



The New Administration, Congress, and Family Medicine

What the new legislative landscape
means for family physicians



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

Today's Speakers

Shawn Martin | **Senior Vice President, Advocacy, Practice Advancement & Policy**
American Academy of Family Physicians



Shawn Martin is the senior vice president, advocacy, practice advancement and policy at the AAFP, and is responsible for overseeing the AAFP Division of Government Relations and the Robert Graham Center for Policy Studies in Family Medicine and Primary Care in Washington, DC, as well as the Division of Practice Advancement at the AAFP headquarters in Leawood, Kansas. In this role, he directs legislative and private sector advocacy on issues such as physician payment and medical liability reform. A native of Oklahoma, Martin earned his Bachelor of Science degree in business administration and marketing from Phillips University in 1992.

Conrad L. Flick, MD | **Managing Partner & Family Physician**
Family Medical Associates of Raleigh



Conrad L. Flick, MD, FAAFP, has practiced in Wake County, North Carolina for over 25 years where he practices full time and is a managing partner of a ten provider family medicine group, Family Medical Associates of Raleigh. He currently serves as a physician consultant to Community Care of North Carolina (CCNC), the Medicaid organization in the state, as well as serving as the chair of the Operations and Finance Committee on his local Accountable Care Organization Board of Directors. Conrad received his undergraduate degree from North Carolina State University and his medical degree from Duke University School of Medicine before completing his Family Medicine residency at Wake Forest University.

Today's Speakers

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- Outline the new legislative landscape
- Summarize the proposed policies of the Trump Administration and the 115th Congress

Conrad L. Flick, MD | **Managing Partner & Family Physician**
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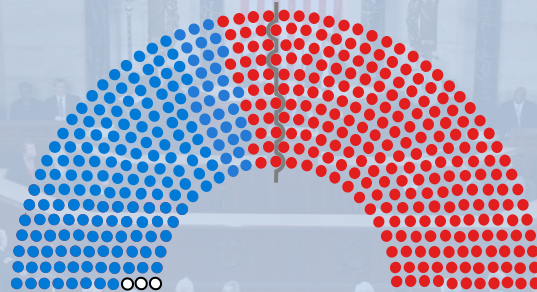
- Describe how proposed policies affect family physicians
- Detail how you can make a meaningful impact on future health policy

