

April 26, 2013

IN THIS REPORT...

1. House Postpones Vote on Bill to Redirect ACA Fund to PCIP
2. Senate Subcommittee Holds Hearing on Primary Care Workforce
3. Senate and House Appropriations Committees Hear From HHS on FY 2014 Request
4. 2013 National Drug Policy Strategy Seeks CME Mandate For Opiate Prescribing
5. AAFP Suggests Steps to Advance Interoperability and Information Exchange
6. House Subcommittee Holds Hearing on Exchanges
7. House Subcommittee Looks at Country's Prescription Drug Supply Chain
8. National Prescription Drug Take-Back Day – April 27
9. FamMedPAC Supports House Democratic Whip, Exhibits at ALF/NCSC
10. GA Bill Would Ban Use of Guidelines in Malpractice Cases
11. CMS State-by-State Insurance Marketplace Call Schedule Announced

NEXT WEEK IN WASHINGTON...

- * Both the House and Senate will be in recess next week and will reconvene on May 6.

1. HOUSE POSTPONES VOTE ON BILL TO REDIRECT ACA FUND TO PCIP

In the face of conservative criticism and likely defeat, House Republicans postponed floor consideration of the *Help Sick Americans Now Act* (HR 1549), on Wednesday, April 24 shortly after passing the rule allowing for its debate. The bill sought to strip \$4 billion from the Prevention and Public Health Fund established in the *Affordable Care Act* (ACA) to fund the Pre-Existing Condition Insurance Plan (PCIP) which provides coverage to those with pre-existing conditions. On April 23, the White House issued a [statement](#) that the President's senior advisors would recommend that he veto the bill. It is not clear if the debate will be rescheduled.

2. SENATE SUBCOMMITTEE HOLDS HEARING ON PRIMARY CARE WORKFORCE

The Senate HELP Committee's Subcommittee on Primary Health and Aging held a hearing entitled "Successful Primary Care Programs: Creating the Workforce We Need" on Tuesday, April 23. Subcommittee Chairman Bernie Sanders (I-VT) said 1 in 5 people live in underserved areas and use the closest hospital for their care once a medical issue has become serious and more expensive to treat. Chairman Sanders said the physician workforce is 30 percent primary care and 70 percent specialists which is the opposite of what it should be. He is frustrated that we spend a lot on GME but get too few primary care doctors. He pointed to several solutions – expansion of the National Health Service Corps (NHSC), increase support for Teaching Health Centers and closing the payment gap between primary care physicians and specialists.

Subcommittee Ranking Member Richard Burr (R-NC) spoke of his support for the NHSC. Senator Burr asked NHSC Director Rebecca Spitzgo about duplication, overlap, and attrition rates for the NHSC and programs funded by HRSA and urged that research be done and reported back to the Committee. Senator Elizabeth Warren (D-MA) spoke about primary care

access and the need for a strong workforce, and she asked what the effect would be if we doubled the NHSC. Ms. Spitzgo responded that the effect would be “tremendous.” Senator Pat Roberts (R-KS) shared his strong support for Title VII but said that more has to be done, because some rural areas of Kansas have no providers.

George Rust, MD, Professor of Family Medicine, Morehouse School of Medicine in Atlanta, testified to his support for Title VII and asked that Congress increase the funding. He recommended unlinking GME from hospitals by giving the training dollars to the physicians rather than hospitals. When asked about cost, Dr. Rust shared his belief, supported by studies, that primary care saves money for the health care system. Primary care is built on providing the right care in the right setting at the right time. Dan Hawkins with the National Association of Community Health Centers testified that health center-trained physicians tend to stay in a health center settings. The President of the Vermont Nurse Practitioner Association, Deborah Wachtel, spoke about removing barriers that limit their ability to work to their level of license should be removed. Senator Sanders seemed to agree.

3. APPROPRIATIONS COMMITTEES HEAR FROM HHS ON FY 2014 BUDGET

HHS Secretary Kathleen Sebelius testified on Wednesday, April 24 and Thursday, April 25 before the Senate and House Appropriations Subcommittees on Labor, HHS, Education and Related Agencies respectively on the President’s FY 2014 budget. Sen. John Boozman (R-AR) raised the flawed SGR formula which the President’s budget would replace with a “period of payment stability lasting several years.” She replied that “I don’t think there’s any bigger, single threat to Medicare than the constant threat that Medicare providers will be cut year in and year out. We would love to work with you and other members in Congress to get rid of this yearly Kabuki dance that hurts providers and scares patients.”

Senate Subcommittee Chairman Tom Harkin (D-IA) repeatedly expressed his frustration with the Administration’s “raid” of the *Affordable Care Act’s* Prevention and Public Health Fund for health reform implementation. Secretary Sebelius defended the plan to use the fund for education and outreach to ensure that those who are eligible understand the benefits and how to enroll. Chairman Harkin has a “Hold” preventing a vote on the nomination of Acting CMS Administrator Marilyn Tavenner in order to convey his opposition to that use of the fund.

Senator Mark Pryor (D-AR) highlighted the need for HHS to support primary care training so that our physician workforce will be adequate. He expressed frustration at the cuts proposed to Children’s Hospital GME payments and to the Title VII Section 751 Area Health Education Center (AHEC) program. He and several others raised concerns about the cuts proposed in Critical Access Hospital payments reminding the Secretary that while 20 percent of Americans live in rural areas, only 9 percent of physicians do.

