

April 15, 2016

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NEXT WEEK IN WASHINGTON...

- * On Monday, April 18 and Tuesday, April 19, the AAFP and CAFM host the Family Medicine Congressional Conference.
- * On Tuesday, April 19, the House Energy and Commerce Subcommittee on Health will hold a hearing on Medicare physician payment reforms. Dr. Bob Wergin, AAFP Board Chair, will testify.

1. CMS STARTS LARGE MULTI-PAYER INITIATIVE TO IMPROVE PRIMARY CARE

On April 11, CMS announced its largest-ever initiative to transform and improve how primary care is delivered and paid for in America. The Comprehensive Primary Care Plus (CPC+) model, will be implemented in up to 20 regions and can accommodate up to 5,000 practices. According to the CMS, the initiative is designed to provide doctors the freedom to care for their patients the way they think will deliver the best outcomes and to pay them for achieving results and improving care.

Primary care practices will participate in one of two tracks. Both tracks will require practices to perform the functions and meet the criteria of the model, but practices in Track 2 will also provide more comprehensive services for patients with complex medical and behavioral health needs.

CPC+ will help practices move away from one-size-fits-all, Fee-For-Service (FFS) health care to a new system that will give doctors the freedom to deliver the care that best meets the needs of their patients.

- In Track 1, CMS will pay practices a monthly care management fee in addition to the FFS payments under the Medicare Physician Fee Schedule for activities

- In Track 2, practices will also receive a monthly care management fee and, instead of full Medicare FFS payments for Evaluation and Management services, will receive a hybrid of reduced Medicare FFS payments and up-front comprehensive primary care payments for those services

To promote high-quality and high-value care, practices in both tracks will receive up-front incentive payments that they will either keep or repay based on their performance on quality and utilization metrics. Practices in both tracks also will receive data on cost and utilization. CMS will select regions for CPC+ where there is sufficient interest from multiple payers to support practices' participation in the initiative. CMS will enter into a Memorandum of Understanding with selected payers to document a shared commitment to align on payment, data sharing, and quality metrics in CPC+. CMS will accept payer proposals to partner in CPC+ from April 15 through June 1, 2016. CMS will accept practice applications in the determined regions from July 15 through September 1, 2016.

2. AAFP URGES INVESTMENT IN FAMILY MEDICINE PRIORITIES IN FY 2017

On April 15, the AAFP submitted a written statement to the [House](#) and [Senate](#) Appropriations Committee urging them to invest in our nation's primary care physician workforce in the fiscal year 2017 appropriations bill to promote the efficient, effective delivery of patient-centered care by providing these appropriations for the Health Resources and Services Administration (HRSA) and the Agency for Healthcare Research and Quality (AHRQ). The AAFP urged the bipartisan, bicameral spending committee leadership restore the discretionary budget authority for the Health Resources and Services Administration (HRSA) to the FY 2010 level of \$7.48 billion and provide \$364 million in budget authority for the Agency for Healthcare Research and Quality (AHRQ) as well as programs which are important to family physicians and their patients.

3. ZIKA FUNDING IS REJECTED BY HOUSE COMMITTEE

On April 5, the AAFP signed a [letter](#) along with 67 other health and medical organizations urging House and Senate leader to support emergency funding for the Zika virus. In February, President Obama [recommended](#) \$1.9 billion be approved for readiness activities. During a week of advocacy activities, the administration announced it would transfer unused Ebola virus response monies to support Zika public health activities.

The House Appropriations Committee on Wednesday, April 13 approved the FY 2017 Military Construction and Veterans Affairs bill which included an amendment to clarify that certain existing, unobligated funding within the Departments of State and Health and Human Services shall be available to prevent, prepare for, and respond to the Zika crisis, both domestically and internationally. The amendment was adopted on a vote of 30 to 20. Committee Democrats objected to the provision and sought unsuccessfully to add the President's \$1.9 billion supplemental request to address Zika.

On April 13, the House of Representatives approved [legislation](#) to allow Zika to be included within the Food and Drug Administration's priority review voucher, clearing the way for approval by the White House. President Obama is expected to sign the [bill](#) into law.

4. AAFP SUPPORTS STUDENT DEBT RELIEF

On April 1, the AAFP sent a [letter](#) to Rep. Judy Chu (D-CA) in support of the *Protecting Our Students by Terminating Graduate Rates that Add to Debt Act* or "POST GRAD Act" (HR 4223) to restore graduate and professional students to the Federal Direct Subsidized Loan program. This bill would effectively reduce the cost of borrowing to graduate and professional students with demonstrated financial need.

5. GROUPS ASK CONGRESS TO END THE GUN VIOLENCE RESEARCH BAN

On April 6, AAFP along with 140 other medical associations and public health groups, sent a joint [letter](#) to House and Senate leaders urging them to end the 1996 restriction on research on gun violence. The letter highlighted three critical research questions associated with gun safety. It asked about the best ways to prevent child injuries, how to reduce suicides, and the impact of state-level safety policies..

6. SENATE HEALTH RESEARCH BILLS MOVES FORWARD

On April 6, the Senate Health, Education, Labor, and Pensions Committee [approved](#) five bills as part of its package of Innovations Initiative. The plan, which is similar to the House-approved *21st Century Cure Act* (HR 6), will support biomedical research and precision medicine. The HELP committee approved two bills that may have public health implications. The *Promise for Antibiotics and Therapeutics for Health Act* (S 185), would streamline FDA's approval process for antibiotic-resistant bacteria. The *Promoting Biomedical Research and Public Health for Patients Act* (S 2742), includes language that would amend how CDC engages vaccine manufacturers. The AAFP [commented](#) on similar policy language in 2015.

