

June 30, 2017

On the Horizon ...

* The Congress has adjourned for the Independence Day recess to reconvene in the week of July 11.

TAKE ACTION

1. Tell the Senate to Reject the Better Care Reconciliation Act

The Senate's bill to replace the *Affordable Care Act* would strip health care coverage from millions of Americans and leave millions more facing dramatically higher costs. Family physicians must make their voices heard – now is the time! The AAFP urges the Senate to reject this legislation and pass bipartisan reforms to preserve coverage for all Americans. The best way to make a meaningful impact is to call your Senators today. Please click [here](#) to find your Senators' contact information and a script you can use to make your voice heard.

U.S. CONGRESS

1. Senate Postpones Action on Better Care Reconciliation Act

After unveiling the *Better Care Reconciliation Act* on Thursday, June 22, the Senate on Tuesday postponed a highly anticipated vote on the bill that was expected to occur this week, in advance of the July 4 recess. Instead, the Senate has adjourned without taking action on the bill, and without securing commitments from the 50 Senators necessary to pass the measure (under budget reconciliation, the Senate can pass the bill with 50 Senators and a tie-breaking vote from the Vice President). While the fate of the bill remains highly uncertain, this week's postponement diminishes momentum behind the bill and is therefore an advocacy victory for family medicine. Unresolved differences among Senate Republicans persist surrounding numerous issues, such as (1) determining the scope of financial risk that will be shifted from CMS to state Medicaid programs, (2) how many additional resources to devote to combat the opioid addiction epidemic, (3) whether Planned Parenthood will remain an eligible Medicaid provider, and (4) whether to expand the use of Health Savings Accounts to include health insurance premiums. Senate Republicans are expected to continue negotiating modifications to the bill in coming weeks in an effort to secure enough votes to pass the bill before the August recess. If the Senate succeeds, further action in the House of Representatives would then be required in order for the GOP health proposal to be sent to the White House and signed into law.

2. AAFP Leads Delegation of Primary-Care Leaders in Washington

On Wednesday, June 28, AAFP President-Elect Mike Munger, MD participated in a primary-care leadership advocacy event in the U.S. Senate, designed to convey to Senate Republicans that America's primary-care physicians continue to harbor grave concern about the projected impact of the BCRA on health insurance coverage. Participating along with Dr. Munger were Fernando Stein, MD (President, American Academy of Pediatrics), Jack Ende, MD (President,

American College of Physicians), Haywood Brown, MD (President, American Congress of Obstetricians and Gynecologists), Renee Binder, MD (Board Member, American Psychiatric Association), and Boyd Buser, DO (President, American Osteopathic Association). The 6 primary care leaders—whose organizations collectively represent over 560,000 physicians—met with 6 Republican Senators and staff; each is believed to be reviewing the BCRA with skepticism. The 6 leaders also held a press conference in the Capitol Visitors Center that received national press coverage. Senators Maggie Hassan (D-NH) and Debbie Stabenow (D-MI) also made statements at the press conference.

3. AAFP President Meets New Ways and Means Health Subcommittee Member

On Wednesday, June 28, AAFP President John Meigs, MD, met with Rep. Terri Sewell (D-AL), in her Capitol Hill office. Rep. Sewell, who in January became a member of the Ways and Means Subcommittee on Health, had invited Dr. Meigs to her Washington office to express her desire to develop an ongoing working relationship with the AAFP—in particular to enlist the AAFP for support in her goal of advancing policies to improve access to health-care services for constituents in her Alabama district. Dr. Meigs, who practices in Centreville, AL, offered the AAFP's expertise as an ongoing resource to help support her efforts to be an effective voice for primary care on the Ways and Means committee.

