

March 9, 2015

## IN THIS REPORT...

1. NIH Budget Is the Subject of a House Appropriations Hearing
2. AAFP Joins Letter for Funding for Food Safety Activities
3. Friends of AHRQ Meet with Director Kronick
4. Senate HELP Committee Examines Public Health Medical Preparedness
5. AAFP and others urge CMS to further test ICD-10
6. Pediatric terms called for in glossary of insurance terms issued by Dept. of Labor
7. AAFP comments on adult vaccine plan in letter to HHS
8. AAFP sends CDC a letter on pediatric vaccines
9. CMS urged to specify that Medicare Advantage plans pay for CCM services
10. Regulatory Briefs

### NEXT WEEK IN WASHINGTON...

- \* On Tuesday, March 10, the Senate HELP Committee will hear from NIH Director Francis Collins and FDA Commissioner Margaret Hamburg on "Continuing America's Leadership in Medical Innovation for Patients."
- \* The House of Representatives is in recess this week.

## 1. HOUSE HEARS FROM NIH ON FY 2016 BUDGET REQUEST

The House Labor-HHS-Education Appropriations Subcommittee held a hearing on Tuesday, March 3 with leaders of the National Institutes of Health on the President's fiscal year 2016 budget request for the activities of the NIH's Institutes and Centers. NIH Director Francis Collins warned Congress that federal investment in biomedical research falling relative to inflation which will lead to fewer young scientists in the field which in turn threatens both our economic and public health. Rep. Tom Cole (R-OK), who chairs the subcommittee, acknowledged the bipartisan support for the goals of NIH research but suggested that tight spending caps will make it difficult to provide the requested \$1 billion boost that would push NIH's budget to \$31.3 billion in fiscal 2016, an increase intended to address medical needs including narcotic abuse and Alzheimer's disease and cancer and Ebola virus.

## 2. AAFP JOINS FOOD SAFETY MODERNIZATION ACT FUNDING LETTER

The AAFP signed a [letter](#), along with other public health and medical groups asking Congress to support FY2016 funding for the U.S. Food and Drug Administration to implement the [Food Safety Moderation Act of 2010](#). The law was reauthorized to strengthen the nation's food safety systems, including agricultural processing and importation standards. According to the U.S. Centers for Disease Control and Prevention, one in six Americans – or 48 million people – suffer from foodborne illness each year. These illnesses create \$70 billion in annual health care costs. This letter is consistent with the AAFP's preventive health policies that encourage patients to consume more fresh produce, which is a staple of a healthful diet but is often the source of [food-borne illnesses](#). Most [hospitalizations](#) due to foodborne illness were caused by dairy

(16%), leafy vegetables (14%), poultry (12%), or fruits and nuts (10%). Most deaths were due to poultry (19%), dairy (10%), vine-grown vegetables (7%), fruits and nuts (6%), and leafy vegetables (6%). Bacterial illnesses were most commonly spread through dairy, poultry, and beef sources, while plant sources were the most common source of viral pathogens.

### **3. AHRQ DIRECTOR OUTLINES FY2016 BUDGET REQUEST**

On Wednesday, March 4 at a meeting of stakeholders, Richard G. Kronick, the Director of the Agency for Healthcare Research and Quality (AHRQ), discussed the Administration's FY2016 budget request for the agency. The budget would be \$479 million in FY2016 which \$14 million above the FY2015 level. Dr. Kronick described the great strides in making hospital care much safer in 2013 compared to 2010 which are almost certainly related to AHRQ's patient safety activities. He also detailed AHRQ's work on accelerating the dissemination of evidence including a project to translate findings of patient-centered outcomes research into clinical decision support.

### **4. SENATE COMMITTEE EXAMINES PUBLIC HEALTH PREPAREDNESS**

On Thursday, February 26, the Senate HELP Committee held a [hearing](#) titled *Medical and Public Health Preparedness and Response: Are We Ready for Future Threat?* Senator Richard Burr (R-NC), who chaired the hearing, stressed the importance of learning from the 2014 Ebola response and the challenges that arose from lack of clear interagency coordination. Senator Lamar Alexander (R-TN) indicated that the soon-to-be introduced [Innovations for Healthier American](#) legislation would parallel to the House Energy and Commerce Committee's 21<sup>st</sup> Century Cures [plan](#). In addition, Senate Elizabeth Warren (D-MA) talked about the importance of providing stable appropriations for federal agencies instead of approving emergency funds whenever emergencies occur. Senator Bill Cassidy (R-LA) inquired about the U.S. government's ability to effectively coordinate with global organizations, like the World Health Organization, and the status of federal medical countermeasure [initiatives](#).

