

September 30, 2016

On the Horizon ...

- * Next week, the AAFP leadership will be in Washington, DC for meetings with key opinion leaders and policy makers.
- * Both Chambers of Congress are expected to adjourn and reconvene November 14.

U.S. CONGRESS

1. TEACHING HEALTH CENTERS

On Wednesday, September 28, Rep. Dave Reichert (R-WA) introduced a bipartisan [resolution](#) in the House (H.Res. 899), expressing “the sense of the House of Representatives that the Teaching Health Center Graduate Medical Education (THCGME) Program should be protected and sustained.” Rep. Reichert was joined by Reps. Earl Blumenauer (D-OR), Cathy McMorris Rodgers (R-WA), and Niki Tsongas (D-MA). The four cosponsors of the resolution issued a joint [media release](#) that includes a statement of support from AAFP President John Meigs, Jr., MD. The resolution recognizes that THCGME is a unique program that is dedicated exclusively to primary-care training, and “is helping to meet the need of increasing the number of physicians choosing to practice primary care, to provide care to underserved populations, and to locate in rural and underserved communities.” The resolution further emphasizes that THCGME funding is “unstable in its current form.” While aspirational in nature (rather than a bill which could create binding law), the resolution will serve as an opportunity for lawmakers to express support for the THCGME program during the balance of 2016, while Congress takes more concrete steps to stabilize and act on AAFP’s advocacy to make the program permanent in 2017.

2. PRESIDENT SIGNS STOPGAP BILL, FUNDING ZIKA AND PREVENTING SHUTDOWN

On September 28, both the House (342-85) and Senate (72-26) passed the stop-gap continuing resolution or “CR” for FY 2017 (HR 5325) as urged by the AAFP in a [letter](#) dated September 12. The CR sustains federal government operations through December 9 with a 0.5% across-the-board cut. The CR provides \$1.1 billion to combat the Zika virus and also provides for the initial implementation of the *Comprehensive Addiction and Recovery Act* (CARA, PL 114-198) by including a higher rate of operations funding through December 9 for the Departments of Justice and Health and Human Services (HHS). President Obama signed the CR September 29. Congress must reconvene to finalize the remaining FY 2017 spending after the election.

3. FLINT LEAD POISONING RELIEF FUNDING IS ONE STEP CLOSER TO REALITY

On September 28, the House approved an amendment to the *Water Resources and Development Act* (HR 5303) to authorize \$170 million for Flint, Michigan’s water infrastructure repairs to address the city’s lead poisoning crisis. Rep. Dan Kildee (D-MI) urged action to address the needs of passed by a vote of 281-141. Policy makes complained that Congress prioritize the needs of Flint residents because of the long lapse in responding to the crisis. Flint residents have suffered from exposure to contaminated water for over a year without federal assistance. On September 16, the Senate approved a \$220 million amendment for Flint and

other local water infrastructure repairs. The amendment also authorizes lead poisoning prevention and health initiatives within HHS, the Department of Housing and Urban Development, and the Environmental Protection Agency. The AAFP supported Flint crisis [funding](#) when it came up for debate earlier this year. Congressional leaders agreed to finalize Flint relief funding when they reconvene later in the year.

THE EXECUTIVE BRANCH

1. SAMHSA FINALIZES MAT REPORTING REQUIREMENTS

On September 27, the Substance Abuse and Mental Health Services Administration (SAMHSA) published a [final rule](#) on Medication Assisted Treatment (MAT) for Opioid Use Disorders Reporting Requirements. The AAFP [wrote](#) to SAMHSA to express concerns about the potential administrative burden in the proposed MAT Reporting Requirements. SAMHSA recognized that the reporting requirements as proposed were too burdensome and dropped some of the requirements. The AAFP suggested alternative ways to meet the goals of the reporting requirements including state Prescription Drug Monitoring Program and insurance claims data, but HHS will not collect the data using those approaches. AAFP has long called for increasing the MAT cap and applauded SAMHSA for finalizing policy to increase the MAT cap to 275 patients.

