

June 10, 2016

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### NEXT WEEK IN WASHINGTON...

- \* On Tuesday, June 14, the House Energy and Commerce Subcommittee on Oversight and Investigations will hold a hearing on the public health responses to antibiotic resistance.
- \* On Wednesday, June 15, the Energy and Commerce Committee has scheduled deliberations on several measures, including the *Helping Families in Mental Health Crisis Act* (HR 2646).

## 1. ZIKA RESPONSE LEGISLATION MOVES FORWARD

The Senate agreed by voice vote on Wednesday, June 8 to join the House in negotiations over final legislation to address the government’s Zika virus response. This vote is the latest incremental step toward reconciling House and Senate versions. The key differences between the \$622 million House Zika bill (HR 5243) and a \$1.1 billion Senate measure included in a broader appropriations bill (HR 2577) concern the level of funding, the fiscal years covered by the funding provisions and the question of whether they require offsetting spending cuts.

## 2. BIPARTISAN SENATE COMMITTEE CLEARS HHS SPENDING BILL

On June 9, the Senate Committee on Appropriations approved the bipartisan appropriations bill (HR 3040) for the Departments of Labor, Health and Human Services, Education and Related Agencies. The bill does not include new language restricting HHS’ authority to administer the *Affordable Care Act*.

AAFP’s federal priorities contained in the bill include:

- *Agency for Healthcare Research and Quality (AHRQ)* – The bill would provide an appropriation AHRQ of \$324 million, a \$10 million cut from the current level, and \$40 million below the President’s budget request.
- *Title VII Health Professions* – The bill would maintain current funding (\$39 million) for Title VII Primary Care Training and Enhancement and \$30 million for the Title VII Area

Health Education Centers. It would provide \$297.3 million to the Health Resources and Services Administration (HRSA) for Title VII Health Professions Programs overall, which would be a 13.3-percent increase above FY 2016 levels. The increase primarily represents the transfer of the Behavioral Health Workforce Education and Training program from SAMHSA to HRSA and would include \$50 million for that program. The Senate bill again seeks to eliminate the Health Careers Opportunity Program. It would increase funding for the Scholarships for Disadvantaged Students to \$49 million, an increase of \$3 million.

- *Rural Health Program* – The Senate measure would provide \$152.6 million to HRSA for rural health programs, an increase of \$3 million. It proposes to focus resources on programs to help rural communities, such as telehealth.
- *Centers for Medicare and Medicaid Services (CMS)* – The bill would provide CMS with funding consistent with the current FY2016 level.
- *Opioid Abuse Prevention and Treatment* – The bill would provide \$261 million, an increase of \$126 million, or 93 percent, for programs in the Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), and HRSA that are targeted to combat opioid abuse. This includes a \$28 million increase for CDC Prescription Drug Overdose program, a \$49 million increase to SAMHSA for treatment, prevention, and overdose reversal, and \$50 million for Community Health Center treatment and prevention. Further, the bill would continue to provide \$1.9 billion for the Substance Abuse Prevention and Treatment Block Grant, \$94 million in mandatory funds to Community Health Centers, and add \$52.5 million to the National Institute on Drug Abuse at the NIH.

During debate on the bill, by a vote of 18-11, the committee adopted an amendment, offered by Sen. Patty Murray (D-WA), to block the use of federal funds for actions that interfere with a doctor's ability to prescribe medicinal marijuana in accordance with state law.

The House Appropriations subcommittee may take up its FY 2017 bill later this month.

### **3. AAFP COMMENTS ON ASSESSING INTEROPERABILITY FOR HIT SYSTEMS**

On June 3, the AAFP sent a [letter](#) to the Office of the National Coordinator for Health Information Technology in response to a request for information about assessing interoperability for MACRA. The AAFP responded to questions posed in the request for information on the following three topics:

- Measurement population and key components of interoperability that should be measured;
- Current data sources and potential metrics
- Other data sources and metrics ONC should consider with respect to interoperability measurement more broadly.

### **4. FamMedPAC SPONSORS THREE FUNDRAISING EVENTS**

FamMedPAC sponsored these physician-only events, which allowed for a focused discussion on healthcare issues with the legislators.

- **Rep. Michelle Lujan Grisham (D-NM)**, in her second term in Congress, is the former Secretary of Health in New Mexico and was a guest speaker at the 2014 Family Medicine Congressional Conference (FMCC).
- **Rep. Joe Heck, DO (R-NV)**, an Osteopathic physician, is currently running for the U.S. Senate. Rep. Heck was a featured speaker at the 2013 FMCC.

- **Rep. Charlie Dent (R-PA)** is a member of the Health Subcommittee of the House Appropriations Committee.