114th Congress

US House

186 Dems

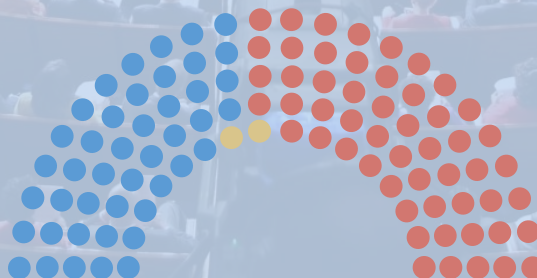
246 Reps



US Senate

44 Dems

54 Reps

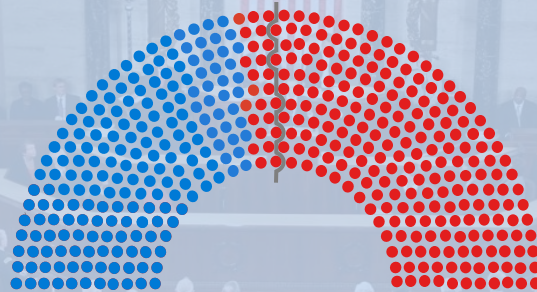


115th Congress

US House

193 Dems
+7

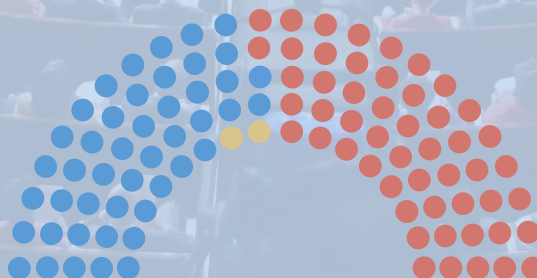
238 Reps
-8



US Senate

46 Dems
+2

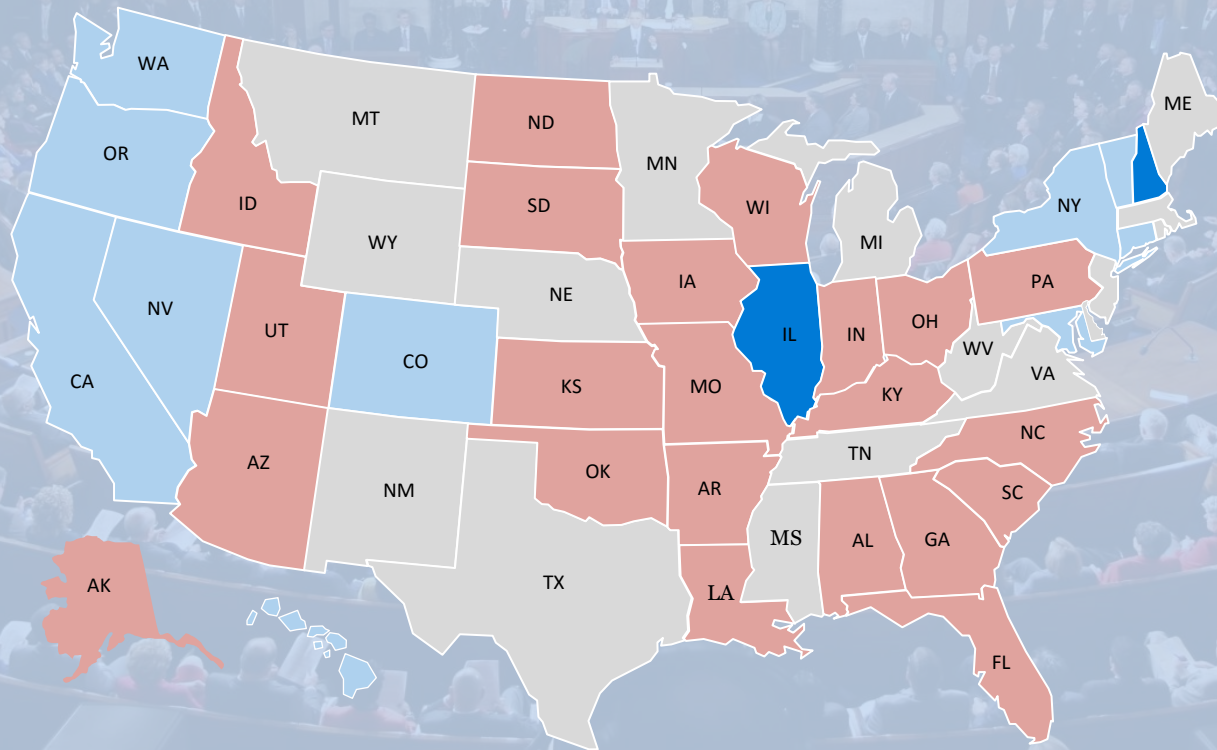
52 Reps
-2



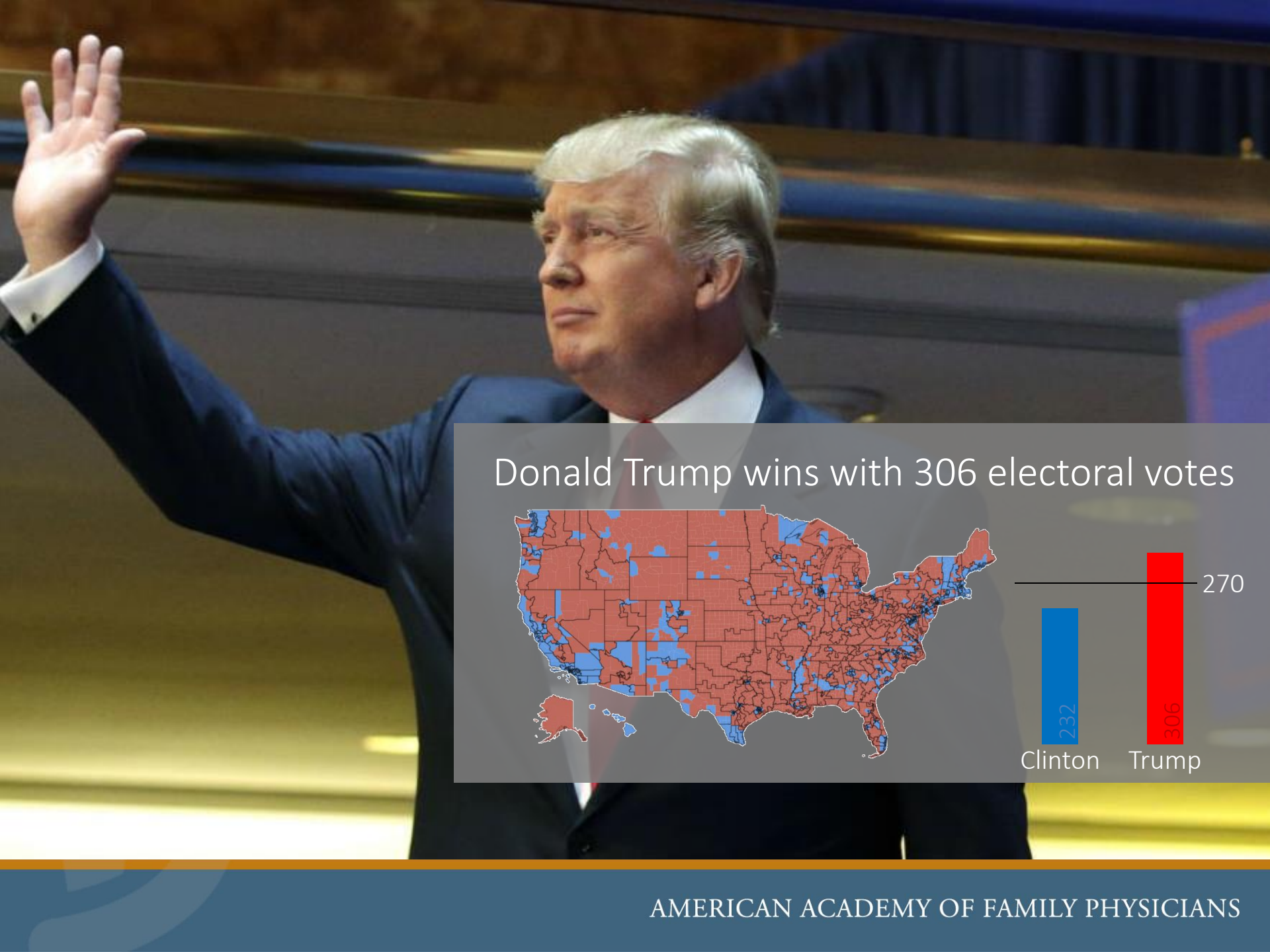
115th Congress

Hassan and Duckworth's victories mark the only Senate seats gained by either party

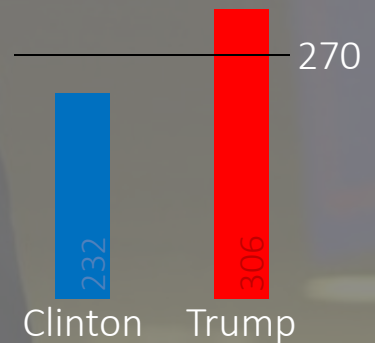
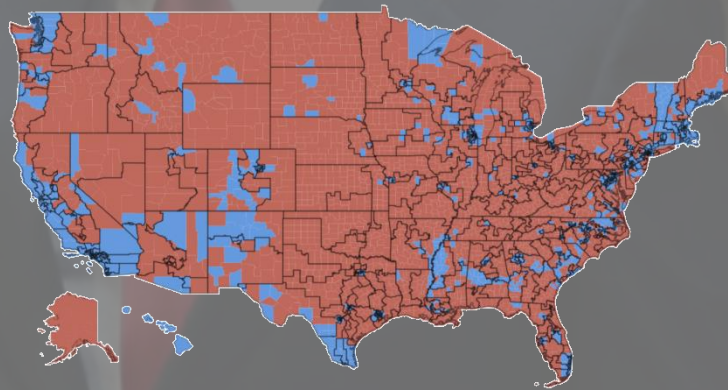
■ Democratic gain ■ Democratic hold ■ Republican hold ■ Republican gain ■ No election ■ Independent win



Map of seats gained and held, 2016 Senate elections



Donald Trump wins with 306 electoral votes



A background image of Donald Trump waving with his right hand raised. He is wearing a dark suit and a white shirt. The image is partially obscured by a semi-transparent grey box containing text and a table.

Donald Trump Mirrors Paul Ryan on Health Care

Health Care Program	Trump	
Affordable Care Act (ACA)	✗	Repeal & replace with health savings accounts (HSAs)
Prescription drug prices	✓	Lower barriers to market entry and to trade to allow drug makers from overseas to sell in the U.S.
Medicaid expansion	?	Unclear, Trump proposes state block-grants for Medicaid
Medicare buy-in	?	Unknown, Trump promised to improve Medicare by making “the country rich”
Public option	✗	Does not support
Mental health parity	✓	Supports current reform plan in Congress
Provider price transparency	✓	Require transparency from doctors and hospitals
Sale of health insurance across state lines	✓	Allow health insurance to be sold across state lines
High risk pools	✓	Work with states to implement high risk pools

Republican Run Government

First time the Republican Party has controlled all branches since 2007



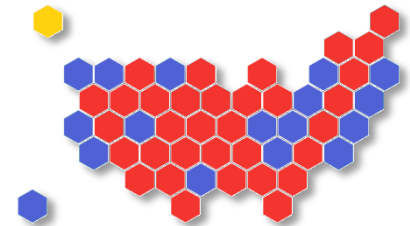
Control of the Administrative Departments