2. AAFP COMMENTS ON VA PROPOSED RULE REGARDING HIV AND SICKLE CELL

The AAFP sent the Department of Veterans Affairs (VA) a [letter](#) on September 28 that fully supported a VA proposal to remove a restriction on protecting negative test results for the human immunodeficiency virus (HIV) and sickle cell anemia. The AAFP response agreed with the VA regulation that HIV testing is a common practice today in healthcare and the stigma of testing that may have existed when HIV was first discovered is no longer prevalent. The AAFP also agreed with the VA that continuing to protect negative HIV tests causes delays and an unnecessary burden to veterans, especially when sharing electronic medical information with veterans' outside providers for their treatment through health information exchange efforts.

3. FAMILY PHYSICIANS NOMINATED TO CDC HEALTH DISPARITIES SUBCOMMITTEE

On September 28 the AAFP nominated Shannon Dowler, MD, FAAFP, Shani Muhammad, MD, FAAFP, and Alvia Siddiqi, MD, FAAFP to fill vacancies on the Centers for Disease Control and Prevention's (CDC) Advisory Committee to the Director, Health Disparities Subcommittee. The CDC's Health Disparities Subcommittee provides interdisciplinary perspectives and subject matter expertise to the goal of reducing health disparities.

4. DEPARTMENT OF TRANSPORTATION RESPONDS TO AAFP REQUEST

On August 25, the Federal Motor Carrier Safety Administration, an agency within the U.S. Department of Transportation, sent the AAFP a [letter](#) responding to AAFP [correspondence](#) sent July 15, 2015. The AAFP had urged the FMCSA to address an oversight in guidance to applicants for the Federal Diabetes Exemption Program which does not allow board-certified family physicians to examine applicants and complete the evaluation checklist they need for the program. Instead, the guidance states, "The applicant must be examined by a physician who is a board-certified or board-eligible endocrinologist." In the FMCSA response, the agency referenced receiving similar feedback and a proposal to allow the "treating clinician [to] be a Doctor of Medicine, a Doctor of Osteopathy, a Nurse Practitioner or a Physician's Assistant who prescribed insulin to the driver and is knowledgeable regarding the treatment of diabetes."

5. CMS ISSUES COVERAGE ANALYSES ON HBV INFECTION SCREENING

On September 28, CMS posted a final decision [memo](#) that determined that evidence is sufficient to conclude that screening for Hepatitis B Virus (HBV) infection is consistent with the grade A and B recommendations by the U.S. Preventive Services Task Force (USPSTF), thus the screening is reasonable and necessary for the prevention or early detection of an illness or

disability and is appropriate for individuals entitled to benefits under Part A or enrolled under Part B. The AAFP called for this coverage in a February 15 [letter](#) to CMS

6. REGULATORY BRIEF

- On September 22, the GAO [named](#) two new members to the Patient-Centered Outcomes Research Institute Board of Governors.
- On September 26, the GAO released a [report](#) indicating that HHS needs to strengthen security and privacy guidance and oversight for electronic health information.
- On September 26, CMS [announced](#) that the agency would soon begin distributing letters to the Physician Quality Reporting System (PQRS) individual eligible professionals (EPs), EPs providing services at a Critical Access Hospital (CAH) billing under method II, and group practices, regarding the 2017 PQRS negative payment adjustment.
- On September 26, CMS [announced](#) that the 2015 Physician Quality Reporting System (PQRS) Feedback Reports and 2015 Annual Quality and Resource Use Reports (QRURs) are available. CMS is accepting an informal review of 2015 PQRS results and/or 2017 Value Modifier calculation during the informal review period between September 26 and November 30.
- On September 26, ONC released two new resources to help health care providers implement and use health IT. The [Health IT Playbook](#) offers implementation strategies, recommendations and best practices from a variety of clinical settings. The electronic health record [contracting guide](#) offers strategies to help providers compare EHRs and negotiate key terms with EHR vendors.
- On September 27, HHS [launched](#) a campaign for young adults during Open Enrollment.
- On September 28, HHS [announced](#) the winners of a challenge to improve the medical bill for patients.
- On September 29, CMS [awarded](#) \$347 million to 16 national, regional, or state hospital associations, Quality Improvement Organizations, and health system organizations to continue efforts in reducing hospital-acquired conditions and readmissions in the Medicare program.
- CMS will host the following free educational calls; [registration](#) is required:
 - Emergency Preparedness Requirements Call, Oct. 5, 1:30pm ET
 - IMPACT Act: Data Elements and Measure Development Call, Oct. 13, 1:30 pm ET
 - 2015 Supplemental QRUR Physician Feedback Program Call, Oct. 20, 1:30 pm ET
 - How to Report Across 2016 Medicare Quality Programs Call, Nov. 1, 1:30 pm