### **5. THE AAFP JOINS OTHER ORGANIZATIONS URGING ADDITIONAL ICD-10 TESTING**

In a March 4 [letter](#) to CMS, the AAFP and other national and state organizations expressed concerns with the agency's implementation plans for moving to ICD-10 that will be required for use by physicians and others starting October 1, 2015. The letter called for increased testing and educational tools and urges CMS to create contingency plans for this transition and massive undertaking.

### **6. COALITION WANTS TO STRENGTHEN HEALTH INSURANCE TERMS**

In a March 2 [letter](#) to the Employee Benefits Security Administration within the U.S. Department of Labor, the AAFP and other organizations that share a strong commitment to the health of our nation's children responded to the proposed rule titled, "Summary of Benefits and Coverage and Uniform Glossary." This regulation defines insurance terms to provide consumers with timely, accurate, and comprehensive information about their health plans. However, the letter expressed concern that the glossary lacks key information as well as the clarity that is necessary for families to make effective and informed decisions about their children's health care. The letter than provided suggestions to strengthen the quality and clarity of information in the SBC and Uniform Glossary for children and their families.

### **7. THE AAFP COMMENTS ON NATIONAL ADULT IMMUNIZATION PLAN**

In a March 4 [letter](#) to the National Vaccine Program Office within the U.S. Department of Health and Human Services, the AAFP wrote in response to the notice soliciting comments on the draft National Adult Immunization Plan. The letter agreed with the notice that adult vaccination rates remain low in the United States, and significant racial and ethnic disparities exist. The letter also agreed with the strategic goal of improving adult immunizations and that vaccination is one of

the most important public health achievements that saves lives and improves the quality of life by reducing the transmission of infectious diseases.

## **8. THE AAFP OFFERS ADVICE TO CDC ON PEDIATRIC VACCINES**

In a March 4 [letter](#) to the National Center for Immunization and Respiratory Diseases within the Centers for Disease Control and Prevention (CDC), the AAFP responded to the proposed revised vaccine information materials for multiple pediatric vaccines. Under authority of the National Childhood Vaccine Injury Act, the CDC develops vaccine information materials that all health care providers are required to give to patients and parents prior to administration of specific vaccines. It is AAFP policy to endorse the concept that all children and adults, regardless of economic and insurance status, should have access to all necessary immunizations. The AAFP believes that all public and private insurers should include, as a covered benefit, all necessary immunizations without co-payments or deductibles.

## **9. MEDICARE ADVANTAGE SHOULD PAY CHRONIC CARE MANAGEMENT CODE**

In a March 5 [letter](#) to CMS, the AAFP urged that Medicare Advantage (Part C) plans begin paying the chronic care management (CCM) that traditional Medicare (Part B) pays physicians. The AAFP urged CMS to specify that all Medicare Advantage plans recognize and provide reimbursement for the CCM since elderly and disabled patients that receive coverage through Medicare Advantage plans should have equal access to benefits available to beneficiaries' receiving health insurance coverage through traditional Medicare. The AAFP letter also thanked CMS for its dedication to improving the information available to Medicare Advantage beneficiaries regarding plan networks. Without accurate directories, beneficiaries face unfair, costly, and protracted obstacles to receive the care, treatment, and follow-up they need.

## **10. REGULATORY BRIEFS**

- On February 27, HHS announced the Health Care Payment Learning and Action Network. In January 2015, HHS announced an initiative to move Medicare, and the health care system at large, toward paying providers based on the quality, rather than on the volume of services. The Health Care Payment Learning and Action Network is intended to be a key component of this effort to deliver better care, smarter spending of health dollars, and healthier people. The Network will serve as a forum where payers, providers, employers, purchasers, state partners, consumer groups, individual consumers, and others can discuss how to transition towards alternative payment models that emphasize value.
- On March 3, CMS announced a prior authorization model for non-emergent hyperbaric oxygen therapy in Illinois, Michigan, and New Jersey. CMS will test whether prior authorization helps reduce expenditures, while maintaining or improving quality of care.
- On March 6, CMS announced the three-year Federally Qualified Health Center (FQHC) Advanced Primary Care Practice (APCP) Demonstration concluded on October 31, 2014 as scheduled. CMS is presently analyzing the demonstration data and the final results will be published on the CMS website at a later date.
- 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, 1:30pm ET
  - Medicare Shared Savings Program ACO: Preparing to Apply for 2016, April 7, 1:30pm ET
  - Medicare Shared Savings Program ACO: Application Process, April 21, 1:30pm ET