

October 9, 2015

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NEXT WEEK IN WASHINGTON...

* The House and Senate are both in recess next week.

1. LAUNCH OF HOUSE PRIMARY CARE CAUCUS

On Thursday, October 8, Reps. David Rouzer (R-NC) and Joe Courtney (D-CT) launched the first [Congressional Primary Care Caucus](#). The goal of the caucus is to educate legislators and to advocate on behalf of primary care physicians, providers and their patients. In announcing the formation of the caucus, the co-chairs said that they will "focus on educating members of Congress and the public about the value and importance of a comprehensive, coordinated and connected primary care system."

At the initial briefing of the caucus, AAFP member, Dr. Chuck Rich of Elizabethtown, North Carolina, described the role of the primary care physician in rural America, and Dr. Andrew Bazemore, Director of the Robert Graham Center, gave an overview of the status of primary care physicians and other providers in the nation and explained the essential role of primary care in achieving the triple aim of better health care, improved health and lower costs.

2. FEDERAL BUDGET PASSES HOUSE COMMITTEE

On Friday, October 9, the House Budget Committee completed its work on the instructions in the budget that would repeal major provisions of the *Affordable Care Act* and deny funding to Planned Parenthood for one year. The plan was approved 21-11 along party lines. The legislation would repeal the individual and employer mandates, the Cadillac and medical device taxes, the Independent Payment Advisory Board, the auto-enrollment requirement for large companies and the Prevention and Public Health Fund. The House is expected to vote on the legislation during the week of Oct. 19.

The measure is likely to draw a challenge in the Senate over an apparent violation of the rules that determine what can be included in the bill. That challenge is unlikely to stop the legislation, but could lead to its modification in the Senate. President Obama has threatened to veto any bill that would repeal the health care law or would eliminate funding for Planned Parenthood. The Congressional Budget Office has estimated the bill would reduce the deficit by \$78.9 billion over a decade but add at least \$5 billion to the deficit after 2025. The legislation is required to reduce the deficit over 10 years.

3. MEDPAC EXAMINES PHYSICIAN PAYMENT FOR THE FIRST TIME SINCE SGR REPEAL

On Thursday, October 8, the Medicare Payment Advisory Commission (MedPAC) examined the upcoming changes to physician payment provided in the *Medicare Access and CHIP Reauthorization Act of 2015* (MACRA)—in particular the Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models (APMs), under which physicians will be paid beginning January 1, 2019. MedPAC staff first presented an analysis of MIPS and APMs to the Commission with accompanying [slide deck](#). While MIPS is designed to consolidate existing fee-for-service incentives in Medicare, the staff expressed concern that PQRS quality measures (which will migrate into MIPS) are still not sufficiently linked to outcomes, nor are they reliable at the individual physician level. The MedPAC staff pointed out that despite the design of the law to push physicians into APMs, significant challenges remain in establishing a variety of APMs.

The subsequent round of comments from the commissioners revealed unanimous agreement that Congress was wise to repeal the Sustainable Growth Rate (SGR) formula, but also some skepticism about whether MACRA will succeed. Regarding the APMs, MedPAC staff noted that there would be great stakeholder pressure to expand the list of eligible APMs, but doubted whether additional APMs other than the Pioneer ACO program would be available by 2017 (the anticipated first performance year). Commissioner Katherine Baicker asked specifically about the medical home as a statutory alternative to a risk-bearing APM, to which staff responded that “it must meet the expansion criteria; it can’t just be any medical home.”

4. TRANS-PACIFIC PARTNERSHIP WILL AFFECT HEALTH CARE

On Monday, October 4, Ministers from 12 Pacific nations gathered in Atlanta to announce the conclusion of 7 years of negotiations on the Trans-Pacific Partnership (TPP). The agreement will affect all aspects of industry, including healthcare, specifically in the intellectual property protections clauses in the agreement. The pharmaceutical sector has been lobbying to include 12 years of exclusivity for biologic medicine, while consumer groups advocated for no protections. The parties agreed to a period of five to eight years of protection. This exclusivity prevents competing drug companies from developing biosimilar drugs and bringing them to market using clinical trial data from the original drug.