Open Supreme Court Seat



Control of the Executive



33 of 50 Governorships

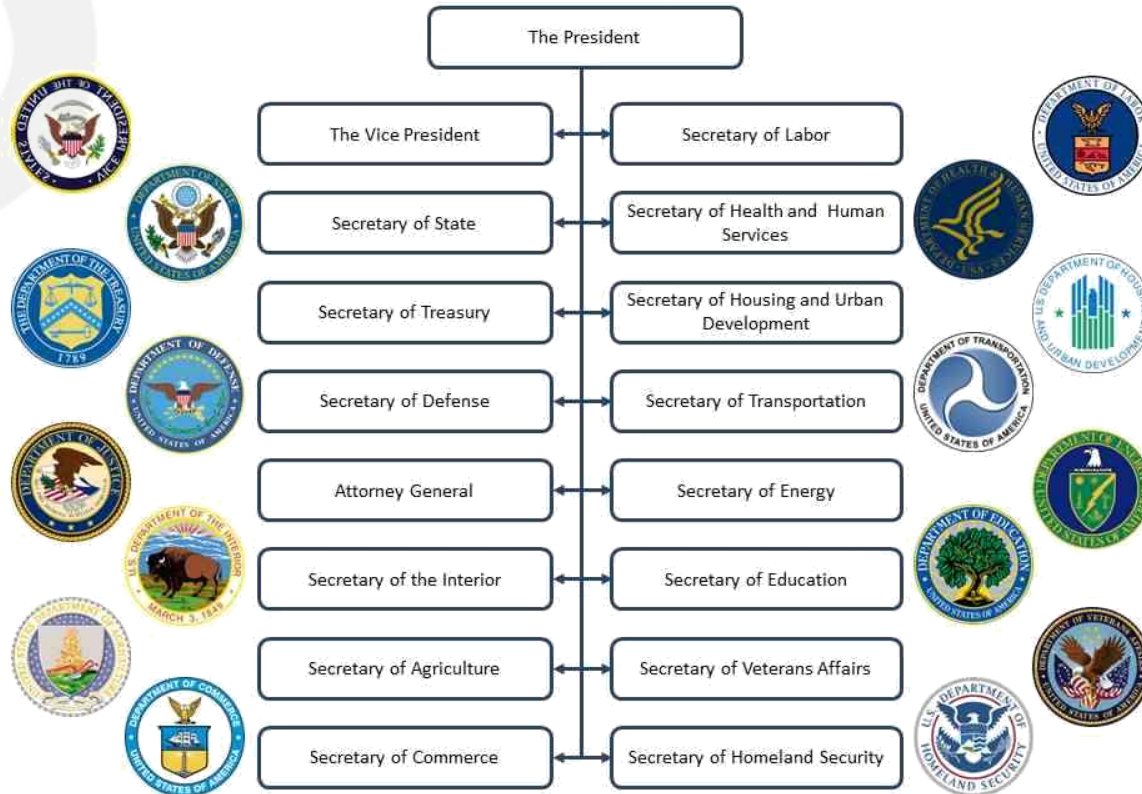


Majority in US House & Senate

Republican Run Government

First time the Republican Party has controlled all branches since 2007

Executive Branch



Rep. Tom Price, a former physician and vocal ACA opponent, is Trump's pick for HHS

Policy positions of Trump's appointee for HHS Secretary

Secretary of the Department of Health and Human Services



Rep. Tom Price M.D. (GA-6)

U.S. Rep. of Georgia's sixth district

Prior:

- State senator, became Republican majority leader
- Orthopedic surgeon

Issue	Price's Stance	Details
Repeal the Affordable Care Act	Supports	Price has been a vocal opponent of the ACA, and has introduced detailed replacement plans in every Congress since 2009
Create vouchers for Medicare	Against	He has signed on to House Speaker Paul Ryan's "A Better Way" plan, which gives the elderly sums to buy insurance on the private market
State expansion of Medicaid	Against	Price's plan in "Putting Patients First Act" includes a full repeal of Medicaid expansion
Women's access to reproductive health care	Against	Price opposes abortion and funding Planned Parenthood. He voted in favor of a Georgia state requirement for birth control coverage in insurance plans, but against the ACA provision
CMMI demonstrations	Against	Price co-wrote a letter to CMMI to cease implementing mandatory demonstrations

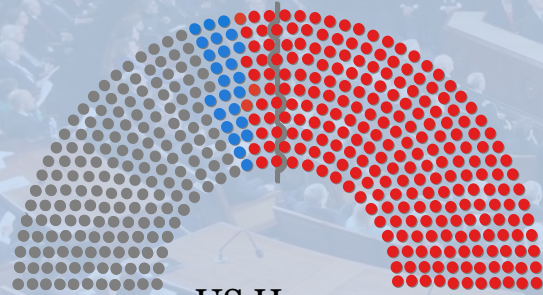
Sources: Robert Pear, "Tom Price, Obamacare critic, is said to be Trump's choice for health secretary," *New York Times*, November 28, 2016; Louise Radnofsky and Peter Nicholas, "Donald Trump Chooses Tom Price as Health Secretary," *Wall Street Journal*, November 29, 2016; Anna Edney, Billy House and Jennifer Jacobs, "Trump picks Tom Price to lead Health and Human Services," *Bloomberg*, November 28, 2016; *LinkedIn*, 2016.



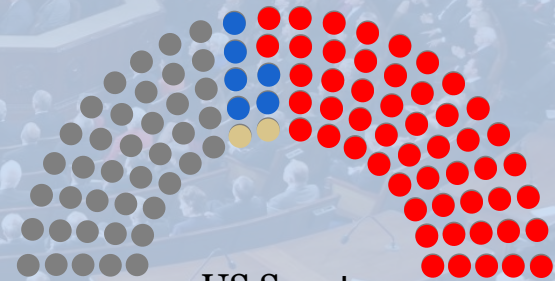
Proposed Policies | What the new Administration & the 115th Congress have planned

The Affordable Care Act

Repeal & Replace?
Not Likely



US House



US Senate

A Supermajority is needed to overrule a Filibuster

The Affordable Care Act

GOP's 4-step plan to repeal Obamacare through reconciliation



Step 1: Circumvent the filibuster

- The Senate plans to pass a budget resolution with language instructing 4* committees with jurisdiction over health care policy to draft legislation that cuts the deficit
 - *House Ways & Means
 - *House Energy & Commerce
 - *Senate Finance
 - *Senate Health, Education, Labor and Pensions
- Such legislation can be passed with a simple majority, thus preventing a Democratic filibuster



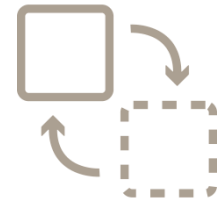
Step 2: Refine contents of reconciliation bill

- Given the rules of reconciliation, any legislation wouldn't touch provisions such as the ACA's pre-existing coverage protection
- Instead, it would focus on things such as:
 - Eliminating the penalty for the individual mandate
 - Cutting the money allocated for states that expanded Medicaid
 - Repealing subsidies for health insurers on the public marketplaces



Step 3: Trump's executive orders

- Shortly after assuming office, President-elect Trump plans to announce executive actions on health care, *the details of which have yet to be finalized*
- Despite the lack of details, it is likely that Trump will attempt to act to stabilize the health insurance markets and prevent them from collapsing



Step 4: Find a replacement

- While there is no consensus on a comprehensive replacement plan, it is likely that any such replacement would encourage greater use of health savings accounts (HSAs) and make it easier for companies to sell insurance across state lines
- It is also likely that some form of subsidy or tax credit will be included to help lower the cost of premiums

The Affordable Care Act

So what is actually possible?

