

February 27, 2015

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NEXT WEEK IN WASHINGTON...

- * On March 3, House Appropriations Committee will hold a hearing on the FY2016 NIH budget.

1. AAFP URGES VA TO IMPROVE ACCESS WITHIN VETERANS CHOICE PROGRAM

On February 24, the AAFP wrote the Department of Veterans Affairs a [letter](#) in response to a regulation regarding expanding veterans access to non-VA entities and providers.

The AAFP response reiterated conceptual support with the intent of the Veterans Access, Choice, and Accountability Act of 2014 which directs the VA to establish the Veterans Choice Program which furnishes hospital care and medical services through non-VA health care providers to veterans who either cannot be seen within the wait-time goals of the Veterans Health Administration or who qualify based on their place of residence.

The AAFP strongly urged the VA to make important policy adjustments to begin attracting and making it significantly easier for non-VA medical practices to participate in the Veterans Choice Program. The AAFP specifically urged the VA to reimburse non-VA health care providers at or above Medicare levels in order to promote access to primary care services for veterans rather than offering reimbursement rates that are 30 percent less than the Medicare physician payment rate. The AAFP also urged the VA to stipulate that payments to civilian physicians should be made in the same manner as Medicare, i.e. the VA would promptly pay clean claims within 30 days.

The VA policy calls for no copayment is owed at the time of service for eligible veterans receiving care or services through the Veterans Choice program. The AAFP's comment letter stated that not collecting patient copayments and deductibles at the time of service as unworkable and entirely contrary to common medical office billing practices.

The AAFP also called on the VA to expand eligibility to participate in the Veterans Choice Program to include rural health clinics. The letter concluded with urging the VA to implement policies that allow civilian family physicians to:

- Provide primary care services to eligible veterans;
- Allow prescriptions prescribed by civilian family physicians to be filled at VA pharmacies;
- Allow civilian family physicians to order diagnostic tests at VA facilities;
- Allow civilian family physicians to refer patients to specialist physicians and other health care providers at VA facilities; and
- Allow civilian family physicians to provide care to eligible veterans under the protections of the Federal Tort Claims Act.

Congress continues to monitor implementation of the Veterans Choice Program. The Senate held a related hearing on February 26 and the House Committee on Appropriations, Military Construction, Veterans Affairs and Related Agencies subcommittee will hold a hearing on March 4.

2. HHS SECRETARY TESTIFIES ON FY 2016 BUDGET REQUEST

Health and Human Services Secretary Sylvia Burwell testified on Wednesday, February 25, before the House Labor, Health and Human Services, Education, and Related Agencies Appropriations Subcommittee on the President's FY 2016 budget request. In written testimony, Secretary Burwell said that the Administration's request called for "a \$14.2 billion investment in our Nation's health care workforce to improve access to healthcare services, particularly in rural and other underserved communities. That includes support for over 15,000 National Health Service Corps clinicians, who will serve the primary care, mental health, and dental needs of nearly 16 million patients in high-need areas across the country."

In response to a question from Rep. Lucille Roybal-Allard (D-CA), the Secretary acknowledged the importance of diversity and pointed out that the National Health Service Corps is key to that effort. Appropriations Committee Chairman Hal Rogers (R-KY) expressed his serious concerns about the budget's proposal to change the rules on Critical Access Hospitals, noting that his region's terrain makes traveling even shorter distances hard. Rep. Steve Womack (R-AR) and Chairman Rogers both raised concerns about prescription drug abuse. Rep. Andy Harris, MD (R-MD) inquired whether HHS had any plans to name members to the Independent Payment Advisory Board authorized in the *Affordable Care Act*, and Secretary Burwell responded that she intended to work with Congress on naming anyone to that panel.

3. AAFP CALLS FOR BALANCED APPROACH ON FEDERAL DEFICIT REDUCTION

The AAFP joined more than 2,100 national, state and local organizations in sending a [letter](#) dated February 18, addressed to Congress and the President urging them to work together to replace sequestration with a balanced approach to deficit reduction. The letter emphasized the importance of nondefense discretionary (NDD) programs and the harmful effects of budget cuts to date. It also made the case that defense and nondefense programs are both important to America's security at home and abroad in justifying budget flexibility.