## 5. SOCIAL MEDIA BOLSTERS 90-DAY HIT SPEAK OUT

The AAFP released a [Speak Out](#) to support *the Flexibility in Electronic Health Record Reporting Act* (S 2822/HR 5001) which would direct CMS to continue using a 90-day reporting period for Meaningful Use, rather than a full-year reporting period. This targeted email and social media awareness campaign produced 501 responses and a social media presence that far exceeded normal output. Compared to an average rate of 5 shares and 20 likes on Facebook, and 3.4 Retweets and 5 likes on Twitter, this campaign garnered a total of 30 shares and 111 likes on Facebook, and 38 Retweets and 18 likes on Twitter.

## 6. AAFP NOMINATES FAMILY PHYSICIANS TO VACCINE ADVISORY COMMITTEE

In a letter sent June 1 to HHS, the AAFP nominated Dr. Melissa Martinez and Dr. Robin O'Meara to the National Vaccine Advisory Committee. The mission of this advisory committee is to study and recommend ways to encourage the availability of an adequate supply of safe and effective vaccination products in the United States.

## 7. CANDIDATES FOR HRSA ADVISORY COMMITTEE ON PRIMARY CARE

On June 9, the Council of Academic Family Medicine (which is comprised of the AAFP, the Society of Teachers of Family Medicine, the Association of Departments of Family Medicine, the Association of Family Medicine Residency Directors, and the North American Primary Care Research Group) sent a letter to HRSA making nominations to fill vacancies on the Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD). CAFM nominated Christopher P. Morley, PhD; F. David Schneider, MD, MSPH; Eric Skye, MD; Therese Zink, MD, MPH; Syed Mustafa Alavi, MD and Andrew Lutzkanin, MD.

## 8. RECENT STATE LEGISLATION OF INTEREST

- **Death with Dignity**—California's physician-assisted dying law, the [End of Life Option Act](#), went into effect on June 9. There are currently five states (CA, MT, OR, WA, and VT) that have Death with Dignity Laws; 19 states have considered similar measures in the 2016 legislative session.
- **Drug Pricing Transparency**—On June 3, Vermont became the first state to enact a drug pricing law. The [legislation](#) requires legislators to develop a list of 15 drugs each year that are a burden on state finances and whose prices have increased substantially. Drugmakers would then be required to justify the price increases. Additionally, insurers would have to report on the impact of drug spending on premiums.

Similar [legislation](#) in California is gaining traction. The California bill would require drug companies to account for the price of any drug over \$10,000 and would mandate notifications to insurers 60 days in advance before a drug price increase.

- **Insurance Premiums**—The Alaska legislature has sent [HB 374](#) to Governor Bill Walker (I) for approval. This bill is an attempt to stabilize insurance premiums in the state's individual market. The bill would subsidize insurance premiums in the high-cost, but low-population state. Premera Blue Cross Blue Shield is the only insurer on the individual market after the exit of Moda Health Plan. The State Insurance Division Director warned that the individual market could collapse if this measure was not passed.
- **Medical Education**—The California Academy of Family Physicians has been actively engaging in California's [budget](#) process advocating for family medicine residency slots.

The state's Senate and Assembly each approved CAFP's major spending request, a three-year \$100 million investment to support primary care residencies through the Song-Brown Workforce Training Program. This measure awaits final approval by the chambers and then will be sent to Governor Jerry Brown (D).

## 9. FEDERAL REGULATORY BRIEF

- On June 1, the FDA announced [draft guidance](#) for industry titled, "Voluntary Sodium Reduction Goals: Target Mean and Upper Bound Concentrations for Sodium in Commercially Processed, Packaged, and Prepared Foods." According to the FDA, the draft guidance provides practical, voluntary sodium reduction targets for the food industry. The draft short-term (two-year) and long-term (10-year) voluntary targets for industry are intended to help the American public gradually reduce sodium intake to 2,300 milligrams (mg) per day –from an average intake of approximately 3,400 mg/day.
- On June 1, the VA [announced](#) equitable relief to more than 24,000 Veterans following a national review of Traumatic Brain Injury medical examinations conducted in connection with disability compensation claims processed between 2007 and 2015.
- On June 2, CMS [announced](#) a proposed decision under which the local Medicare Administrative Contractors (MACs) would continue to make coverage determinations on an individual claim basis for gender reassignment surgery for gender dysphoria. The proposed decision is open for public comment for a 30-day period.
- CMS will host the following free educational call, [registration](#) is required:
  - Physician Compare Initiative Call on June 16 at 1:30 pm ET.
  - Quality Measures and the IMPACT Act Call on July 7 at 1:30 pm ET.