4. House Passes Medical Liability Reform Legislation

The House passed, in a 218-210 vote, the *Protecting Access to Care Act of 2017* ([H.R. 1215](#))—legislation that would limit medical malpractice lawsuits by instituting a three-year statute of limitations on medical malpractice claims from the date of an injury and capping noneconomic damages at \$250,000 for patients whose coverage is provided by the federal government in some way. This includes those enrolled in Medicare or Medicaid, people receiving federal subsidies for insurance in the individual market, government employees, and veterans. AAFP sent a [letter](#) in support of the legislation earlier this year to the bill's lead sponsor, [Rep. Steve King \(R-IA\)](#). House Democrats unanimously opposed the bill, while 19 Republican voted against the bill—most of whom were conservative Freedom Caucus members who have concerns that the legislation would impose a single national standard on the states. The legislation would also institute a fair-share rule in which a defendant in a lawsuit would be liable only for the percentage of the final award that was equal to his or her share of responsibility for the injury; implement sliding-scale limits on the contingency fees that lawyers can charge; and provide a safe harbor from product liability litigation for health care providers who prescribe or dispense products approved by the Food and Drug Administration (FDA). The bill is not expected to clear the Senate.

5. Health Subcommittee Hearing Spotlights CHIP and Community Health Center Funding

On June 23, the House Energy and Commerce Subcommittee on Health held a [hearing](#) entitled “Examining the Extension of Safety Net Programs.” The discussion focused primarily on the Children's Health Insurance Program (CHIP) and Community Health Center funding—both of which will expire on September 30 without further action from Congress. The AAFP submitted a [statement](#) for the record regarding these issues.

During the hearing, policymakers highlighted the importance of both Medicaid and CHIP for children's health care. Health Subcommittee chairman Rep. Michael Burgess (R-TX)—a physician—commented on the importance of reauthorizing CHIP and the need to consider ways to make the program more efficient. Committee Chair Greg Walden (R-OR) expressed concerns about whether Congress could continue the CHIP program's enhanced [match](#) rate. Rep. Gene Green (D-TX) commented on the fact that Medicaid and CHIP are intertwined programs. Rep. Doris Matsui (D-CA) asked hearing witnesses about the importance of Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) services. Rep. Ben Ray Lujan (D-NM) shared comments from medical associations urging Congress not to cut Medicaid funding, that help provide essential health care and generates 40 percent of the patient revenue to community

health centers. The AAFP has been actively [urging](#) Congress to act swiftly to reauthorize and fully fund both CHIP and THCGME, before September 30.

6. House Subcommittee Approves Human Trafficking and Oral Health Bills

On June 29, the House Energy and Commerce Subcommittee on Health approved a series of public health bills including HR [767](#), the *Stop, Observe, Ask, and Respond Act* (SOAR), introduced by Rep. Steve Cohen (D-TN), to provide training for health professionals in order to better identify victims of human trafficking. The AAFP wrote a [letter](#) of support for this legislation in 2015 and staff will review the current bill for potential support. In addition, the Committee approved HR [2422](#), the *Action for Dental Health Act*. The legislation, authored by Rep. Robin Kelly (D-IL), reauthorizes oral health promotion programs and grants to support dental workforce programs.

CENTERING ON THE STATES

1. Bills of Interest

The following bills introduced in the states are of interest to family medicine:

- **Medicaid Payment** – [Legislation](#) has been introduced in the North Carolina House that would reimburse providers 90% of Medicaid fee-for-service rates if they are not in the network of a Medicaid pre-paid health plan (PHP).
- **Medical Liability** – New York Gov. Anthony Cuomo (D) is considering [legislation](#) that would permit claims of malpractice in cases involving diagnosis of cancer to be filed within seven years of the date of discovery of an alleged incident. This is a NY-AFP priority bill.
- **Prescription Drug Abuse** – On July 5th, the California Senate Health Committee will hold a hearing to examine [legislation](#) that would authorize certain counties to operate supervised injection-services programs, in which people suffering from drug addiction can safely consume drugs (under the supervision of healthcare professionals or other trained staff), and get access to referrals to addiction treatment. The bill, which has passed the California Assembly, aims to help reduce overdose deaths.

2. AAFP Individual Fact Sheets Available for State Impact of BCRA

The AAFP Center for State Policy has updated fact sheets to include the projected impact that passage of the *Better Care Reconciliation Act* would have on each state. The resources include data on the projected loss of coverage, premium increases, and other useful BCRA statistics. To view this resource visit our [policy makers website](#) and click your state on the health landscape map.

