AAFP
STRONG MEDICINE FOR AMERICA

GOVERNMENT AFFAIRS WEEKLY

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December 11, 2015

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* Congress is scheduled to remain in session until Wednesday, December 16, when the current funding authority for the federal government expires.

1. SHORT-TERM SPENDING BILL ALLOWS FUNDING NEGOTIATIONS TO CONTINUE

On Friday, December 11, the House approved a short-term bill to continue funding for government agencies. The Senate approved it the day before. This five-day continuing resolution (H J Res 75) avoids a government shutdown by extending current spending levels through midnight on December 16. The measure is designed to give lawmakers time to finish work on a fiscal 2016 omnibus spending bill. The President is expected to sign it promptly. Legislative “riders” rather than funding disagreements remain at the heart of delay, and the White House has "no patience" for any more CRs. Congress plans to reconvene next week to finalize the omnibus spending bill before the expiration of this CR.

2. AAFP ASKS CONGRESS TO LET CDC CONDUCT RESEARCH ON GUN VIOLENCE

On Friday, December 11, the AAFP wrote to the leaders of the House and the Senate advising them that Congress should no longer prohibit the Centers for Disease Control and Prevention (CDC) from conducting science-based research on gun violence. For over 20 years, the annual appropriations bills that fund HHS agencies effectively have prohibited the use of federal funds to research the causes and the prevention of gun violence. But with recent incidents of gun violence, Congressional leaders began considering whether to end this prohibition.

3. SENATE COMMITTEE DISCUSSES OFF-PATENT DRUG PRICING

On Wednesday, December 9, the Senate Special Committee on Aging held a hearing to examine the findings of its investigation of pricing hikes for drugs that are older, off-patent and

utilized by a small patient population. For example, the one-year treatment of toxoplasmosis increased from $1,200 to $69,000 for pediatric patients. The same treatment for patients with HIV increased from $5,000 to $85,000.

The committee's investigation found that off-patent drug manufacturers were purchased by companies that did not engage in any research and development but made business decisions to escalate prices. Company executives raised prices by as much as 600 percent, which has led to significant drug shortages and risks to patient health. Witnesses highlighted several potential strategies to control prices, including increasing market competition by encouraging more U.S. Food and Drug Administration drug approvals and priority reviews. The experts also indicated that federal agencies could monitor drugs with expiring patents and that may be at risk for future price hikes.

4. SENATE APPROVES BILL TO FOCUS ON FAMILY CAREGIVERS

On Wednesday, December 9, by unanimous consent, the Senate approved the *Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act* (S 1719). This bill directs the Department of Health and Human Services (HHS) to develop, maintain, and periodically update a National Family Caregiving Strategy. It also requires HHS to convene a Family Caregiving Advisory Council to advise the government on recognizing and supporting family caregivers.

5. PACE OF ENROLLING IN FEDERAL MARKETPLACE PLANS ACCELERATES

According to CMS, more than 1 million new consumers signed-up for health coverage through the HealthCare.gov platform and about 1.8 million have returned to the Marketplace to renew their coverage for 2016. This past week, there were more enrollments than over the same time period in the previous year – the third consecutive week that has occurred. Of the 38 states that use the federal marketplace, the highest numbers of individuals selecting health plans this week were in Florida (598,279), Texas (317,094) and North Carolina (192,760).

6. AAFP NOMINATES TWO PHYSICIANS TO VA RURAL HEALTH ADVISORY COMMITTEE

In two separate letters sent December 9, 2015 to the Department of Veterans Affairs (VA), the AAFP nominated Stephen D. Richards, DO, and R. Russell Thomas, Jr., DO, to fill vacancies on the Veterans Rural Health Advisory Committee. This committee's mission is to improve and enhance access to VA healthcare services for enrolled veterans residing in rural areas and to identify the barriers to providing those services.

7. CMS RESPONDS TO AAFP ON NETWORK ADEQUACY ISSUES

In a letter sent on December 3, the Centers for Medicare & Medicaid Services (CMS) responded to several AAFP letters (September 28, 2015, July 15, 2015, March 5, 2015, and December 18, 2014) regarding provider network adequacy concerns. In the CMS reply, the agency agreed with AAFP that protecting consumer access to health care providers is of utmost importance and referenced a recent proposal to establish a provider network standard for health plans. The AAFP is preparing a response to CMS on this proposal and will submit comments before December 21 on it.

8. CMS SUGGESTS NEW METHOD FOR LISTING ESSENTIAL COMMUNITY PROVIDERS

On December 9, CMS announced a new method for assuring that the agency has an accurate list of Essential Community Providers (ECPs). ECPs are defined as health care providers who serve predominantly low-income, medically underserved individuals. Marketplace issuers are required to include within their network ECPs. For the Marketplace's 2017 benefit year, CMS released a ECP Petition to collect more complete data from providers who qualify as an ECP and wish to appear on CMS's ECP list for the 2017 benefit year. CMS is accepting petitions

from qualified providers until 11:59 p.m. ET on January 8, 2016, for data corrections and additions to be considered for the 2017 ECP List.

