



# GOVERNMENT AFFAIRS WEEKLY

---

AAFP Division of Government Relations — 2021 Massachusetts Avenue, NW — Washington, DC

---

June 8, 2007

## IN THIS REPORT...

1. Family Physician on MedPAC
2. Medical Home in State Governments
3. Family Medicine Training Supported in House Subcommittee
4. House Committee Targets Medicare Advantage
5. FamMedPAC Grows to Nearly \$200,000
6. Key Contacts Reach Two-Thirds of Congress
7. Of Interest to Family Physicians...
  - Economic Issue Brief Prepared for Chapters
  - Health Information Technology Training in the House
  - House Clears Stem Cell Bill, Bush to Veto Bill

## 1. AAFP MEMBER APPOINTED

AAFP member, Dr. Tom Dean of Wessington Springs, South Dakota, has been appointed to the Medicare Payment Advisory Commission (MedPAC), a 17-member independent federal body established to advise Congress on issues affecting the Medicare program. Dr. Dean is currently vice president of the South Dakota Academy of Family Physicians and a former president of the National Rural Healthcare Association. He serves as chief of staff at Avera Wesskota Memorial Medical Center in Wessington Springs, and is on the board of Avera Health Plan, the Bush Foundation Medical Fellowship. In 1994, Dr. Dean received the Dr. Robert Hayes Memorial Award for outstanding rural health provider. He has served the Wessington Springs community for the past 28 years.

MedPAC advises Congress on payments to private health plans participating in Medicare and providers in Medicare's traditional fee-for-service program. MedPAC also analyzes access to care, quality of care, and other issues affecting Medicare.

In recommending Dr. Dean for the post, Rep. Stephanie Herseth-Sandlin (D-SD) said, "Dr. Dean has practiced for thirty years in rural settings as a family medicine specialist. He grew up in a rural community and has served in the National Health Service Corps. His publications cover a range of topics in rural medicine, including quality of care, obstetrical care, the role of state government, small rural hospitals, and community oriented primary care."

## 2. CHAPTERS PURSUE MEDICAL HOME MODEL

Chapter activity around the medical home has increased in the past two weeks. The latest entry is **Kansas**, which requested chapter support on June 8 to present the

CCNC model as a positive solution to address Medicaid reform. The **Indiana** Secretary of Family and Social Service Administration, Mitch Roob, has organized a series of town hall meetings and stakeholder focus groups to discuss the future of health care in the state. The chapter will have a family physician at each task force meeting to be held in nine cities across the state. Each physician will bring the CCNC model of patient-centered medical home care to the meeting. **West Virginia** is applying for a grant to run a medical home pilot program after extensive meetings and conversations with members of the legislative, executive, regulatory branches, as well as other stakeholders. **Colorado** Senate Bill 130, signed by the governor on May 31, codifies the principles of the Patient-Centered Medical Home as a model for children's health care. This specific reference was actively pursued by the CO-AFP. **Massachusetts** Sen. Moore has introduced a health care reform measure that defines the medical home and provides for pilot programs. Sen. Moore was a speaker at the 2006 State Legislative Conference and continues to support family medicine. The MA-AFP is working with the senator to revise language to include the whole-person orientation in the definition. Medical home legislation filed in **Louisiana** is being watched closely by the LA-AFP.

### **3. NEARLY \$50 MILLION FOR FAMILY MEDICINE TRAINING**

On Thursday, June 7, on a bipartisan voice vote, the House Appropriations Subcommittee approved the fiscal 2008 spending bill to fund the departments of Labor, Health and Human Services and Education. HHS funding would total \$68.2 billion, up \$4.1 billion, or 6.5 percent, over fiscal 2007 and \$5 billion more than the President's request. The bill will be considered by the full Committee next week and should be before the House during the week of June 18. Key funding provisions include:

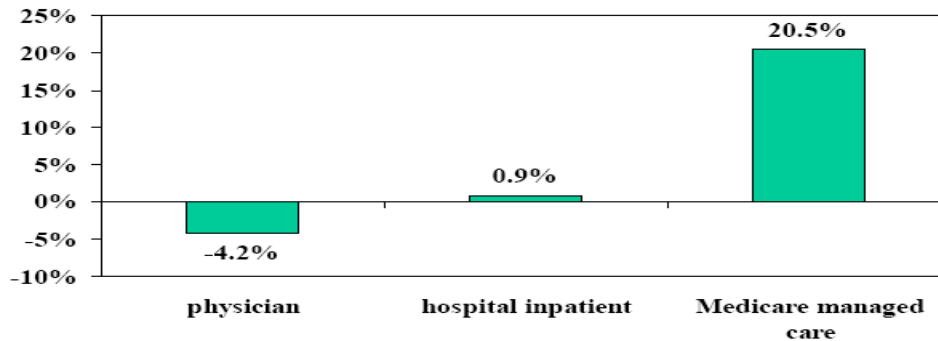
- \$228.2 million for Title VII Health Professions under HRSA up from \$184.7 million in the FY07 bill and well above the President's request of \$10 million. Section 747, the Primary Care Medicine and Dentistry Cluster was restored to the FY07 level of \$48.9.
- \$29.6 billion for the National Institutes of Health, a boost of \$750 million, or 2.6 percent, and \$1 billion above the President's request.
- \$1.1 billion for pandemic flu preparedness, up \$1 billion over FY07.
- \$2.2 billion for Community Health Centers, a \$200 million, or 10.1 percent, increase and \$200 million more than the President's request.
- \$6.4 billion for the Centers for Disease Control and Prevention, up \$246 million, or 4 percent, and \$466 million above the administration's budget.
- \$329 million for AHRQ, \$10 million above FY07. As in the President's request, the bill includes \$78.9 million for patient safety and HIT research (a \$5 million decrease) and \$55.3 million for MEPS. The bill would not fund the President's new personalized health care initiative. It doubles AHRQ's comparative effectiveness research budget to \$30 million.
- \$144.8 million for rural health programs, a \$16.2 million, or 12.6 percent, increase and \$120 million more than the President's request.

### **4. MEDICARE ADVANTAGE PROGRAMS UNDER FISCAL PRESSURE**

In its search for funds in the federal budget to offset increases in children's health insurance and physician payments, the House Energy and Commerce Committee has

focused on reducing what many of its Democratic members consider to be surplus payments to Medicare Advantage Plans. The following graph illustrates the Committee's view of the disparities between payments to different providers in the past year.

## FAIRNESS GAP 2008 Growth in Provider Payments



Source: Fact Sheet for CBO's March 2007 Baseline  
Prepared by the Committee on Energy and Commerce Staff

May 22, 2007

The committee's Democratic leaders hope to reduce these payments to private Medicare managed care plans by as much as 12 percent. However, Republican members object to reductions in Medicare Advantage, because they view the plans as more efficient than federal fee-for-service. Whether the committee members can resolve this disagreement will determine if Congress can prevent next year's 10-percent cut in Medicare payments to physicians

### 5. FamMedPAC HAS NEARLY 600 DONORS

The PAC has received \$191,150 in donations from 597 AAFP members. The average donation is \$320. The PAC has contributed a total of \$141,500 to 51 candidates and committees. Contributions have been made to 31 Democratic candidates and committees, and to 20 Republican candidates and committees.

Government Relations staff attended events for these Congressional legislators:

- Rep. Mike Rogers (R-MI). Rep Rogers is a member of the Healthcare Subcommittee of the House Committee on Energy and Commerce.
- Rep. Steve Buyer (R-IN). Rep. Buyer is a member of the Healthcare Subcommittee of the House Committee on Energy and Commerce.
- Rep. Roy Blunt (R-MO). Rep Blunt is a member of the Republican leadership in the House, serving as Minority Whip.

### 6. GRASSROOTS PROGRAM UPDATE

- This week, AAFP Government Relations staff began working with the Marketing department on branding the AAFP Grassroots program (which includes Key Contacts).

- As of June 8, we have at least one AAFP Key Contact for **361** of the 536 federal legislators. That is, 67 percent of the U.S. Senators and Representatives have a family physician serving as a Key Contact.

House	271 / 436 (62%)
House Key Committees & Leadership	124 / 174 (71%)
Senate	90 / 100 (90%)
Senate Key Committees & Leadership	61 / 66 (92%)

## 7. OF INTEREST TO FAMILY PHYSICIANS...

- Economic Impact Issue Brief**  
 Chapter response to the *Economic Impact of Family Physicians* has been overwhelmingly positive. The brief answers the question of “Who are family physicians?” and demonstrates the economic benefits generated by family physicians in the state. Each brief contains a map that shows the distribution of family physicians over HPSA
- Research and Training in Health Information Technology**  
 On Wednesday, June 6, the House approved the *10,000 Trained by 2010 Act* (H.R. 1467), which would authorize nearly \$100 million for four health IT grants administered through the National Science Foundation with the goal of training 10,000 new health IT professionals by 2010. However, more extensive legislation that would support broader use of health information technology in physician practices has stalled due to the press of other business and disagreements over privacy protections.
- House Sends Stem Cell Bill to Bush for Certain Veto**  
 Yesterday, the House cleared legislation (S. 5) to expand federal funding of embryonic stem cell research on a vote of 247-176. The bill would allow research funding on stem cells from surplus embryos discarded by fertility clinics. The President has pledged to veto the bill as he did last summer with a similar measure. The Senate, which passed the bill, 63-34, on April 11, will take the first shot at overriding the veto