In addition, the agreement would prevent tobacco companies from suing private interests in member countries that imposed any restrictions on advertising, sales and distribution of tobacco products. This the first time a trade agreement that the US has signed has excluded a specific agricultural product from import protections.

TPP still has to go before Congress for an up-or-down majority vote.

5. HOUSE COMMITTEE EXAMINES NATIONAL DRUG ABUSE POLICIES

On Friday, October 9, the House Energy and Commerce Committee’s Health Subcommittee held a hearing on legislative proposals to combat the nation’s drug abuse crisis. The panel examined several policy strategies to prevent opioid dependence and to reduce injuries and deaths that occur from drug overdose. During the hearing, Rep. Joe Pitts (R-PA), the Health Subcommittee chairman, inquired about health insurance barriers that make it difficult for patients to access the substance abuse treatment that the need. Rep. Gene Green (R-TX), the

ranking member, asked about value of medically-assisted treatment. Rep. G.K. Butterfield (D-NC) wanted to know if Congress should require drug-to-manufacturer abuse-deterrent opioid drugs. During the hearing, participants also talked about mandating continuing medical education; increasing access to the drug, Naloxone; understanding the growing use of synthetic drugs; and improving Prescription Drug Monitoring Programs. Most of the issues raised during the hearing were consistent with the AAFP's positions on [pain management](#) and [substance abuse](#). A copy of the hearing testimonies and a webcast of the hearing are available [online](#).

6. COMMITTEE GRILLS AGENCY OFFICIALS ABOUT NEW DIETARY GUIDELINES

On Thursday, October 8, the House Agriculture Committee held a [hearing](#) to discuss the *2015 Dietary Guidelines for Americans* (DGA). Led by Department of Health and Human Services and U.S. Department of Agriculture, the nutrition standards provide national recommendations for healthful dietary practices. The dietary guidelines are drafted by a 15-member team of academic experts and updated every five years, and will be released in December. During the hearing, several legislators questioned HHS Secretary, Sylvia Burwell, and Agriculture Secretary, Tom Vilsack, about the scientific basis for the standards and commented about changes in the guidelines. Overall, the officials indicated that the new guidelines are expected to be generally consistent with the current standards. Earlier this year, the AAFP submitted [comments](#) supporting the *Scientific Report for the Dietary Guidelines Advisory Committee* and its emphasis on food insecurity, health equity, early exercise interventions and behavior change. In addition, the AAFP joined the National Alliance for Nutrition and Activity, a [coalition](#) of public health and medical organizations dedicated to supporting evidence-based nutrition policies.

7. AAFP WANTS SAFETY PRECAUTIONS FOR PACKAGES OF LIQUID NICOTINE

The AAFP signed onto a [coalition letter](#) sent September 29 to the FDA regarding proposed exposure warnings and child-resistant packaging for liquid nicotine. The letter stated that liquid nicotine is toxic and poses an urgent and preventable poisoning threat, particularly to children. Accordingly, child-resistant packaging and nicotine exposure warnings for these products are urgently needed. This joint letter is in addition to an AAFP [letter](#) sent to the FDA on August 28.

8. AAFP COMMENTS ON REVISED INTEROPERABILITY ROADMAP

In a [letter](#) sent to the National Coordinator for Health Information Technology on Monday, October 5, the AAFP expressed concern about the development of the Revised Interoperability Roadmap. Though the AAFP shares the goal of establishing an interoperable health system that supports smarter, safer, higher-quality and more efficient care as well as promoting innovation, the letter argues that to achieve all this, it is critical to have appropriate technology and data infrastructure to support more efficient and effective health care delivery. Based on data from surveys the AAFP and others have conducted, existing health IT infrastructure and products are not effective in supporting practice transformation. Therefore, the AAFP highlighted the need for the national health IT infrastructure to undergo a more rapid transformation than has been the case. The letter highlights the concern with the sluggish progress toward achieving interoperable systems.