9. FamMedPAC MAINTAINS BUSY PACE AT YEAR END

FamMedPAC is maintaining a busy pace as the year winds down, promoting AAFP's legislative agenda with important legislators.
The PAC supported the following legislators:

- **Rep. Mark Takano (D-CA)** a member of the House Veterans' Affairs Committee, helped secure residency slots for primary care in the latest veterans' funding bill.
- **Rep. Ralph Abraham (R-LA)** is a family physician in his first term in Congress.
- **Rep. Rosa DeLauro (D-CT)**, the Ranking Member of the Health Subcommittee of the House Appropriations Committee, also is a member of the House Primary Care Caucus.
- **Rep. Rep. Ami Bera (D-CA)** is a primary care physician in his second term in Congress.
- **Rep. Raul Ruiz (D-CA)** is an emergency room physician also in his second term in Congress.
- **Rep. Kevin Brady (R-TX)** is the new Chair of the House Ways and Means Committee.
- **Rep. Andy Harris (R-MD)**, an anesthesiologist who serves on the Health Subcommittee of the House Appropriations Committee, is also a member of the House Primary Care Caucus.
- **Rep. Michael Burgess (R-TX)**, an Ob-Gyn and member of the Health Subcommittee of the House Energy and Commerce Committee.
- **Rep. Katherine Clark (D-MA)** is a member of the House Education and Workforce Committee.
- **Rep. Alan Lowenthal (D-CA)**, a psychologist who is married to a family physician, is also a member of the House Primary Care Caucus.

10. GOVERNOR DAUGAARD ADDRESSES MEDICAID EXPANSION

On December 8, South Dakota's Governor, Dennis Daugaard (R), announced a plan to expand Medicaid during his address to the legislature unveiling his $4.8 billion budget. The Governor's office has said expanding the program could extend eligibility to 55,000 additional residents of the state. Initially opposed to expansion of Medicaid, the Governor spent time trying to convince lawmakers to support it, saying the state should not have to bear the brunt of health care costs. He remains opposed to the use of any additional state general funds. The Governor's office has said the state's expansion efforts depend largely on ongoing efforts by The Centers for Medicare and Medicaid Services to update a policy on funding 100 percent of funds for Medicaid-eligible American Indians through the Indian Health Service.

11. PENNSYLVANIA APPROVES CHIP LEGISLATION

Pennsylvania legislators sent a bill to the Governor's office that would extend the Children's Health Insurance Program for two more years, and move the program from the Insurance Department to the Department of Human Services. The House voted unanimously on December 10 to renew the program that covers more than 150,000 Pennsylvania children who are not eligible for Medicaid. In January of 2015, there were more than 10,000 referrals between CHIP and Medicaid. By shifting the CHIP program from the Pennsylvania Insurance Department to Department of Human Services, one agency and IT system would manage eligibility determinations for each program.

12. INDIANA CALLS FOR UNBIASED EVALUATION OF SECTION 1115 WAIVERS

Indiana chose to expand Medicaid using a section 1115 waiver, and under the waiver the demonstration program must be evaluated to see whether it is meeting expectations. Governor Mike Pence (R) says the Obama administration has chosen a biased source to evaluate the state's alternative Medicaid program. The Governor sent a letter to Health and Human Services

Secretary Sylvia Burwell asking her to drop the federal review because the state has contracted with an independent evaluator, Lewin Group. In his letter, Pence wrote that having a second evaluation, "has the potential to create contentious outcomes which can impede fair, impartial, and empirical analysis of demonstration projections."

13. REGULATORY BRIEFS

- On December 7, CMS released a blog titled, "5 Facts for Consumers about the Fee for Not Having Health Coverage" and as part of it highlighted that consumers that need health coverage and want to avoid the fee for 2016 must enroll in a plan by January 31.
- On December 7, GAO released a report titled, "Medicaid Financing: Questionnaire Data on States' Methods for Financing Medicaid Payments from 2008 through 2012."
- On December 10, CMS announced updated and new quality measure data to the Physician Compare and Hospital Compare websites. In addition, CMS publicly reported the 2016 results for the Hospital-Acquired Conditions (HAC) Reduction program. The data released on Physician Compare include:
    - Additional performance scores on preventive care, diabetes, cardiovascular care, and patient safety by some group practices. CMS posted 2014 data on clinical quality of care measures for approximately 275 group practices who reported under the PQRS.
    - New performance scores on patients' experiences with some group practices. CMS posted measures for approximately 290 group practices who reported patient experience measures through the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS survey. The CAHPS for PQRS survey asks Medicare patients for feedback regarding their experiences getting care from their group practice.
    - First set of individual health care professional performance scores on preventive care, cardiovascular care, and patient safety measures. CMS posted 2014 data on clinical quality of care measures for over 40,000 individual health care professionals who reported as part of PQRS.
    - Updated performance scores for ACOs. CMS posted the 2014 clinical quality of care and patient experience measures for approximately 333 Shared Savings Program ACOs and 20 Pioneer ACOs.
- On December 10, CMS published a blog post by Andy Slavitt, CMS Acting Administrator, entitled, "Wrapping up HHS's Pharmaceutical Forum: Putting Patients First and Finding a Path Forward."
- CMS will host the following free educational calls, registration is required:
    - ESRD QIP: Payment Year 2019 Final Rule Call, January 19, 2:00pm