

June 24, 2016

IN THIS REPORT...

1. AAFP Submits Formal Comments to CMS on the MACRA Proposed Rule
2. House Passes Zika Funding, But Senate & White House Agreement Is Doubtful
3. Both House and Senate Turn to Bills to Prevent Gun Violence
4. AAFP Objects to Tobacco Provisions in House Funding Bill
5. FamMedPAC Continues Support for Congressional Allies
6. House Republicans Outline ACA Replacement Policies
7. CMS Responds to AAFP Concerns about Transitional Care Management
8. AAFP Offers Views on Questions about Antibiotic Resistant Bacteria
9. Regulatory Briefs

NEXT WEEK IN WASHINGTON...

- * The House of Representatives has adjourned until Tuesday, July 11.
- * On Tuesday June 28, the Senate Finance Committee has scheduled a hearing to examine the CMS proposed Medicare Part B drug revisions.
- * Also on June 28, the Senate Health, Education, Labor and Pensions Committee will hold a hearing on small business health care costs and options.

1. AAFP RESPONDS TO MACRA PROPOSED RULE

On June 24 the AAFP sent the Centers for Medicare & Medicaid Services (CMS) a detailed [letter](#) in response to the proposed rule titled, “Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models.” In addition the AAFP created an [executive summary](#) of this response, posted an [article](#) on *AAFP News*, and issued a [press release](#).

2. VETO THREAT LOOMS OVER PARTISAN ZIKA CONGRESSIONAL AGREEMENT

The House voted 239 to 171 early Thursday morning to approve an appropriations measure (HR 2577) which would provide \$1.1 billion to address the Zika virus. The deal between House and Senate Republicans proposes to use unobligated funds for the Ebola response and unspent *Affordable Care Act* funding intended for territories to set up health care exchanges. The bill provides \$95 million in Social Services Block Grants for areas with active Zika transmission, like Puerto Rico, but specifies that the funds must be used for public health departments, hospitals and Medicaid managed care clinics and not for family planning clinics that focus on contraception. The White House has indicated that President Barack Obama would veto the bill primarily because the funding falls too short of the \$1.9 billion needed by public health officials. Senate Democrats have criticized the deal, but Republican Leader Sen. Mitch McConnell (R-KY) could bring the deal to the Senate for a vote as early as next week.

3. POST-ORLANDO, CONGRESS RENEWS PUSH FOR GUN SAFETY LEGISLATION

Following the June 12 Orlando mass shooting, policy makers attempted to craft gun safety legislation but were unsuccessful in securing approval. On June 15, the House Energy and Commerce Committee rejected an amendment to the *Helping Families in Mental Health Crisis Act* (HR 2646), offered by Rep. Tony Cardenas (D-CA), that would explicitly authorize research on gun violence and would protect the doctor-patient relationship with respect to gun safety counseling. Subsequently, House Democrats staged a 25-hour sit-in calling for votes on gun violence policies, including one to allow gun violence research.

Last week, Senator Chris Murphy (D-CT) had led a 15-hour filibuster urging Senate leaders to allow gun safety amendments to the fiscal year 2017 Commerce, Justice, State Appropriations bill. Senate Majority Leader McConnell agreed to a series of votes that took place on Monday June 20. These votes were on amendment that would prohibit gun sales for those on the terror watch list and would strengthen background check requirements. The four amendments failed largely along party lines. During this process, the AAFP [supported](#) the *Fix Gun Checks Act* (S 2934), which would eliminate most exceptions to the requirement for background checks before purchasing firearms.

On June 23, the Senate approved a motion to debate a bipartisan bill, which Senator Susan Collins (R-ME) sponsored, that would restrict gun sales to those on specific terrorism-related lists and would provide a process for appealing such restrictions in individual cases. While the motion to proceed to debate was approved, it fell short of the 60 votes it will need for final approval.

4. AAFP URGES SENATE TO PROTECT FDA ROLE IN TOBACCO REGULATION

On June 22, the AAFP sent a [letter](#) to Senators Jerry Moran (R-KS) and Jeff Merkley (D-OR), the Chairman and senior Democrat on the Senate Appropriations Subcommittee on Agriculture, Rural Development, FDA & Related Agencies to ask that the agriculture spending bill for fiscal year 2017 (S 2956) not include any provisions like those in the House version of the bill that would weaken the authority of the Food and Drug Administration (FDA) to regulate tobacco products, including cigars and e-cigarettes.

