

## GOVERNMENT AFFAIRS WEEKLY

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July 8, 2016

## IN THIS REPORT...

- 1. CMS proposes physician payment policy changes for 2017
- 2. House Overwhelmingly Approves Opioid Abuse Prevention Legislation
- 3. HHS Funding Bill Includes Reductions in Some Important Programs
- 4. House Approves Mental Health Reform Bill
- 5. CMS Proposes 90-Day Reporting Period for Meaningful Use
- 6. Proposal to Restrain Part B Drug Costs Comes under Fire in Senate Committee
- 7. AAFP Supports Bill to Clarify Sunshine Act Requirements
- 8. FamMedPAC Supports Members, Challenger Candidate
- 9. Kentucky Governor Releases Medicaid Plan
- 10. Tennessee Task Force Recommends Phased Medicaid Expansion
- 11. Help AAFP Advocate for Physician-led, Health Care Teams in the VA
- 12. Regulatory Briefs

## **NEXT WEEK IN WASHINGTON...**

- \* On Tuesday, July 12, the Senate Finance Committee will hold a hearing on current issues with the Stark laws.
- \* Also on Tuesday, the House Ways and Means Committee will hold a hearing on rising health insurance premiums.
- \* On Wednesday, July 13:
  - Senate Finance Committee will hold hearing on how to ensure the successful implementation of physician payment reforms
  - House Appropriations Committee meets to consider FY 2017 Labor, HHS, Education bill
  - Health Care Subcommittee of the Senate Finance Committee has scheduled a hearing on how Alzheimer's disease poses a looming problem for Medicare
  - Investigations Subcommittee of the Senate Homeland Security and Governmental Affairs Committee will hold a hearing on combatting opioid abuse

## 1. CMS ISSUES PROPOSED MEDICARE PHYSICIAN FEE SCHEDULE

On July 7, the Centers for Medicare & Medicaid Services (CMS) released the 2017 <u>proposed Medicare physician fee schedule</u>. Of particular significance to primary care physicians, CMS proposes increased payments for several care management services. Specifically, the regulation includes proposals to pay for:

- Non-face-to-face prolonged evaluation and management services
- Comprehensive assessment and care planning for patients with cognitive impairment
- Primary care practices to use interprofessional care management resources to treat behavioral health conditions
- Resource costs of furnishing visits to patients with mobility-related impairments
- Chronic care management (CCM) for patients with greater more complex conditions

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