and the District of Columbia will receive these funds.
- On December 18, CMS released data on the quality of care provided by physician group practices, Accountable Care Organizations (ACOs) and hospitals. These data are available on Physician Compare, Hospital Compare and Data.Medicare.gov.
- CMS will host the following free educational calls, [registration](#) is required:
 - Medicare Quality Reporting Programs: Data Submission Process on January 13 at 1:30pm ET
 - IRF PPS: New IRF-PAI Items Effective October 1, 2015 on January 15 at 1:30 pm ET
 - ESRD QIP Payment Year 2017 & 2018 Final Rule on January 21 at 2:00pm ET