CENTERING ON THE STATES

1. MEDICAID EXPANSION IN 2017

Medicaid Expansion continues to be an area of concern for the 19 states that have not expanded Medicaid. On Wednesday, September 28, Idaho's Healthcare Alternatives for Citizens Below 100% of Poverty Level Committee met to discuss Medicaid expansion alternatives. On Thursday, September 29, Utah's Health Reform Task Force met to receive updated estimates of the cost and coverage impacts of expanding Medicaid eligibility. In other Medicaid news, this week the Urban Institute and the Robert Wood Johnson Foundation published a [report](#) on veterans' coverage under the ACA. The report finds that more than 604,000 veterans will be uninsured in 2017 and that 54% will be living in states that have yet to expand Medicaid. Additionally, in August, the Georgia Chamber of Commerce's healthcare task force released a [report](#) detailing three potential Section 1115 Medicaid waivers for expansion.

2. ALABAMA AFP ACHIEVES MEDICAID PARITY SUCCESS

Due to a \$85 million budget shortfall, a 30% cut in Medicaid reimbursements went into effect on Aug. 1 after state lawmakers slashed Alabama Gov. Robert Bentley's initial Medicaid budget request. The Alabama Academy of Family Physicians has been advocating on this issue and achieved success on September 7 when the Legislature passed a bill to close the 2017 budget gap and provide additional funding for Medicaid in 2018. With that resolved, the Medicaid parity

pay increase will be reinstated October 1. Medicaid provides coverage for an estimated 1.2 million Alabama residents, including 50% of children and 60% of individuals in nursing homes.

3. HEALTH INSURANCE AND VACCINE EXEMPTION RESOURCES AVAILABLE

The AAFP Center for State Policy has released two new resources on [Health Insurance Marketplaces](#) and [Vaccine Exemptions](#). These resources aim at helping chapters as they continue to advocate on behalf of family medicine.

FamMedPAC

Closing in on \$1 million

FamMedPAC made \$920,200 in campaign donations so far in this election cycle. With Congress returning in December for a lame-duck session, it is likely that the PAC will reach \$1 million in campaign contributions by the end of the year. For comparison, the PAC made \$783,000 in campaign contributions during the 2013-2014 cycle. The PAC supported the following candidates this week:

- **Rep. Joe Courtney (D-CT)**, the Co-Chair of the House Primary Care Caucus.
- **Rep. Lynn Jenkins (R-KS)**, a member of the Health Subcommittee of the House Ways and Means Committee, Rep. Jenkins is also a member of the House Primary Care Caucus.
- **Rep. Elliot Engel (D-NY)**, a member of the Health Subcommittee of the House Energy and Commerce Committee.
- **Rep. Eric Paulsen (R-MN)**, a member of the House Ways and Means Committee.
- **Sen. Chuck Grassley (R-IA)**, a member of the Health Subcommittee of the Senate Finance Committee.

TAKE ACTION

AAFP Grassroots

Following the Launch of the [Family Physician Action Network](#) at CoD, more members continued to register, and AAFP continues to add more user tools to the site. Network members will now have access to an online community platform where they can discuss and organize around legislative issues. This will allow for a more efficient coordination of Speak Outs, Social Media campaigns, and awareness campaigns. The Network has 322 members, including 186 Key Contacts. Click [here](#) to learn more about the Network and join today.