9. REGISTER FOR THE STATE LEGISLATIVE CONFERENCE

The registration and hotel deadlines for the [State Legislative Conference](#) are approaching. The AAFP room block at the W Minneapolis will close on October 15. This year's State Legislative Conference is in Minneapolis and will feature sessions on prescription drug abuse, workforce development and telehealth. This is a great opportunity for members to network and build relationships with health policy experts, family physicians, chapter leaders, and AAFP staff.

10. CALIFORNIA ADOPTS RIGHT-TO-DIE LEGISLATION

On Monday, October 5, California Governor Jerry Brown (D) signed into law a right-to-die bill. Under the *End of Life Option Act* (AB 15), terminally ill patients, who have been given less than

six months to live by two doctors, may choose to end-of-life options, so long as they have the mental capacity to make the decisions about their own health. Opponents of the law are already preparing a repeal of the measure by means of a ballot initiative in November 2016.

11. FamMedPAC HIGHLY VISIBLE AT THE CONGRESS OF DELEGATES AND FMX

FamMedPAC enjoyed a successful week in Denver at the Congress of Delegates meeting and at FMX, receiving over \$36,000 in donations. FamMedPAC Board Chair Dr. Randy Wexler addressed the Delegates and unveiled the new PAC promotional video. The video is available for AAFP members to download and show at their chapter and other meetings at this link:

[PAC VIDEO](#) (Password: AAFP2015)

The PAC supported several fundraisers at the end of September:

- **Rep. Earl Blumenauer (D-OR)**, a member of the Ways and Means Health Subcommittee. AAFP co-sponsored this reception in Washington with the physician community.
- **Rep. Paul Tonko (D-NY)**, a member of the House Energy and Commerce Committee.
- **Sen. Johnny Isakson (R-GA)**, a member of the Senate Finance Committee. Georgia Academy President-Elect, Dr. Mitzi Rubin, attended a reception in Georgia on behalf of FamMedPAC.

12. REGULATORY BRIEFS

- On October 6, HHS released two regulations pertaining to electronic health records.
 - The “2015 Edition Health Information Technology Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications” [final rule](#) and related [fact sheet](#).
 - The “Medicare and Medicaid Programs; Electronic Health Record Incentive Program—Stage 3 and Modifications to Meaningful Use in 2015 through 2017” [final rule with comment period](#) and a related [fact sheet](#) which states that, “The Stage 3 requirements are optional in 2017. Providers who choose to begin Stage 3 in 2017 will have a 90-day reporting period. All providers will be required to comply with Stage 3 requirements beginning in 2018 using EHR technology certified to the 2015 Edition.” As part of this regulation, CMS will accept comments until December 15.
- On October 7, CMS [announced](#) participants for the [Comprehensive ESRD Care](#) (CEC) Model, a new accountable care organization (ACO) model conducted by the CMS Innovation Center.
- On October 7 CMS [announced](#) promising results of the first shared savings performance year for the Comprehensive Primary Care (CPC) initiative. In 2014, CPC practices showed positive quality results, with hospital readmissions lower than national benchmarks and high performance on patient experience measures. During this first shared savings performance year, the initiative decreased Medicare Part A and Part B spending compared to spending targets while achieving high quality outcomes. The CPC initiative generated a total of \$24 million in gross savings overall (excluding the CPC care management fees). CMS also released a [report](#) titled “Comprehensive Primary Care Initiative Shared Savings Methodology.”
- On October 8, CMS [announced](#) a new [data set](#) called the “Referring Provider Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) public use file” which provides information on physicians and other healthcare professionals who referred DMEPOS products and services for Medicare beneficiaries.
- CMS will host the following free educational calls, [registration](#) is required:
 - 2014 Supplemental QRUR Physician Feedback, October 15, 1:30pm ET
 - Improving Medicare Post-Acute Care, October 21, 1:30pm ET