Dismantle Federal Revenues



Use the budget reconciliation process to undo provisions that affect federal revenues.

Eliminate:

- ACA Subsidies
- Medicaid Expansion
- Medical Device Tax
- Cadillac Tax

Limit Funding



Block payments meant to offset the financial risks faced by insurers.

Taking away payments through the risk corridor or risk adjustment programs disincentivizes insurers from participating in the exchanges.

Limit funding meant to promote sign-ups during open enrollment.

Stop Enforcing Regulations



Stop implementing or enforcing some of the ACA's regulations.

Such as:

- Restrictions on insurers offering plans with limited benefits
- Grant waivers to allow states to opt out of parts of the law
- Broaden hardship exemption to allow people to remain uninsured

Stop defending the ACA in court



The Trump administration could choose to stop fighting the lawsuit the House GOP brought against the Obama administration.

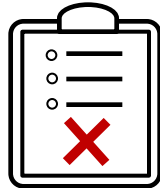
This would shut off subsidies for low-income patients. Without these incentives, insurance companies could drop out of the markets, essentially ensuring their collapse.

The Affordable Care Act

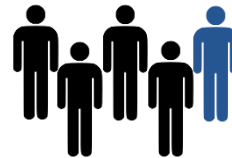
So What is Worth Protecting?



Physician workforce strategy where primary care is fundamental



No patient should lose their coverage due to an action or inaction of Congress



No discrimination based on pre-existing conditions, health care condition, family history, race, gender, or income



Contraception and maternity care should be covered essential benefits



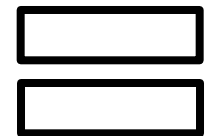
Health insurance products should have uniform set of minimum benefits



No annual or life-time caps



Preventive care services and vaccines should be provided with no out-of-pocket costs



Viable and equitable safety-net program for low-income individuals

The Affordable Care Act

Comparing the *Affordable Care Act* with GOP replacement plans

Major components	Affordable Care Act stance	Empowering Patients First (Tom Price's Plan)	A Better Way (Paul Ryan's Plan)
Required benefits	10 essential benefits, to be implemented and enforced by HHS	No required benefits	No required benefits
Marketplace to compare insurance plans	State or federal marketplace to compare and enroll in insurance plans at 4 different levels of coverage	Will create state marketplaces for plans and provider pricing but will not allow people to directly enroll in plans	Administration of the tax credits would be available for shoppers through multiple portals, including private exchanges
Medicaid reform	Expanded Medicaid to 138% of the federal poverty line. However, the Supreme Court ruled in <i>National Federation of Independent Business v. Sebelius</i> that the expansion must be voluntarily implemented by each state.	Repeals Medicaid expansion. Replaces with refundable tax credits (amount related to age) and forms high risk pools. (Previous budget proposals under Price have also included Medicaid block grants/Per-capita Caps)	Allows states to choose between Medicaid a block grant or a fixed sum per beneficiary. After implementation, states would not be able to expand Medicaid, and the federal payments that support expanded Medicaid would be reduced

The Affordable Care Act

Budget Resolution – Fiscal Year 2017

Senate (Jan 11)

House (Jan 13)

Reconciliation

Committees of jurisdiction recommendations due to House & Senate Budget Committee Jan 27

Budget Committees produce reconciliation legislation (Jan 30 or Feb 6)

Repeal

House and Senate consideration of Reconciliation legislation (Feb 6 or 13)

Conference Committee report negotiated (Feb 13 or 20)

Final vote (Feb 20 or 27)

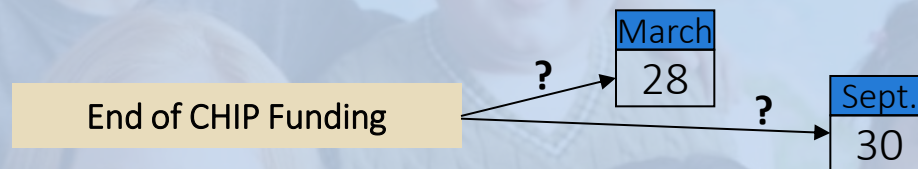
Replace

Developed in 2017 or 2018

Implementation delayed until 2019 or 2020 or never

CHIP as a Vehicle?

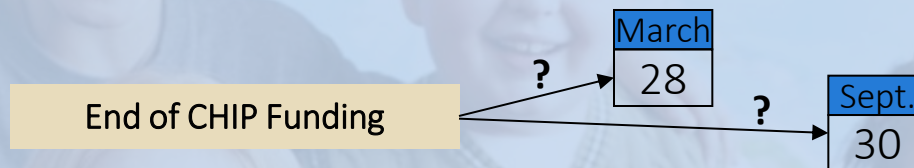
Considered “must pass” legislation as SGR has ended



- CHIP funding ends after September, but state/federal interaction on the CHIP block grant likely requires swifter action (March?)
- CHIP extension could be used as an inducement to attract Democratic support to overcome a filibuster
 - But fundamental changes to Medicaid in a legislative package could sour support among Ds
- While CHIP is a feel-good program perceived as widely bipartisan, Democrats value Medicaid much more highly
- Unfortunately, kids don't vote, so CHIP's continuation is *not* a given

CHIP as a Vehicle?

