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COMING UP IN WASHINGTON...

* Congress has adjourned until November 15 when they will reconvene to address a number of issues including Medicare reimbursement. The current SGR patch expires on November 30.

1. AAFP PRESENTS FAMILY MEDICINE AGENDA TO CMS ADMINISTRATOR

AAFP President Lori Heim, MD; AAFP EVP Doug Henley, MD; AAFP VP for Public Policy and Practice Support Rosi Sweeney; and AAFP Director of Government Relations, Kevin Burke met with Dr. Donald Berwick, the new Administrator of the Center for Medicare and Medicaid Services (CMS) to discuss family physicians' views on the structure of Accountable Care Organizations that would be created by the health reform legislation. In their September 22 meeting, they also discussed the importance of the primary care bonus and the need to reform Graduate Medical Education payments.

2. AAFP BOARD APPROVED ACO PRINCIPLES SENT TO CMS, FTC, AND OIG

On September 27, the AAFP sent [comments](#) to the Federal Trade Commission, the Centers for Medicare & Medicaid Services, and the Office of Inspector General regarding their upcoming October 5 [workshop](#) regarding Accountable Care Organizations (ACO). The comment letter was based on AAFP Board-adopted ACO Principles and in the letter; AAFP urged the agencies to base the foundation of ACOs on primary care and the patient-centered medical home.

3. CONGRESS PASSES STOP-GAP SPENDING BILL, SETS UP LAME DUCK SESSION

On September 30, President Obama signed a "continuing resolution" to fund the government at FY 2010 levels through December 3. House passage of the "CR" (HR 3081) came shortly after the Senate approval allowing the Congress to adjourn until after the mid-term elections.

4. HHS AWARDS \$320 MILLION TO EXPAND PRIMARY CARE WORKFORCE

On Tuesday, September 28, HHS Secretary Kathleen Sebelius and HRSA Administrator Mary Wakefield, PhD, RN announced \$320 million in grants to strengthen the health care workforce. The Secretary said that \$253 million will go to improve and expand the primary care workforce.

Another \$67 million in Health Profession Opportunity Grants will provide low-income individuals with education, training and supportive services to help them prepare for careers in health care. She also highlighted the changes in Medicare and Medicaid payments for primary care were important to keep new and existing providers in primary care.

Mary Wakefield described the Primary Care Residency Expansion grants totaling \$167.3 as funding 82 accredited primary care residency training programs to increase the number of residents trained in general pediatrics, general internal medicine, and family medicine. The five-year grant will provide stipends for new enrollees in primary care residency training programs. She also said that 26 states will receive funds to begin comprehensive health care workforce planning and implementation. \$5.6 million is available for State Health Workforce Development.

5. HHS AWARDS \$100 MILLION FROM PREVENTION AND PUBLIC HEALTH FUND

On September 24, HHS [awarded](#) nearly \$100 million in grants for public health and prevention. The grants will be used to focus on evidence-based ways to keep people healthy including:

- \$26.4 million to improve the public health infrastructure at state health departments;
- \$26.2 million to assist access to primary care for people with substance abuse or mental health problems;
- \$3.8 million in support of tobacco prevention and control;
- \$9.3 million in support of obesity biometric efforts; and
- \$21.6 million to promote HIV/AIDS prevention and tests.

6. CMS RELEASES MEDICARE SELF-REFERRAL PROTOCOL

As required by the *Affordable Care Act*, the Centers for Medicare & Medicaid Services released the Medicare Self-Referral Disclosure Protocol ([SRDP](#)). This purpose of this protocol is to allow physicians and suppliers self-disclose any real or potential violations of the physician self-referral law. In a longer [FAQ](#), CMS explained that the physician self referral law generally “prohibits a physician from referring patients to an entity for a designated health service, if the physician or a member of his or her immediate family has a financial relationship with the entity.”

7. FAMMEDPAC PROMOTES FAMILY MEDICINE INTERESTS

Government Relations staff attended a number of fundraising events in Washington this week at which the only topic of conversation was the upcoming election.

- **Rep. Walt Minnick (D-ID)** is optimistic he will retain his seat but be relegated to the ranks of the minority. Although his challenger is from the Tea Party wing of the Idaho Republican party, the Cook Political Report has Mr. Minnick up by 10 percentage points at the moment.
- Her chairmanship of the Legislative Branch Subcommittee makes **Rep. Debbie Wasserman Schultz (D-FL)** one of the “Cardinals” of the House Appropriations Committee. In addition, she serves as vice chair of the Democratic National Committee. She is confident about maintaining the majority in the House and the Senate.

