

December 14, 2012

IN THIS REPORT...

1. AAFP Sends Congress Our Priorities for Fiscal Cliff Negotiations
2. House Subcommittee Examines Medicaid Expansion and Exchanges
3. AAFP Contacts Veterans Administration to Improve Access to Community Physicians
4. Coalition Asks HHS to Lift Restrictions on Access To Emergency Contraceptives
5. Prescription Drug Monitoring Programs Discussed

NEXT WEEK IN WASHINGTON...

- * CMS will hold a conference call for physicians on December 19 2 pm – 3 pm, (Eastern). To participate, dial 800-837-1935 reference ID: 78846043.

1. AAFP LAYS OUT PRIORITIES FOR YEAR-END FISCAL NEGOTIATIONS

On December 11, the AAFP sent a [letter](#) to the bipartisan leadership in the Congress outlining AAFP's five priorities for the ongoing debate over taxes, spending levels, entitlement changes and Medicare physician payment rates. The letter urged Congress to:

- Prevent the implementation of the scheduled cuts in Medicare physician payments
- Support the Medicaid payment increase for primary care services in order to pay for a year's extension of the SGR
- Maintain current funding for the Graduate Medical Education (GME) program
- Stop the damaging across-the-board reductions produced by the *Budget Control Act's* sequestration requirements, and
- Keep intact the health insurance subsidies for individuals and small businesses that purchase health plans on the state or federal Health Insurance Exchanges.

Grassroots Advocacy Efforts Continue

AAFP continues to encourage members to contact their legislators and urge Congress to act on critical family medicine issues before the end of the calendar year. Since the beginning of the campaign in October, Congress has received 8,442 letters from AAFP members.

AAFP and Other Major Physician Organizations Meet Congressional Leaders

On Thursday, December 13, the AAFP Board Chair, Dr. Glen Stream, joined leaders of the AMA and the other major physician organizations (American College of Physicians, American College of Surgeons and the American Osteopathic Association) in meetings with Congressional leaders. The meetings demonstrated the unanimity of the physician community in petitioning Congress to include a permanent fix to the Medicare payment formula in any effort to reform entitlements.

2. HOUSE SUBCOMMITTEE HOLDS HEARING ON MEDICAID EXPANSION, EXCHANGES

On Thursday, December 13, the House Energy & Commerce Committee's Subcommittee on Health held a hearing titled, "State of Uncertainty: Implementation of PPACA's Exchanges and Medicaid Expansion." The focus of the hearing was to review of the status of the Administration's rules implementing some of the provisions of the *Affordable Care Act*. The Subcommittee heard from state government administrators and other key officials regarding critical implementation issues.

The AAFP submitted a [letter for the record](#) to the Chairman and the senior Democrat of the Subcommittee, affirming our long standing call for expanding health care coverage to all Americans and supporting the expansion of Medicaid eligibility and the establishment of health insurance exchanges as a way to reach that goal.

3. AAFP SUPPORTS RULE TO IMPROVE VETERANS' ACCESS TO PHYSICIANS

In a December 12 [letter](#) to the Department of Veterans Affairs (VA), the AAFP supported a proposed rule designed to improve veterans' access to non-VA affiliated providers. Since the VA is unable to provide all possible medical services at all VA-operated venues of care, the VA is able to help expand access through the Non-VA Care program. Through this program, the VA may pay community resources, such as private physicians or community hospitals, to provide care to veterans outside the VA health system. However, the VA currently does not permit a veteran's treatment to be provided through non-VA providers under the Non-VA Care program unless the VA treatment was begun during a period of hospitalization.

In the proposed rule, the VA would amend this policy requiring hospitalization to remove this requirement. By removing it, the VA further expands veterans' eligibility for non-VA care by community-based physicians. The AAFP enthusiastically supports this step since it improves healthcare access for veterans and will allow the VA to better utilize resources.

In addition to this step and entirely separate from the proposed regulation, the AAFP also encouraged the VA to identify and remove additional barriers that inhibit how community-based physicians may treat their patients who also happen to be veterans. Specifically, the AAFP urges the VA to reexamine a burdensome regulatory requirement that prescriptions for veterans must be written by a VA-affiliated provider for the veteran to obtain the prescription at the VA's discounted price. Instead, the VA should recognize the validity of a community-based physician's prescription.

4. AAFP AND OTHERS URGE OTC ACCESS TO EMERGENCY CONTRACEPTIVES

As part of a coalition, the AAFP joined 10 other physician organization in a [letter](#) sent December 7 to HHS. The letter requests that HHS revisit the decision regarding over-the-counter access for Plan B One-Step emergency contraception.

5. AMA HOLDS CALL ON PRESCRIPTION DRUG MONITORING PROGRAMS

On Tuesday, December 11, the AMA Advocacy Resource Center hosted a discussion of state experiences and opportunities related to prescription drug monitoring programs (PDMPs). The call featured a panel from the Rhode Island Medical Society, the Idaho Medical Association, and the Medical Society of the State of New York in addition to representatives from other medical associations across the country. Speakers shared stories about prescription drug and opioid abuse in their states, ideas for maintaining a public health focus on treatment, strategies to deflect and reconfigure unworkable legislation regarding PDMPs, and challenges related to the media coverage of prescription drug addiction.

In Rhode Island, the Medical Society is working with law enforcement and public health officials to bring naloxone into communities to promote rehabilitation. The Rhode Island Attorney

General's Office is collecting data on how naloxone impacts accidental drug overdoses. The Idaho Medical Association established a multi-organization work group to focus on updates to the state's PDMP in order to better leverage the system for prescription drug abuse prevention. They also are working with legislators to avoid bills that would require further CME related to prescription drugs and instead encourage collaboration with law enforcement and the criminal justice system to better address prescription drug abuse in Idaho. The Medical Society of the State of New York (MSNY) described the challenges they continue to face following several high profile prescription drug overdose cases. The MSNY recommended that other states focus on creating a PDMP that is workable and accessible for all parties, along with deploying an educational campaign to make doctors familiar with PDMP in their practice. Finally, the society encourages creating coalitions to engage patient advocacy groups on the issue.

The California Medical Association (CMA) discussed three main legislative approaches to funding its state PDMP, called the Controlled Substance Utilization Review and Evaluation System (CURES). The California Attorney General's Office manages the program, and this administrative arrangement is similar in many other states. Due to budget cuts and other state priorities, updates to CURES have lagged and there has been limited success in expanding the functions of the database. CMA estimates that the minimum annual cost to fund CURES adequately is approximately \$5 million. There are currently three legislative proposals to address these issues, which include funding from prescribers and dispensers through licensing fees, requiring the CA Coroner's Office to report any accidental death involving prescription drugs to the Attorney General's Office for investigation and potential prosecution, and implementing additional CME requirements related to prescription drugs.