4. AAFP ADVISES GOVERNORS ON OVERDOSE PREVENTION AND TREATMENT

On February 19, the AAFP signed a joint [letter](#) from the American Medical Association, Harm Reduction Coalition, National Safety Council and others to the National Governors Association on drug overdose prevention and treatment. The letter makes recommendations to address the opioid overdose epidemic calling on governors to work toward:

- Enhancing access and utilization of naloxone in every state;
- Providing Good Samaritan protections for those who help victims of overdose; and
- Increasing access to medication assisted treatment services as well as non-opioid based treatments.

5. SUPREME COURT RULES ON ANTI-COMPETITIVENESS IN HEALTHCARE

On Wednesday, February 25, the US Supreme Court ratified a lower court decision that the North Carolina Board of Dental Examiners was illegally suppressing competition. In a 6-3 decision the Court agreed that the state's dental regulatory board, primarily composed of dentists, could not tell non-dentists to stop offering teeth whitening services. The FTC viewed the board's actions as an antitrust violation. The decision could have an impact on the structure and members of regulatory boards in other states. Over the summer the AAFP joined the North Carolina Board of Dental Examiners, the American Medical Association, and other professional societies in a "friend of the court" brief regarding the case.

6. FamMedPAC MAINTAINING BUSY PACE, HIGH PROFILE

February and March are busy months in the political world, as Congressional legislators attempt to build up their campaign accounts early in the election cycle. FamMedPAC continues to focus on members of important committees, physician-legislators, and Congressional leadership. The PAC supported these Representatives in Washington, DC this week:

- **Rep. Tom Price (R-GA)**, a physician who serves on the House Ways and Means Health Subcommittee, also chairs the House Budget Committee.
- **Rep. Tammy Duckworth (D-IL)**, an injured Iraqi War veteran, has a strong interest in veterans' health issues.
- **Rep. Judy Chu (D-CA)**, a member House Judiciary and Small Business Committees, represents the home district of AAFP Board member Dr. Jack Chou, who attended a reception for Rep. Chu.
- **Rep. Kevin Yoder (R-KS)**, a member of the House Appropriations Committee, represents Leawood, Kansas, where the AAFP headquarters is located and AAFP Board member, Dr. Michael Munger, who is a constituent, was a guest, along with Rep. Pat Tiberi (R-OH), at a dinner for Rep. Yoder.
- **Rep. Fred Upton (R-MI)** chairs the House Energy and Commerce Committee; AAFP President Dr. Bob Wergin attended a luncheon for Rep. Upton.
- **Rep. Paul Ryan (R-WI)** chairs the House Ways and Means Committee.

7. AAFP SUPPORTS CMS HIV SCREENING PROPOSAL

In a [letter](#) sent February 18 to CMS, the AAFP commented on the agency's proposed decision memo for screening for the HIV infection. While evidence does not support screening prior to age 18, the AAFP supported the CMS proposal to recommend screening for HIV infection for those 15-65 as recommended with a grade of A by the US Preventive Services Task Force. The coverage proposal is reasonable and necessary for the early detection of HIV and is appropriate for individuals entitled to benefits under Medicare Part A or enrolled under Part B.

8. AAFP JOINS EFFORT URGING CONTINUED FDA AUTHORITY OVER CIGARS

The AAFP signed onto a [letter](#) sent February 25 to the U.S. House of Representatives that expressed strong opposition to legislation (H.R. 662) that would exempt many cigars from regulation under the *Family Smoking Prevention and Tobacco Control Act*. The letter called on the FDA to retain oversight authority over all tobacco products, including all cigars since, in 2009, Congress gave FDA authority over the manufacture, sale and marketing of all tobacco products, including cigars. Similar legislation is expected to be introduced within the Senate.

9. REGULATORY BRIEFS

- On February 12, the U.S. Preventive Services Task Force posted a final research [plan](#) on screening for obesity and interventions for weight management in children and adolescents.