8. GAO MAKES NATIONAL HEALTH CARE WORKFORCE COMMISSION APPOINTMENTS

The *Affordable Care Act* empowered the U.S. Comptroller General who heads the General Accountability Office (GAO) to appoint the National Health Care Workforce Commission. On September 30, GAO announced the appointment of family physician Katherine Flores, MD to the NHCWC for a one-year term. Dr. Flores is the Director of the University of California Fresno Latino Center for Medical Education and Research and an Assistant Clinical Professor in the Department of Family and Community Medicine. She chairs the California Health Professions Consortium and serves on the Governor's Healthcare Workforce Diversity Council. She received a BA from Stanford and an MD from the UC Davis. The announcement is on the GAO [website](#).

The NHCWC will serve as a national resource for Congress, the President, and states and localities to recommend strategies for meeting health care workforce goals which it will identify.

Although the Senate Appropriations Committee-passed spending bill for FY 2011 proposed \$3 million for the activities of the Commission, it will be up to the lame duck Congress to provide the resources for the Commission.

9. 48 STATES RECEIVE HEALTH EXCHANGE PLANNING GRANTS

HHS on September 30 awarded nearly \$49 million to help 48 states and the District of Columbia plan for the establishment of health insurance exchanges. As part of the *Affordable Care Act* starting in 2014, health insurance exchanges will put greater control and greater choice in the hands of individuals and small businesses. This is just the first round of state planning and establishment grants. More information on these awards can be found on the [web](#).

10. COMMISSION ON MEDICAID PAYMENT & ACCESS HOLDS FIRST MEETING

On September 23 and 24, AAFP staff attended the first meeting of the Medicaid and CHIP Payment and Access Commission (MACPAC)—which was established by Congress in CHIPRA and expanded in health reform. MACPAC will report to Congress every March 15 and June 15 with recommendations on Medicaid and CHIP policies concerning payment, eligibility, coverage, quality of care, access and coordination between Medicare and Medicaid. Steve Waldren, director of AAFP's Center for HIT, is a commission member. Common themes repeated at the meeting were: (1) the need for better data, particularly within Medicaid managed care programs, (2) emphasis on access to care and determining active Medicaid providers (versus those who say they accept new patients but will not take appointments), and (3) health reform's maintenance of effort requirement will force states to cut Medicaid provider rates.

Andrew Allison, Executive Director of Kansas Health Policy Authority, explained that improving management of provider payment and access requires new data and better information systems at the state-level, new contracts with MCOs, and the state to identify best practices. Cindy Mann, the Director Center for Medicaid, CHIP and Survey and Certification, told MACPAC that CMS is interested in examining whether EPSDT is an effective measure. Peter Cunningham, Senior Fellow at the Center for Studying Health System Change, presented on why providers do not accept Medicaid patients: low fees (84%); administrative burden (70%); delayed payment (65%), clinical burden (52%); and full practice (44%). AAFP staff will attend MACPAC's October 28-29 and December 9-10 meetings. The Commission's new [website](#) provides further details about MACPAC and scheduled meetings.

11. CALIFORNIA GOVERNOR TAKES ACTION ON HEALTH CARE LEGISLATION

September 30 was the last day for California Governor Arnold Schwarzenegger (R) to sign or veto legislation from the 2010 regular session. Included in the bills that he signed was [AB 583](#), which requires health care practitioners to disclose the type of license and the highest level of academic degree held either in a prominent display in the office or in writing given to patients during an initial office visit. The bill requires physicians to disclose the name of the certifying board or association. [AB 2699](#)—allowing out-of-state health workers to volunteer at no-cost health clinics—was also signed. The Governor signed [AB 354](#), a measure supported by the California chapter, to permit the Department of Public Health to update vaccine requirements for children entering schools and child care facilities, and adds the AAFP to the entities whose recommendations DPH must consider when updating the list of required vaccinations. Governor Schwarzenegger vetoed [AB 2093](#), which was supported by the **California Academy of Family Physicians** and would have prohibited plans from requiring a physician or physician group to assume financial risk for the costs of required immunizations. In his veto message, the Governor says the bill is an inappropriate effort to carve various elements out of negotiated provider contracts and set those reimbursement rates in statute. Existing law requires plans to cover certain preventive benefits, including immunizations. Reimbursing providers for administrative costs at a Medicare rate completely undermines the purpose of capitation and provider contracts, especially if a provider's actual costs are below the Medicare fee.