

March 23, 2012

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NEXT WEEK IN WASHINGTON...

- * The Supreme Court will hear oral arguments on the *Affordable Care Act* next Monday, Tuesday and Wednesday.
- * On March 28, 2:30- 4pm EST, CMS will host a call on the Initial Preventive Physical Exam and the Annual Wellness Visit. Registration is required; details in the Regulatory Briefs.
- * On Thursday, March 29, the Health Subcommittee of the House Ways and Means Committee will hold a hearing on the individual mandate of the *Affordable Care Act* (ACA).

1. HOUSE PASSES MEDICAL LIABILITY REFORM AND REPEAL OF MEDICARE BOARD

Medical liability reform passed the full House on Thursday, March 22 by a vote of 223 to 181. The *Protecting Access to Healthcare (PATH) Act* (HR 5) included the *Medicare Decisions Accountability Act* (HR 452), which seeks to abolish the Medicare Independent Payment Advisory Board (IPAB). By using the budget savings from medical liability reform to offset the cost of repealing the IPAB, the House Republican leadership made passage of the IPAB repeal unlikely in the Senate. The White House opposed HR 5 saying that it “would repeal and dismantle the IPAB even before it has a chance to work.” The administration also opposes “artificial” caps on malpractice awards. The Senate is not expected to consider HR 5.

2. HOUSE COMMITTEE ADOPTS BUDGET

On Wednesday, March 21, the House Budget Committee passed by one vote (19 to 18) the controversial fiscal year 2013 budget resolution that Rep. Paul Ryan (R-WI) proposed. All of the Committee Democrats and Reps. Justin Amash (R-MI) and Tim Huelskamp (R-KS) voted against the plan. Rep. Mick Mulvaney (R-SC) voted for it in committee but may vote against in on the House floor over concerns that it does not cut enough.

The Ryan budget calls for repealing the *Affordable Care Act*; converting Medicaid into a block grant; and offering seniors a choice between traditional Medicare and “premium support”

subsidies to buy private health coverage. The Congressional Budget Office found that the Ryan plan would shrink Medicare and greatly increase the number of people without health insurance.

In addition, the Ryan budget resolution sets the discretionary spending cap at \$1.028 trillion which is \$19 billion below the cap outlined in the debt ceiling deal enacted in the *Budget Control Act* (PL 112-25). This will make the effort to increase spending on Title VII Section 747 Primary Care Training grants or any other AAFP priorities very difficult. Although budget resolutions do not become law, they set strict annual limits on discretionary spending for the House Appropriations Committee. However, the Senate plans to prepare their FY 2013 spending bills within the higher \$1.047 trillion discretionary limit specified in the debt limit law. The House will vote on the budget resolution next week.

3. SENATE SUBCOMMITTEE HOLDS HEARING ON PRESCRIPTION DRUG ABUSE

On Thursday, March 22, Sen. Jay Rockefeller (D-WV) chaired a hearing of the Senate Finance Subcommittee on Health Care to address what the CDC has described as an “epidemic” of prescription drug abuse. The AAFP has been working with Sen. Rockefeller’s office to address this difficult problem. Sen. Rockefeller’s [opening statement](#) discussed the issue of how the government can make sure people get the right care when it comes to controlled substances. Sen. Charles Grassley (R-IA) questioned what steps states have taken to curb overprescribing in the Medicaid program especially.

Jeffrey Coben, MD, a practicing Emergency Physician from West Virginia, testified about the need to educate the public as well as physicians about prescribing and the importance and timeliness of referring patients for substance abuse treatment. He indicated that private insurers are monitoring this activity and, through the expanding use of EHRs, Medicare and Medicaid have the potential to help. He also stressed the value of the Patient-Centered Medical Home and of reimbursing physicians for abuse screening.

Timothy Schwab, MD, FACP, an internist and the Chief Medical Officer at a nonprofit Medicare advantage plan described a case involving an 81-year old female with multiple chronic conditions, who was seeing eight subspecialists in addition to her primary care physician and using three pharmacies until they assigned her a care manager. By coordinating her care, the care manager was able to control her pain and help her avoid falls and consequent ER visits.

The Medicaid Director for Texas, Billy Millwee, said that a collaborative approach using a PCMH with utilization review allowed his department to identify high-volume prescribers and take appropriate steps as indicated such as referring to the licensing board, to the AG, providing education or restricting the physician to using a single pharmacy for better monitoring.

Alex Cahana, MD, an anesthesiologist specializing in pain management at the University of Washington described the clinical approach to managing pain that his facility uses. It requires a comprehensive approach including medical intervention, exercise, and mind-body awareness. He mentioned that overprescribing can be attributed in part to the “impoverished dialogue between physicians and patients.”

4. FAMMEDPAC SUPPORTS TWO CANDIDATES, ENJOYING STRONG FUNDRAISING

The PAC donated \$422,500 this election cycle to 92 candidates and committees. Fundraising for the PAC is strong this cycle, with \$548,813 donated since January 2011, including \$127,601 since the first of this year. To date, 1,933 AAFP members have contributed to the PAC, with an average donation of \$284.

The PAC supported events for the following U.S. Representatives this week:

- **Rep. Kevin Yoder (R-KS)**, a member of the Appropriations Committee, represents Leawood, Kansas, the home of the AAFP. This is Rep. Yoder's first term in Congress.
- **Rep. Larry Bucshon (R-MI)**, who is a thoracic surgeon in his first term in Congress.