Considered “must pass” legislation as SGR has ended

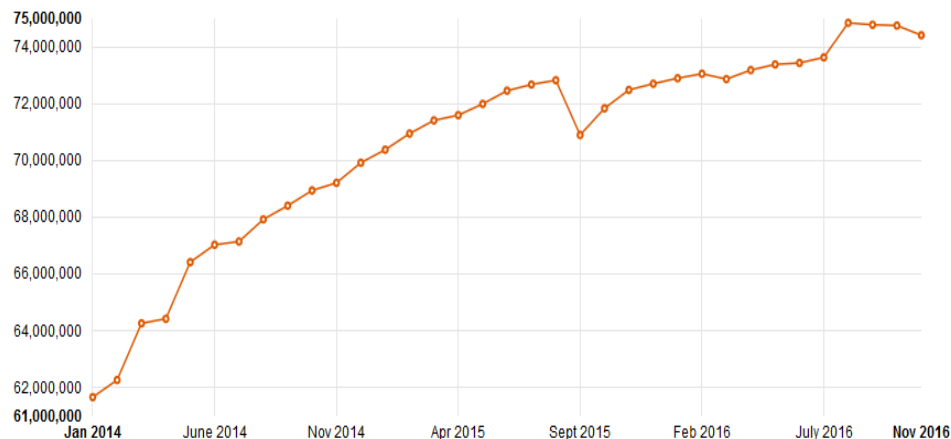


- Enrollment in the two programs proves the value is up

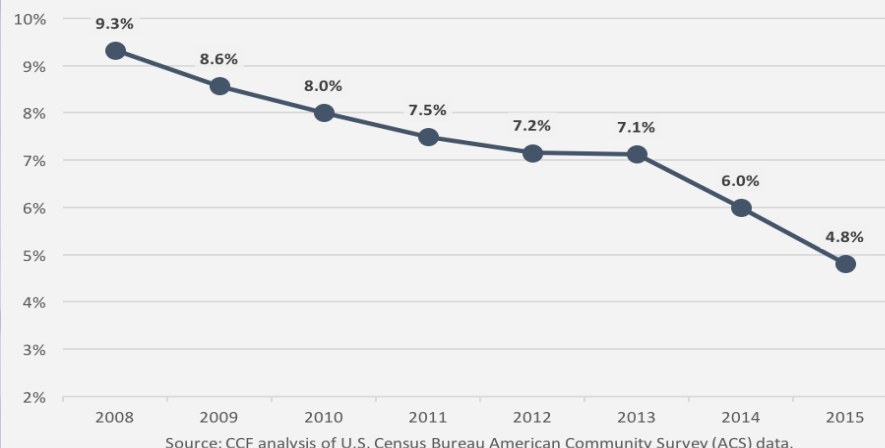
- Care for ~8 million children financed by CHIP
- Medicaid enrollment is currently 74+ million

- This would be a real loss, because gains in Medicaid and CHIP enrollment have led to the highest rate of child insurance ever: greater than 95% of US children now have health insurance

Total Monthly Medicaid and CHIP Enrollment



Rate of Uninsured Children, 2008-2015



Medicare/Medicaid

- Chronic Care Management Fee
 - Chronic Care Working Group
- Block Grants/Per-capita Caps
- House Speaker Paul Ryan
 - Has advocated for repealing the Independent Payment Advisory Board
 - Has advocated for turning the Medicare system into a “premium support” model
- New authority from Congress to waive the co-pays



MACRA

Medicare Access & CHIP Reauthorization Act (MACRA) and the Quality Payment Program

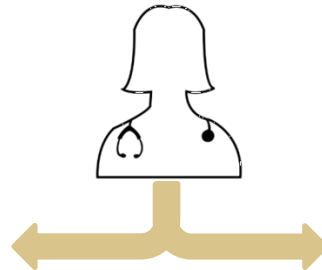
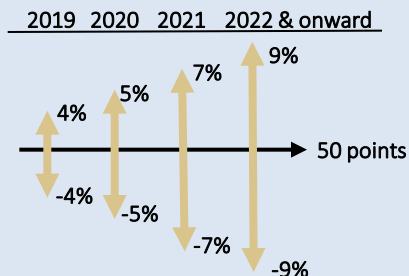
- Passed in April 2015, MACRA repealed the sustainable growth rate (SGR) and overhauled physicians' Medicare reimbursements
- The legislation instituted a new framework for incentivizing better care, rather than more care
- The Quality Payment Program allows physicians to choose between two tracks: Merit-Based Incentive Payment System (MIPS) or Alternative Payment Models (APM)

Merit-Based Incentive System (MIPS)

MIPS is a program that combines parts of three former quality-based payment programs. Physicians are scored based on **quality, resource use, clinical practice improvement and meaningful use of EHR**. Physicians receive a score of 1-100, and will be paid on an adjusted scale.

If a physician's MIPS score is above 50, their pay is adjusted upwards

Alternatively, if their score is below 50, their pay is docked.



Alternative Payment Models (APMs)

Qualified APMs, (e.g. Accountable Care Organizations, Patient Centered Medical Homes, and Bundled Payment Models) will pay **lump sum incentive payments (5%)** to health care providers starting in 2019.

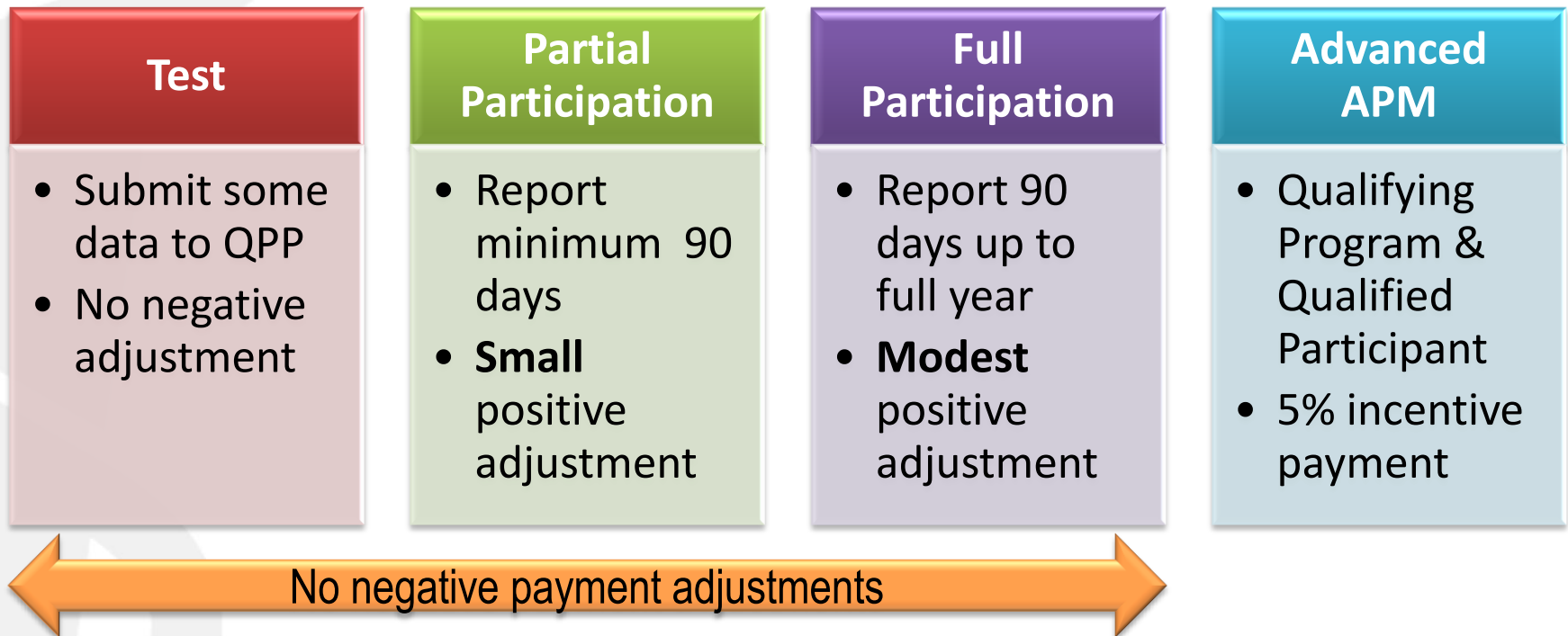


APMs are value-based payment models that incentivize providers to improve quality, outcomes and cost containment. Programs typically increase communication between patient, doctor, hospitals and EHRs.