- Also on February 12, HHS [announced](#) a new multi-payer payment and care delivery model to support better care coordination for cancer care. The initiative will include 24-hour access to practitioners for beneficiaries undergoing treatment and an emphasis on coordinated, person-centered care, aimed at rewarding value of care, rather than volume.
- On February 17, HHS announced that 11.4 million Americans signed up or re-enrolled for health insurance available through the *Affordable Care Act*.
- On February 19, CMS issued a final payment notice for the funding methodology for the Basic Health Program (BHP) in program year 2016. Authorized by the Affordable Care Act, BHP provides states with the option to establish a health benefits coverage program for individuals with incomes that are too high to qualify for Medicaid under the Medicaid expansion, but are in the lowest income bracket of individuals who would otherwise be eligible to purchase coverage through the Health Insurance Marketplace.
- On February 19, HHS [awarded](#) \$386 million in grant awards to states, territories, and nonprofit organizations to support the Maternal, Infant, and Early Childhood Home Visiting Program. These funds will allow states to continue to expand voluntary, evidence-based home visiting services to women during pregnancy and to parents with young children.
- On February 20, CMS [announced](#) a strengthened Five Star Quality Rating System for Nursing Homes on the Nursing Home Compare website.
- On February 23, the departments of Health and Human Services and Agriculture [released](#) the Dietary Guidelines for Americans in 2015 which includes recommended guidelines that “seek a paradigm shift in health care and public health toward a greater focus on prevention and integration with food systems.”
- On February 24, CMS posted state-by-state [information](#) on discounts in the donut hole, [information](#) about Medicare prescription drug benefits, and state-by-state [information](#) on utilization of preventive services at no cost to Medicare beneficiaries. CMS also highlighted that:
 - Since 2010, 9.4 million people with Medicare have saved over \$15 billion on prescription drugs, an average of \$1,598 per beneficiary.
 - In 2014 alone, nearly 5.1 million seniors and people with disabilities saved \$4.8 billion or an average of \$941 per beneficiary.
 - An estimated 39 million people with Medicare (including those enrolled in Medicare Advantage) took advantage of at least one preventive service with no cost sharing in 2014.
 - In 2014, nearly 4.8 million people with traditional Medicare took advantage of the Annual Wellness Exam
- On February 25, HHS extended the reporting deadlines for PQRS and Meaningful Use to allow states impacted by weather events an opportunity to attest to participation in both programs. Eligible professionals now have until 11:59 pm ET on March 20, 2015, to attest to meaningful use for the Medicare Electronic Health Record (EHR) Incentive Program 2014 reporting year. The Medicare extension does not affect deadlines for the Medicaid EHR Incentive Program. In this announcement, CMS reminds providers to attest as soon as possible and that providers who successfully attest for the 2014 program year will:
 - Receive an incentive payment
 - Avoid the Medicare payment adjustment, which will be applied January 1, 2016
- Also on February 25, CMS announced that the submission deadlines for two PQRS reporting methods have been extended though all other submission timeframes for other PQRS reporting methods remain the same. The revised submission deadline is March 20, 2015 at 8 pm ET for the following reporting methods:

- EHR Direct or Data Submission Vendor that is certified EHR technology (CEHRT)
- Qualified clinical data registries (QCDRs) (using QRDA III format) reporting for PQRS and the clinical quality measure (CQM) component of meaningful use for the Medicare Electronic Health Record (EHR) Incentive Program.
- On February 25, CMS announced successfully completed the first week of end-to-end testing of new ICD-10 coding which is required by Oct. 1, 2015.
- On February 27, CMS posted a [blog](#) and [results](#) from the implementation of the first year of the Value-based Payment Modifier. Based on their 2013 performance on quality and cost measures, nearly 7,000 physicians in 14 group practices across the country are receiving an increase in their Medicare payments in 2015. The Value Modifier is being phased in gradually. In 2015, the Value Modifier is being applied to groups with 100 or more eligible professionals. Beginning in 2016, quality-tiering will automatically apply to all groups subject to the Value Modifier, which includes groups with at least 10 or more eligible professionals. In 2017, the Value Modifier will apply to all groups and to solo practitioners who are physicians. Although the Value Modifier currently only applies to physician payments, beginning in 2018, CMS will begin applying it to non-physician eligible professionals as well.
- CMS will host the following free educational calls, [registration](#) is required:
 - National Partnership to Improve Dementia Care in Nursing Homes and QAPI, March 10 at 1:30pm ET.
 - Physician Quality Reporting Programs: Reporting Once in 2015, March 18 at 1:30pm ET.