5. AAFP THANKS HHS FOR "TIPS FROM FORMER SMOKERS" CAMPAIGN

The AAFP joined with other national health and medical organizations in a March 20 [letter](#) that thanks HHS for the media [campaign](#) designed to educate the public about the dangers of tobacco use. Starting March 19, "Tips from Former Smokers" ads will run for at least 12 weeks on television, radio, and billboards, online, and in theaters, magazines, and newspapers nationwide. The ads focus on smoking-related lung and throat cancer, heart attack, stroke, Buerger's disease, and asthma. The ads will be tagged with 1-800-QUIT-NOW, a toll-free number to access quit support across the country, or the www.smokefree.gov web site, which provides free quitting information. The Prevention and Public Health Fund pays for the campaign, which has the potential to help save money by reducing tobacco-related health care costs, which total \$96 billion a year in the United States.

6. FEDERAL COURT RULES IN FAVOR OF FDA TOBACCO LABELING

Also on March 19, in a victory for anti-smoking advocates, the US Circuit Court of Appeals for the 6th Circuit upheld a Kentucky federal court ruling that the provisions of a law mandating graphic warning labels on cigarette packages are constitutional. The AAFP supported the FDA's proposed requirement for warnings for cigarette packages and advertisements in a December 22, 2010 [letter](#). This decision follows a Washington DC federal district judge's ruling against the government over the labeling requirement and sets up a clash over their constitutionality.

7. REGULATORY BRIEFS:

- On March 16, the HHS released the [final](#) rule on Medicaid eligibility changes under the *Affordable Care Act*. These modifications become effective in 2014 when Affordable Insurance Exchanges begin operation.
- On March 16, the US Departments HHS, Labor, and Treasury released a [proposed rule](#) designed to ensure that women have access to recommended preventive services while respecting the religious liberty of the employer. This policy will provide women with access to recommended preventive services including contraceptives without cost sharing, while ensuring that non-profit religious organizations are not required to pay for, provide, or facilitate the provision of any contraceptive service they object to on religious grounds.
- Also on March 16, HHS released a [final rule](#) governing student health plans. Under the final rule, students will gain the same consumer protections other people with individual market insurance have, like a prohibition on lifetime limits and coverage of preventive services without cost sharing.
- On March 21, CMS announced the [Graduate Nurse Education Demonstration](#), which is designed to provide hospitals that work with nursing schools that train advanced practice registered nurses (APRNs) with payments of up to \$200 million over four years to cover the costs of APRNs' clinical training. The demonstration requires that half of clinical training occur in non-hospital settings in the community and CMS will select up to five eligible hospitals to participate.
- On Wednesday March 28, from 2:30- 4pm EST, CMS will conduct a national call on the Initial Preventive Physical Exam and Annual Wellness Visit. CMS experts will be on hand to discuss both the IPPE and AWW, when to perform them, who can perform each service, who is eligible, and how to code and bill for each service, followed by a question and answer session. [Registration](#) is required.

- On March 29 from 1pm – 2pm ET, CMS will conduct a video streaming event launching a new initiative to improve behavioral health and reduce the use of antipsychotic medications in nursing homes residents. [Registration](#) is required.
- On April 10-11 in Washington, DC, HHS and the Association for Prevention Teaching and Research (APTR) are hosting the *2012 National Health Promotion Summit: Prevention. Promotion. Progress.*

8. INDIANA GOVERNOR SIGNS PARTIAL CLEAN INDOOR AIR BILL

On Monday, March 19, Indiana Governor Mitch Daniels (R) signed into law [HB 1149](#), a partial clean indoor air law. Although the bill will allow smoking in many workplaces (i.e. bars, taverns, casinos, cigar/hookah bars, retail tobacco stores and nonprofit private clubs and fraternal organizations), nursing homes, mental health facilities, and charity events will be smoke-free under the new law. The **Indiana AFP** worked with coalition partners and legislative champions to the very end in an effort to protect more workers from secondhand smoke. They were successful in removing preemption from the bill, so local municipalities will be able to pass stronger laws in the future. Still, the new law is the weakest in the Midwest.

9. GEORGIA AFP MOVES TO BLOCK BILL TO CRIMINALIZE ABORTION

The **Georgia AFP** urged members to contact their state senators and the Lieutenant Governor in opposition to [HB 954](#), a bill to restrict terminations of pregnancies after 20 weeks. The sole exemption is if the life of the mother is already in serious physical jeopardy. The bill requires any terminations 20 weeks or after must be by cesarean to save the fetus (even with anencephaly or terminal anomaly). The bill allows for charges to be brought against a physician performing a termination after 20 weeks, with sentences of one to 10 years in prison. The bill requires public reporting of all terminations at any gestation.

GAFP encouraged members to urge their state senators to not to criminalize physicians caring for the women of Georgia; that a woman with a fetal anomaly should not be forced into a decision to meet a legislated 20-week deadline; and, that public reporting of all terminations, of any gestation, may unjustifiably target well-meaning physicians.

10. MISSISSIPPI AFP SEES PRIORITY WORKFORCE BILL ADVANCE

On March 13, the Mississippi House of Representatives unanimously approved [HB 317](#), a workforce bill that is a top priority of the **Mississippi AFP**. The bill aims to establish the Office of Mississippi Physician Workforce. The University of Mississippi Medical Center will house the office, whose responsibilities will include overseeing development of the state's physician workforce. The bill has a strong family medicine focus, reflected in the requirement that the office develop and implement policies and procedures for creating new family medicine residency programs. The Senate Appropriations Committee approved the measure with \$1.5 million in funding. The next stop is the Senate Public Health Committee.