3. Governors Weigh in on BCRA

On June 26, the National Governors Association sent a [letter](#) to U.S. Senate Majority Leader Mitch McConnell (R-KY), urging the Senate to give Governors sufficient time to review and react to pending health-care reform legislation. The letter points out that governors are largely “responsible for carrying out new reforms,” and it is thus “critical that any changes to Medicaid and the private health insurance market reflect states’ experience as major health care purchasers, regulators, and administrators.”

On June 26, Louisiana Gov. John Bel Edwards (D) sent Louisiana Senators Bill Cassidy (R) and John Kennedy (R) a [letter](#) expressing opposition to BCRA. Gov. Edwards argues that BCRA will “result in loss of coverage,” and “punish” Louisiana for “running a lean Medicaid program.” The letter also notes that BCRA “effectively eliminates our state’s Medicaid expansion resulting in hundreds of thousands of Louisianans losing lifesaving access to primary and diagnostic care.”

On June 27, New Hampshire Gov. Chris Sununu (R) sent Senate leadership a [letter](#) of opposition for the Better Care Reconciliation Act stating the legislation will lead to cuts in eligibility, loss of coverage, or significant increases in state taxes.

EXECUTIVE BRANCH

1. AAFP President Participates in Administrative-Burden Roundtable with HHS Secretary

On Wednesday, June 28, AAFP President John Meigs, MD, participated in a closed-door roundtable discussion in Washington with Secretary of Health and Human Services (HHS) Tom Price, on the topic of regulatory burden on physicians and providers. Secretary Price, a physician, has made provider burden a renewed focus for the Department since his February confirmation. Dr. Meigs communicated to Dr. Price two of the AAFP's top issues in this area—the burden of prior authorization, and the burden of CPT documentation guidelines for evaluation and management services. Other participants in the discussion included the American College of Physicians and the American College of Emergency Physicians, among others.

2. AAFP initial summary of 2018 proposed rule regarding the Quality Payment Program

On June 20, the Centers for Medicare & Medicaid Services (CMS) released a [proposed rule](#) regarding the 2018 Quality Payment Program (QPP). As part of this release, the agency also released a [press release](#) and a detailed [fact sheet](#). After the regulation was released, the AAFP released a [statement](#). *AAFP News* released an initial [article](#). The AAFP also released an [Executive Summary](#) of the proposed rule. Comments on the regulation are due to CMS on August 21. The AAFP is reviewing the proposed changes and will formally comment on this major regulation.

3. Family physician nominated to a Veterans Affairs advisory committee

In a letter sent June 28 to the Department of Veterans Affairs, the AAFP nominated Kimberly W. Roman, MD to serve on the VA's Advisory Committee on Women Veterans. The committee provide advice regarding the administration of VA's benefits and services for women Veterans and the needs of women Veterans.

4. FDA urged to immediately enforce food nutrition labeling laws

The AAFP sent a June 28 [letter](#) to the FDA in response to another extension in the compliance date for nutrition labeling of standard menu items in restaurants and similar retail food establishments. After citing that obesity is rampant and that in the past 30 years, the occurrence of overweight in children has tripled, the AAFP comment letter expressed concern that the FDA again extended the compliance date for requiring disclosure of nutrition information for standard menu items in many restaurants. The AAFP called for the FDA to immediately act and enforce this important step without further delay. However, on June 29 the FDA announced another 30-day extension for comments.

5. Family physician selected to CMS Outpatient Outcome Measures panel

On May 8, the AAFP nominated Amy Mullins MD, CPE, FFAFP, the Medical Director for Quality Improvement within the AAFP, to a CMS advisory panel. On June 28, CMS selected her to participate on the Technical Expert Panel for the project entitled "Development and Reevaluation of Outpatient Outcome Measures for the Merit-based Incentive Payment System."

6. Regulatory Brief

- On June 26, the Government Accountability Office (GAO) released a [report](#) titled, "Physician Workforce: Locations and Types of Graduate Training Were Largely Unchanged, and Federal Efforts May Not Be Sufficient to Meet Needs."