MACRA

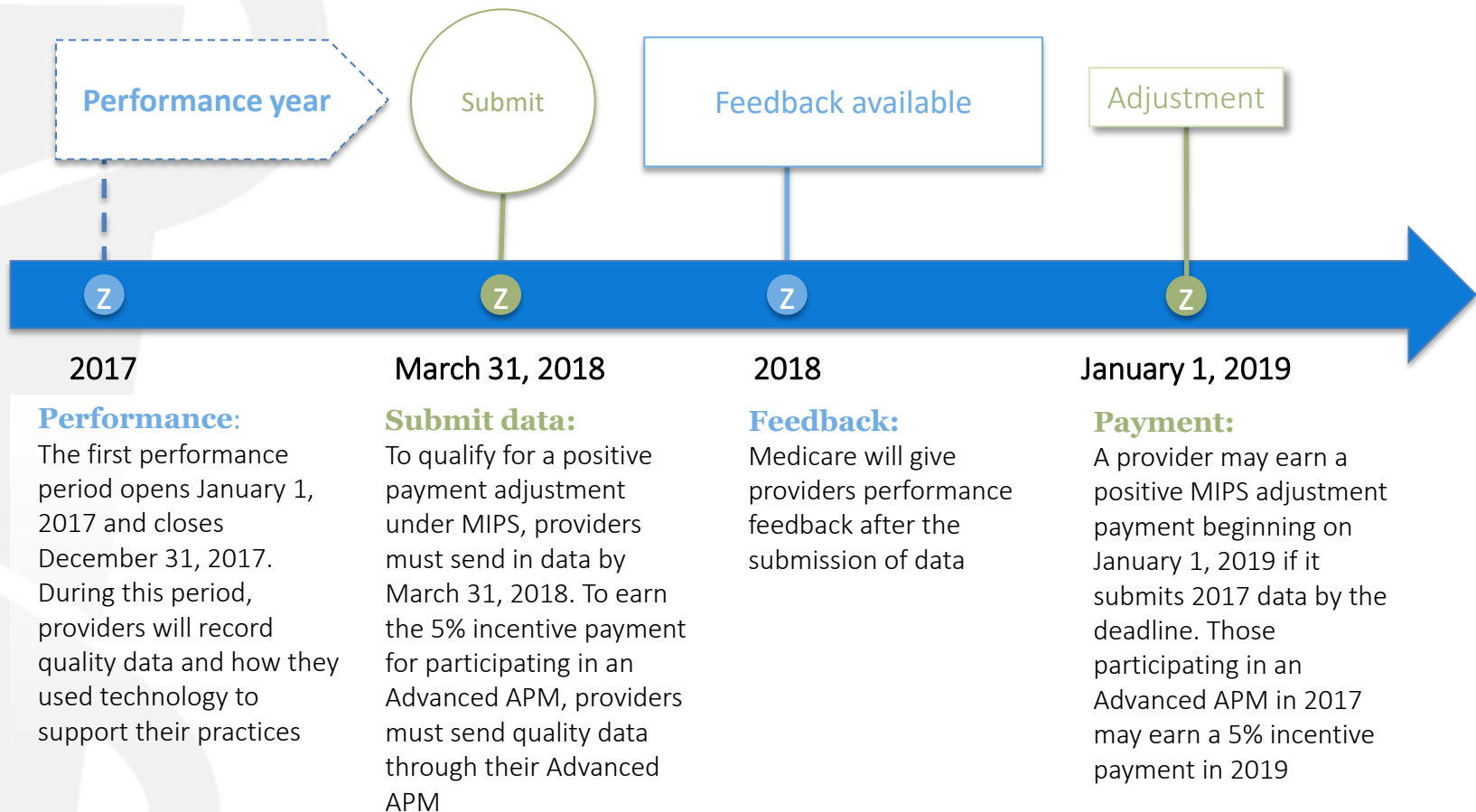
Final Rule Highlights

- Reweighted Cost category to zero for 2017
- Virtual Group delay until 2018
- Established Pick Your Pace Reporting Options:

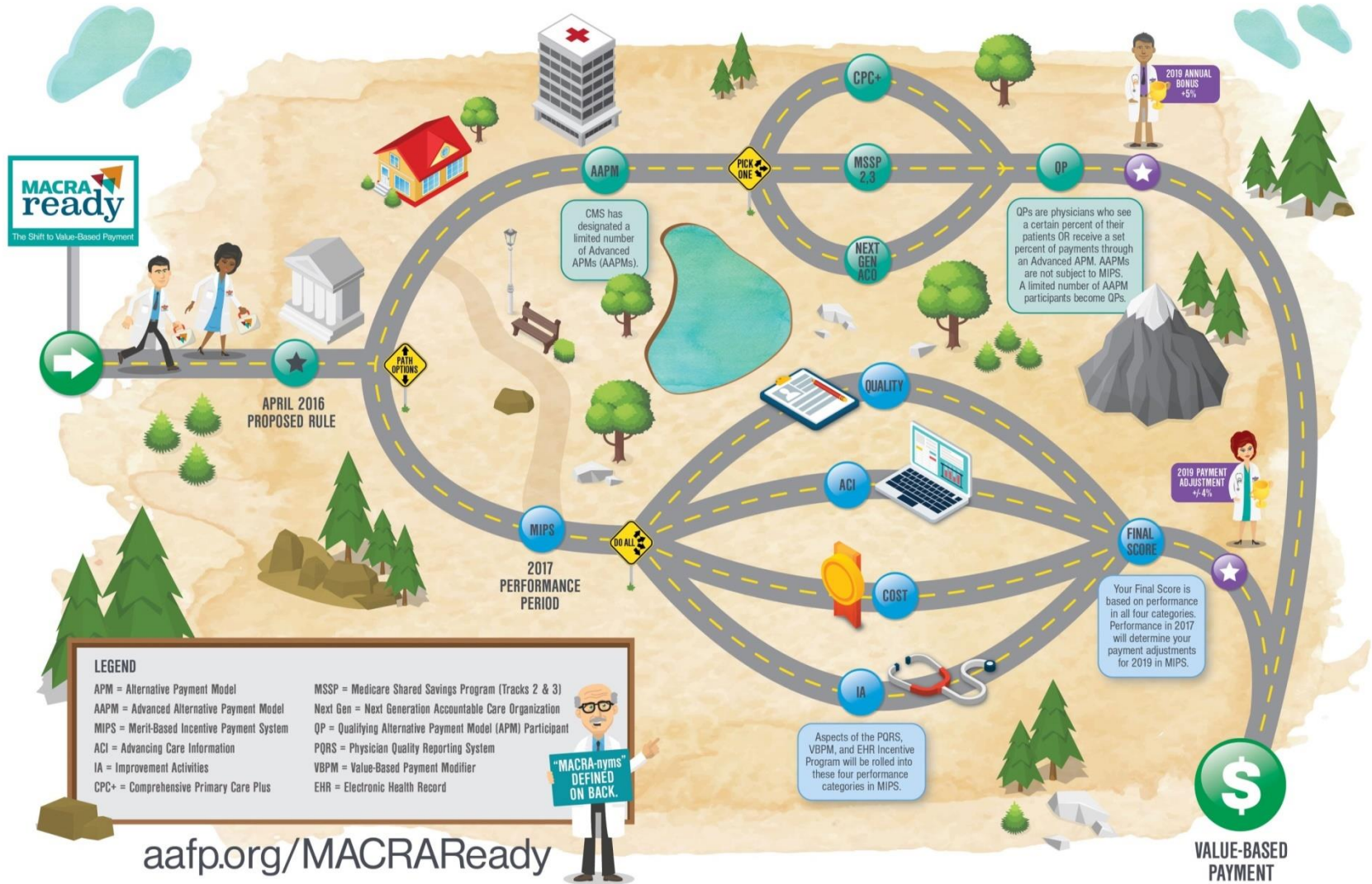


MACRA

Quality Payment Program timeline for Medicare providers



MACRA



Direct Primary Care

Direct Primary Care (DPC)

DPC is a primary care billing and payment arrangement in which physicians generally do not take insurance, but instead charge patients a monthly, a quarterly, or an annual fee that covers all or most primary care services

The New DPC bill, H.R. 365 would:



Allow patients with HSAs to receive care through DPC



Allow patients to pay for DPC with health savings accounts (HSAs)



Allow patients enrolled in high-deductible health plans to be eligible for a tax deduction for contributions to an HSA

Sponsors and cosponsors of the legislation:



Rep. Erik Paulsen
(R-MN 3)



Rep. Earl Blumenauer
(D-OR 3)



Rep. Charlie Dent
(R-PA 15)

Public Health

AAFP supported funding, program improvements, stakeholder engagement, and legislation to support:

- Antibiotics
 - Less prescribing
 - Less animals
- Zika virus funding
- Flint lead poisoning crisis response
- Prevention Fund – 12 percent of the CDC's budget
- Tobacco – Family Smoking Prevention Tobacco Control Act of 2009
- Medical Consortium on Climate Change
- Mental health reform
- Opioid abuse legislation
- Title X funding

Potential actions in Congress

Outlook:

- Small bipartisan authorization bills, such as new disaster preparedness coordination legislation
- CRA/riders rolling back Obama administration priorities, such as the FDA's "deeming authority" over all tobacco products
- Public health cuts or restructures
 - Farm Bill
 - Annual appropriations
 - Reconciliation

Mental Health

Timeline of key recent federal actions on mental health

- **Activities/Accomplishments**
 - Opioid Abuse Prevention legislation, *Comprehensive Addiction and Recovery Act*
 - *White House Task Force*
- **Mental Health Reform bill, *Helping Families in Mental Health Crisis Act* (H.R. 2646)**
 - National public education campaign to combat mental health stigma
 - Language indicating that same day-same location billing for physical and mental health services
 - Technical assistance grants for mental health- primary care integration
 - Mental health insurance parity reports to Congress
 - New HIPAA clarification regulations and physician education grants
 - Mental Health and Substance Use Parity Task Force required to continue in 2017

Potential actions in Congress

Outlook:

- House policy leaders want further review of mental health-primary care integration issues as well as ways to improve mental health parity laws.
- In addition, policy makers will remain focused on strategies to address America's opioid abuse crisis.

Vaccines

AAFP joined Adult Vaccine Access Coalition (AVAC) in 2014. It is now a 54-member group that includes medical, public health, pharmaceutical, and pharmacy organizations.

- Priorities: improved access, awareness, quality, and health IT/interoperability
- Key message: Economic burden of vaccine-preventable disease for U.S. adults: \$9 B/year (Health Affairs, 10/20/2016)
- Activities/Accomplishments
 - Senate HELP Committee briefing on immunization information systems
 - Engaged nine federal agency officials, including Pat Conway (CMS) and Karen DeSalvo (HHS)
 - Secured Senate and House Labor-HHS Appropriations report language on AVAC priorities
 - Eliminate Medicare Part D barriers

Outlook: 2017 Adult Vaccine Coalition bill

Appropriations

Appropriations Expiration

April

28

Primary Care Research



AHRQ

The Agency for Healthcare Research and Quality supports important primary care research providing data, evidence and tools needed to make health care as effective, efficient, affordable, equitable and safe as possible

- AHRQ could face substantial cuts to its funding in FYs 2017 and 2018 without protection

Physician Workforce



HRSA

The Health Resources and Services Administration (HRSA) strengthens medical education by administering The Primary Care Training and Enhancement (PCTE) program.

- Received \$38.942 M in FY17 but faces spending cuts in FY18

Teaching Health Centers



HRSA

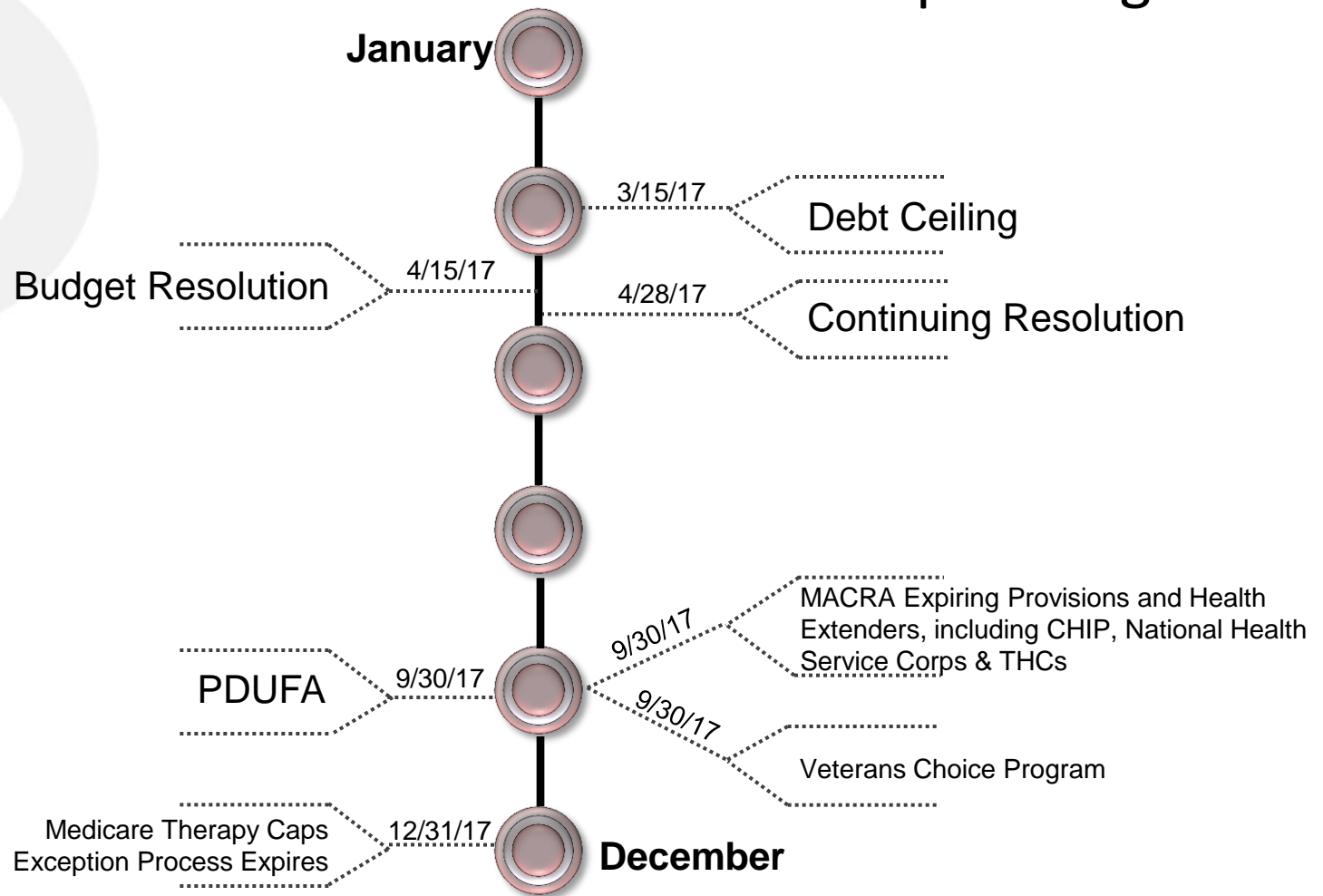
HRSA also currently runs the Teaching Health Center Graduate Medical Education Program. There are currently 740 residents being trained in 59 HRSA-supported THC residencies in 27 states and the District of Columbia.

