

December 7, 2007

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### 1. FAMILY PHYSICIANS RALLY FOR MEDICARE PAYMENT

On Tuesday, December 4, the AAFP sent an email from Dr. King to all active Academy members asking them to participate in a second Virtual Rally on Capitol Hill Dec. 4, 5 and 6. Using the AMA grassroots hotline, members called their senators to ask that Congress provide a positive multi-year payment update that does not add to the growing deficit.

### 2. HOUSE PLANS ACTION ON APPROPRIATIONS EARLY NEXT WEEK

AAFP President, Jim King, MD and the presidents of the four groups that make up the Academic Family Medicine Advocacy Alliance wrote to Congressional leaders as well as House and Senate appropriators in support of Title VII primary care family medicine training grants. The final catch-all appropriations bill will be unveiled Monday and be brought up for consideration by the House of Representatives on Tuesday. It is reported to include an increase in discretionary spending of \$11 billion. The Congress had initially proposed to spend \$23 billion above the president's budget request, but Democrats have sliced \$10.6 billion in hope of a compromise on the 11 unfinished appropriations bills. The bill to fund the Departments of Labor, HHS, and Education is said to have absorbed a cut of about \$3 billion.

Complicating the consideration of the omnibus bill are issues around the funding for the wars in Iraq and Afghanistan. The House leadership has provided \$30 billion for the Afghanistan conflict and \$7 billion in emergency funding for Republican favorites such as energy assistance for low-income families, but nothing for the Iraq War.

The House Democratic leadership has said that if this omnibus is not successful, they will pass an omnibus bill that reflects the president's budget rather than pass a year-long stopgap funding bill known as a Continuing Resolution. The president's budget for FY08 proposed to eliminate Title VII health professions training grants.

### 3. E-PRESCRIBING BILL INTRODUCED

On December 5, Sen. John Kerry (D-MA) and Rep. Allyson Schwartz (D-PA) introduced the *Medicare Electronic and Safety Protection (E-MEDS) Act*. The bill would provide bonuses to individual physicians who used electronic prescribing. Specifically, the one-time bonus payment would be \$2,000 in 2008 and 2009; \$1,500 in 2010 and 2011; and \$1,000 in 2012 or a subsequent year. In addition, if physicians used e-prescribing at an undefined "threshold volume," they would receive a 1-percent increase in their E & M codes. Rural physicians would

receive the bonus on top of their other rural-related bonuses. If a certain percentage of physicians were not e-prescribing after 2011, the precise number to be determined by CMS, the bill would impose a penalty of a 10-percent reduction on some Medicare drug payments.

#### **4. OKLAHOMA PURSUES PATIENT-CENTERED MEDICAL HOME**

Members and staff of the Oklahoma AFP met with Rep. Doug Cox (R) to discuss the introduction of a resolution to education legislators on the Patient Centered Medical Home and recommend the legislature study or investigate it further. Sen. Connie Johnson (D) is willing to introduce a resolution on the Senate side as well. Sen. Johnson sponsored the CSG Resolution on the PCMH and Rep. Cox is a family physician and member of the AAFP. The Oklahoma AFP is also meeting with the Insurance Commissioner because of her suggestion at a recent Oklahoma County Medical Society meeting that the PCMH be used as a model to improve health care.

#### **5. OF INTEREST TO FAMILY PHYSICIANS...**

- **ANATOMIC PATHOLOGY LEGISLATION**

Missouri is the first state to see a re-filing of bill that would restrict the use of CPT codes used to bill for anatomical pathology procedures. Staff is updating the issue brief on the subject and working directly with Missouri on this issue.

- **TEXAS SEEKS MEDICAID WAIVER TO EXPAND COVERAGE**

The State of Texas submitted to the Centers for Medicare and Medicaid Services (CMS) a waiver proposal that will allow the state to establish a new "Health Opportunity Pool." The Health Opportunity Pool would be open to uninsured low-income adults over the age of 19 and help connect them to private insurance plans. Proposed funding for the program comes from a reallocation of Disproportionate Share Hospital payments, funds to help hospitals cover the cost of treating un- or underinsured patients. This new program, a Dirigo-lite (Maine's universal coverage program), will charge premiums for presumably bare bones insurance plans for those without access to coverage, and help those with access to coverage (through an employer, for example) purchase available plans. An estimated 2.1 million Texans will be eligible for this program which will be financially-capped and open on a first-come, first-served basis.