Abuse and Mental Health Services Administration (SAMHSA). S 2680 would also update current mental health programs and promote primary integration. The Committee stripped out language that would have improved mental health parity law or allowed same-day billing for mental and physician health care. The Senate Committee on Finance may take up legislation to address health insurance and related issues.

The event brought together researchers, mental health providers, law enforcement, and primary physicians. The six-hour event covered concerns about health insurance parity, patient access, best practices, and current research. Of note, Ben Miller, PsyD, Assistant Professor of Integrated Health at the School of Family Medicine with the University of Colorado Denver's School of Medicine, spoke about the essential role primary care physician play in treating patients with mental health conditions. He talked about investing in primary care to ensure patients receive high quality health care in environments that are patient-centered. In June, Congress is expected to debate mental health legislation. The major issues that may arise will focus on patient privacy, gun safety, criminal justice reform, and federal funding. The AAFP submitted a letter of priorities in March highlighting the importance of assisting vulnerable patients, promoting health information technology, and eliminating health insurance barriers.

On May 18, the House Education and Workforce Committee approved the *Improving Child Nutrition and Education Act of 2016* (HR 5003) amid criticism from policy makers and nutrition advocates. In a May 9 <u>letter</u>, 111 member of Congress expressed concerns that the reauthorization bill would lower federal nutrition standards put into place under the *Healthy, Hunger-Free Kids Act of 2010* (PL 111-296). They expressed concerns about language that maintains current sodium standards, changes Community Eligibility Standards, and weakens

4. HOUSE COMMITTEE APPROVES CHILD NUTRITION REAUTHORIZATION BILL

- reauthorization bill would lower federal nutrition standards put into place under the *Healthy, Hunger-Free Kids Act of 2010* (PL 111-296). They expressed concerns about language that maintains current sodium standards, changes Community Eligibility Standards, and weakens restrictions the type of snack foods allowed in schools. The Senate Agriculture Committee approved a bipartisan bill, the *Improving Child Nutrition Integrity and Access Act* last January. Both houses of Congress are expected to debate this policy this year.
- 5. MISSOURI BECOMES FIRST STATE TO RULE AGAINST AETNA-HUMANA MERGER
 The Missouri Department of Insurance released an <u>order</u> May 24 that would prohibit an Aetna-Humana merged company from selling plans in the individual, small group, group Medicare Advantage and individual Medicare Advantage markets in 65 of the state's 114 counties. The Insurance Department found that Aetna and Humana control more than 70 percent of the private Medicare market in 33 counties in the state. Post-merger, the Department said 85 Missouri counties would have two or fewer companies selling in the individual Medicare Advantage market. Aetna responded stating that, "this order does not impede the DOJ approval process. We are disappointed with the Missouri order but expect to have a constructive dialogue with the state to address their concerns." The order will not be finalized for 30 days, during which time Aetna and Humana will have the opportunity to offer a plan to "remedy the

6. AAFP COMMENTS ON MATERNITY CARE EPISODE GROUPS

The AAFP sent a <u>letter</u> on May 23 to the Health Care Payment Learning & Action Network in response to their draft white paper titled, "Accelerating and Aligning Clinical Episode Payment Models: Maternity Care." The AAFP agreed that the overarching goal of clinical episode payments for maternity care is to improve the value of maternity care by reducing costs and improving outcomes, as well as the experience of care, for the woman and her baby. The AAFP letter expressed concern about how the payment would flow back to physicians providing services to infants within the thirty day window. To reduce confusion and payment complications, the AAFP suggested it would be best to exclude newborn care from this episode.

anticompetitive impact of the acquisition."