More to do:

- Funding ends at the end of FY17
- An annual per-resident payment should be established to cover direct expenses

FY2018

Upcoming Cliffs



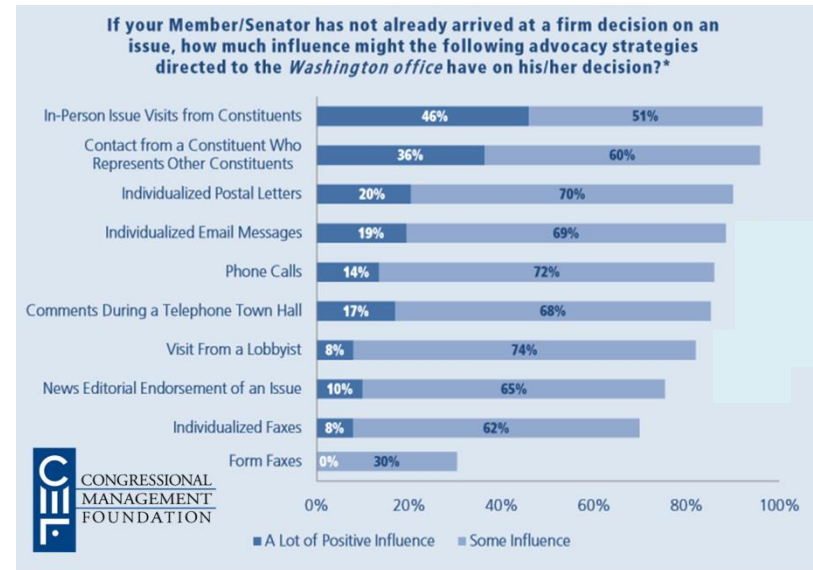


Getting Involved | Representing Family Medicine

Getting Involved

Family Physician Action Network

- Access Network-only content
- Engage in grassroots campaigns
- Get trained in advocacy outreach
- Share your story with elected officials
- Move in coordination with fellow physicians
- Participate at the level you see fit



Getting Involved

Indirect Outreach

Outreach Methods

- Speak Outs
 - Easiest way to get involved
 - Goes directly to elected officials' office
- Op-eds
- Telephone
 - be judicious and gracious – they are busier than interns, paid little more and have no work hour restrictions!
- Social Media Campaigns
 - 80% of Congressional offices say less than 30 posts will demand attention



Getting Involved

A Powerful Tool



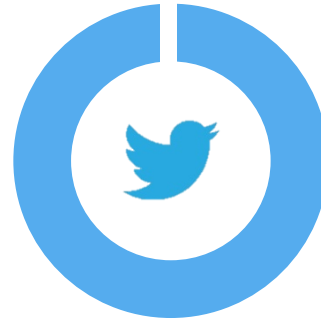
100% of US
Senators
on Twitter



100% of US
Senators
on Facebook

US Senate

Indirect Outreach



97% of US
Representatives
on Twitter



100% of US
Representatives
on Facebook

US House

80% of Congressional offices say *less than 30 posts* will demand attention

www.aafp.com/grassroots

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Getting Involved

Indirect Outreach

Social Media Matters

- Facebook
 - Like your elected officials page
 - Comment on health-related items
 - Share/Re-Post if you agree with the item
 - Respond privately if you disagree, not on FB
 - Use pictures, videos, and links!
- Twitter
 - Follow your elected officials on Twitter
 - Retweet what you agree with and 'heart' sometimes if you don't disagree
 - If you tweet you elected official, hashtag (#) your district so they know you're from the community (ex. #TX-36)
 - When tweeting your elected official, put a period (.) before their handle

Getting Involved

Direct Outreach

In-person Meetings

- Fly-in's and Hill Visits
 - Meet with your elected officials on their turf
 - Remember – Meeting with staff is just as important as meeting with your legislators
 - Be flexible whenever you can
 - AAFP is here to help!
- Legislative Conferences
 - Family Medicine Advocacy Summit
 - State Legislative Conference



Getting Involved

Direct Outreach

In-person Meetings

- Know your material – your time with them might be limited or cut short
- Leave your contact info with everyone – your card if you have it, but write it out on a small note if you don't
- Make sure to send a thank you e-mail immediately after the meeting, including any follow up material you have promised
- DO NOT fail to do this!!!



Getting Involved

Direct Outreach

In the District

- Indicate you'd like to meet – your office, their office, a neutral spot
- Offer to help with events
 - Health forums
 - Fund-raisers (if you are so inclined) – host, help or just attend
 - Tours of facilities, including your clinic/office
- Let AAFP staff know when you have a meeting, in advance, if possible



Getting Involved

FamMedPAC | If you're not at the table; you're what's for lunch

89%

of Supported
Candidates Won

44-56

Bipartisan
Support

OVER
\$975K
RAISED



Strong Action for Family Medicine

OVER
\$1.02M
CONTRIBUTED



3,576

AAFP Members
Contributed



155

Elected Official
Contributions



Questions?

Please simply type your questions into the chat box.



Thank You

Please feel free to email AAFP at Capitol@aafp.org with any further questions or comments.