7. HOUSE COMMITTEE EXAMINES FLINT WATER CRISIS

On April 13, the House Energy and Commerce Committee held a [hearing](#) with federal, state, and local officials to discuss the Flint, Michigan water crisis. Officials from the Environmental Protection Agency discussed potential new actions. Witnesses also talked about HR 4470, the [Safe Drinking Water Act Improved Compliance Awareness Act](#). The House-passed bipartisan [legislation](#) would require stronger public notices during future water contamination events. Hearing participants also talked about the health impacts of lead exposure.

In February, The AAFP sent a [letter](#) supporting an amendment sponsored by Senators Debbie Stabenow (D-MI) and Gary Peters (D-MI) to authorize \$600 million in funding to repair service lines, to restore access to lead-free water, and to examine the long term health effects of lead poisoning. The amendment has not come up for a vote.

8. AAFP CALLS FOR BAN ON SMOKELESS TOBACCO AT BASEBALL STADIUMS

In a sign on [letter](#) sent March 11 to the Major League Baseball (MLB) and Major League Baseball Players Association, the AAFP and others urged MLB to prohibit the use smokeless tobacco at sports venues, including baseball stadiums, by players, managers, coaches, other personnel and fans.

9. AAFP URGES CMS TO ADDRESS DRUG COSTS AND PRIOR AUTHORIZATIONS

In a [letter](#) sent to CMS on March 30, the AAFP requested that the agency review the requirements of Part D plans, specifically Medicare Advantage and Medicare Prescription Drug Plans (PDPs), so patients have a broader choice of adequate and affordable prescription drugs while reducing administrative burden for physicians. In response to the growing costs of pharmaceutical drugs, Part D plans and others have developed prior authorizations as a means to control costs. The prior-authorization requirements plague physicians by diverting physician time away from direct patient care.

10. AAFP COMMENTS ON SUBSTANCE ABUSE AND PATIENT PRIVACY

The AAFP sent the Substance Abuse and Mental Health Services Administration a [letter](#) on April 8 in response to a proposed rule titled, "Confidentiality of Substance Use Disorder Patient Records." The AAFP applauded the rule which updates confidentiality policies surrounding records of alcohol and drug abuse patients since significant changes have occurred within the U.S. health care system not envisioned previously.

11. AAFP LEADS GROUP EFFORT IN LETTER TO CMS ON HCV

In an April 8 [letter](#) sent to CMS, the AAFP and others requested the agency review and consider revising its policies to ensure that Medicare, Medicare Advantage, Medicare Part D, Medicaid, and Marketplace patients with hepatitis C virus (HCV) have access to all physicians that have the expertise to treat them. The letter called for the treatment for chronic HCV to be based on the prescribing physician's expertise rather than requiring medical specialist consultation.

12. PRESIDENT URGED TO RELEASE FINAL RULE ON DEEMING FDA AUTHORITY

The AAFP and others sent the President a [letter](#) on April 13 citing that it has been five years since the Food and Drug Administration (FDA) first indicated it would take action to regulate all tobacco products and almost two years since the FDA formally proposed a regulation to extend its authority over all currently unregulated tobacco products, including e-cigarettes and cigars. The letter called for the Administration to issue a final regulation asserting jurisdiction.

13. TWO FAMILY PHYSICIANS NOMINATED TO HHS ADVISORY COMMITTEE

In a letter sent April 13 to HHS, the AAFP nominated Reid B. Blackwelder, MD, FAAFP and Ted Wymyslo, MD, FAAFP to the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030.

14. HHS INFORMED OF AAFP'S CONCERNS ON DIABETIC TESTING SUPPLIES

The AAFP sent HHS a [letter](#) on April 13 regarding relief from the burdensome Medicare requirements associated with the prescribing of diabetic supplies, relief from unsolicited requests to patients and physicians from suppliers, and to discuss growing concerns with the efficacy of unbranded diabetic testing supplies. The AAFP called on HHS to simplify the current Medicare rules surrounding prescription of diabetic supplies. Finally the AAFP urged HHS to improve the scrutiny of unbranded products sold by suppliers.

15. STATE LEGISLATIVE BILLS OF INTEREST

Following are bills of interest in the 2016 session:

- **Medicaid Expansion**—Governor Asa Hutchinson (R) signed [legislation](#) to extend and reform the state's Medicaid expansion after the legislature approved it last week. The legislature must now provide funding for the plan, called "Arkansas Works," by a three-fourths majority during this week's legislative fiscal session. [SB 121](#), which provides the funding, failed to pass the Senate on Wednesday, April 14.
- **Medicaid Waiver**—New Hampshire Governor Maggie Hassan (D) signed [HB 1696](#) into law last week. The bill requires the Department of Health and Human Services to submit a waiver to modify the New Hampshire health protection program. The waiver extends the New Hampshire Health Protection Program for two more years until December 31, 2018 while adding a work requirement and having hospitals and insurance companies pay the state's share of the cost, about \$40 million.
- **Medicaid/Medicare Parity**—Colorado [HB 1408](#) awaits approval from Governor John Hickenlooper (D). The bill continues enhanced primary care rates at 87.3 percent of Medicare, for a total bump expenditure estimated at \$56 million.
- **Network Adequacy**—[Connecticut](#), [Hawaii](#), [Illinois](#), [Louisiana](#), [Maryland](#), [New Jersey](#), and [Rhode Island](#) introduced legislation to address network adequacy.
- **Tobacco Cessation**—[California](#) and [New Jersey](#) introduced legislation to provide tobacco cessation benefits in Medicaid.