5. FamMedPAC CONTINUES TO PROMOTE AAFP'S AGENDA

FamMedPAC supported several important legislators this week, helping to promote AAFP's legislative agenda. The PAC contributed to the campaigns of the following legislators:

- **Rep. Lucille Roybal-Allard (D-CA)** is a member of the Health Subcommittee of the House Appropriations Committee, and offered the amendment to restore funding for the Agency for Healthcare Research and Quality (AHRQ); she is also a member of the House Primary Care Caucus.
- **Rep. Billy Long (R-MO)** is a new member of the Health Subcommittee of the House Energy and Commerce Committee
- **Sen. Pat Leahy (D-VT)** is a member of the Senate Appropriations Committee.
- **Rep. Eric Paulsen (R-MN)**, a member of the House Ways and Means Committee, addressed this year's Family Medicine Congressional Conference.
- **Sen. Chuck Grassley (R-IA)** is a member of the Health Subcommittee of the Senate Finance Committee.
- **Rep. Dave Reichert (R-WA)** is a member of the House Ways and Means Committee.
- **Rep. Nita Lowey (D-NY)** is the Senior Democrat on the House Appropriations Committee.

6. REPUBLICAN LEADERS OUTLINE HEALTH CARE REFORM PROPOSAL

House Republicans on Wednesday, June 22, unveiled a [proposal](#) to repeal and replace the *Affordable Care Act* (ACA) with new healthcare policies aimed at reducing government regulation and lowering costs.

The plan focuses first on repealing the ACA, including the employer and individual healthcare mandates. It then includes several reforms, including giving individuals and states more flexibility on healthcare plans; providing tax credits to keep healthcare affordable; allowing coverage across state lines; giving states flexibility with Medicaid funding; and creating private options for Medicare patients, among other policies.

7. CMS RESPONDS TO AAFP LETTERS ON TRANSITIONAL CODE MANAGEMENT

On June 20, the Centers for Medicare & Medicaid Services (CMS) sent a [letter](#) to the AAFP in response to AAFP letters sent in [2016](#) and [2015](#) to the agency calling for the facilitation of the release of medical records from hospitals and other health care facilities to primary care physicians to promote Transitional Care Management (TCM). The AAFP had pointed out that due to a lack of communication between hospitals and other healthcare facilities with primary care physicians, the discharge information often is not sent to the primary care physician within the two business days allotted to contact the patient as required by CMS to bill TCM. The CMS response referenced the pending release of a final regulation that would significantly revise discharge planning requirements.

8. AAFP COMMENTS ON ANTIBIOTIC RESISTANT BACTERIA

The AAFP sent the Presidential Advisory Council on Combating Antibiotic Resistant Bacteria a [letter](#) on June 22 that responded to a request for information. Before answering five specific questions asked by the council, the AAFP first pointed out that primary care physicians are the most frequent prescribers of antibiotics and that it is a concern that the council currently lacks representation from family physicians and any other primary care physician.

9. REGULATORY BRIEFS

- On June 17, CMS [published](#) a final rule that requires clinical laboratories to report the amounts paid by private insurers for laboratory tests. CMS will use these private insurer rates to calculate Medicare payment rates under the Clinical Laboratory Fee Schedule beginning January 1, 2018.
- On June 20, HHS [announced](#) \$20 million to fund training and education for Medicare clinicians in individual or small group practices of 15 clinicians or fewer. These funds are intended to help small practices, especially those that practice in historically under-resourced areas including rural areas, health professional shortage areas, and medically underserved areas. HHS will continue to award \$20 million each year over the next five years, providing \$100 million in total to help these practices successfully participate in the Quality Payment Program. Awardees will be announced by November 2016.
- On June 20, CMS [proposed](#) changes to the Payment Error Rate Measurement (PERM) and Medicaid Eligibility Quality Control (MEQC) programs to implement provisions in the Affordable Care Act's changes to the way states adjudicate eligibility for Medicaid and the Children's Health Insurance Program (CHIP).
- On June 22, the latest Medicare Trustees [report](#) was released. It projects that the trust fund financing Medicare's hospital insurance coverage will remain funded until 2028, which is 11 years longer than projected in 2009. A related [press release](#) is also available.
- On June 23, CMS released a new year of data (2014) of the [Hospital Inpatient](#) and [Outpatient Utilization](#) and Payment Public Use Files (PUFs). The hospital inpatient PUF includes discharges, average Medicare payments and average hospital charges

organized by Medicare Severity Diagnosis Related Group (MS-DRG). The hospital outpatient PUF includes services, average payments and average hospital charges organized by 32 common Ambulatory Payment Classification (APC) Groups.

- On June 23, HHS [announced](#) more than \$742,000 in funding to three health centers in American Samoa and the U.S. Virgin Islands to help combat the Zika virus. These funds will be used to expand preventive and primary care services, outreach, and patient education and screening.
- CMS will host the following free educational call, [registration](#) is required:
 - Clinical Diagnostic Laboratory Test Payment System Final Rule Call on July 6 at 2:30pm ET.
 - Quality Measures and the IMPACT Act Call on July 7 at 1:30pm ET.
 - SNF Quality Reporting Program Call on July 12 at 1:30pm ET.