At the House hearing, Rep. Andy Harris, MD (R-MD) inquired about the President’s timeline for naming the ACA’s Independent Payment Advisory Board (IPAB) and about the Secretary’s plan for achieving savings if the board is not named. Sebelius indicated that the President had requested input from the Congress but that Medicare’s cost trend lines seemed to suggest that IPAB would not be needed before 2019. He asked when HHS would publish the final conscience protection rule, and the Secretary indicated that it will take a couple of months to review the comments. Dr. Harris insisted that HHS not pressure states on nursing scope of practice expansion and outlined the need for religious exemptions to the health insurance mandate to which Ranking Member Rosa Delauro (D-CT) retorted that a boss’ ideology should not determine one’s health care options. Rep. Lucille Roybal-Allard (D-CA) expressed serious reservations with the Administration’s proposal to cut Title VII Sections 751 and 739, the AHEC and Health Career Opportunity Programs.

4. 2013 DRUG POLICY STRATEGY SEEKS CME MANDATE FOR OPIATE PRESCRIBING

Gil Kerlikowske, the Director of the White House Office of National Drug Control Policy reiterated the call for mandatory CME to combat prescription drug abuse in the 2013 National Drug Control Strategy released on April 24. AAFP leaders met with Mr. Kerlikowske on last October to present the AAFP [position paper on pain management and opioid abuse](#) which makes it clear that additional barriers will limit patient access to legitimate pain management.

5. AAFP GIVES INPUT ON ADVANCING INTEROPERABILITY

In a [letter](#) sent April 18 to the Office of the National Coordinator for Health Information Technology (ONC), the AAFP responded to a request for comments on ways to advance interoperability and promote health information exchange. In this regulation, ONC sought input potential policy and program changes to accelerate electronic health information exchange across providers. After expressing strong support for the use of electronic records and health information exchange, the AAFP addressed several specific questions posed by ONC. The AAFP's response discussed how patient-centeredness is a core component of the patient centered medical home and patients having access to their health information is consistent with that approach to health care.

6. HOUSE SUBCOMMITTEE LOOKS AT COST AND AVAILABILITY OF EXCHANGES

The House Subcommittee on Oversight and Investigations, chaired by Rep. Tim Murphy (R-PA), held a hearing on April 24 to examine the implementation of the *Affordable Care Act* (ACA). The lone witness, Gary Cohen, Director of CMS's Center for Consumer Information and Insurance Oversight (CCIIO), answered a battery of questions of legislators.

CCIIO is responsible for the implementation of the provisions related to private health insurance in the ACA. The questions all centered on two concerns; whether or not the government will truly be ready to open enrollment for the health insurance exchanges on October 1 as required by law and whether or not costs will rise. Rep. Michael Burgess, MD (R-TX) said that, "alarm bells are ringing louder every day" and employees and patients need certainty that the program will be ready. Mr. Cohen answered the readiness question carefully, making sure to leave some wiggle room for unforeseen issues that might emerge as the new program is rolled out. Rep. Pete Olson (R-TX) asked if government is ready for small business owners who decide to dump employees and force them to use an exchange rather than an employer sponsored option. Mr. Cohen assured the Members that "over time" people will see lower cost.

7. HOUSE SUBCOMMITTEE LOOKS AT PRESCRIPTION DRUG SUPPLY CHAIN

The House Energy and Commerce Subcommittee on Health held a hearing entitled "Securing our Nation's Prescription Drug Supply Chain" on April 25. Subcommittee Chairman Joe Pitts (R-PA) told witnesses, [a large group of governmental and industry representatives](#), that he hoped to hear about the need for legislation to secure downstream pharmaceutical supply chain, including manufactures, wholesale distributors, pharmacies, repackagers, and third party logistics providers. The Chairman was curious to know if federal standard might be preferable. Rep. Henry Waxman (D-CA) noted that California's law seems to be working and that any system must be interoperable in order to ensure effectiveness.

Janet Woodcock MD, Center for Drug Evaluation and Research, Food and Drug Administration, congratulated the Subcommittee for their commitment to examining ways to improve the safety and reliability of the drug supply chain in the Country. All of the witnesses agreed that uniformity would enhance the security of the pharmaceutical distribution supply chain and seemed to support a national "track and trace" program. But they differed in how long it would take to develop a good system and that it should be phased in gradually. The hearing ended with Ranking Member Rep. Frank Pallone (D-NJ) sharing his unhappiness that the Subcommittee's majority is drafting a bill without the input Subcommittee Democrats.

8. NATIONAL PRESCRIPTION DRUG TAKE-BACK DAY – APRIL 27

The AAFP encourages members and patients to participate in the Drug Enforcement Administration's National Prescription Drug Take-Back Day on Saturday, April 27 to safely dispose of their unused or expired prescription drugs. To find a collection site near you, please see this [collection site locator](#) on the DEA's website.

9. FAMMEDPAC EXHIBITS AT ALF/NCSC, SUPPORTS HOUSE DEMOCRATIC WHIP

FamMedPAC had a table at ALF/NCSC and presented awards to the South Dakota chapter, the Massachusetts chapter, and the Tennessee chapter, the small, medium and large chapters that had the highest level of contributions to the PAC in the last election cycle. The Rhode Island chapter was awarded the FamMedPAC Chairman's Award for having the highest percentage of its members contributing to the PAC. FamMedPAC also supported Rep. Steny Hoyer (D-MD), the House Minority Whip and long-time champion of health care coverage for all.

10. GA BILL WOULD BAN USE OF GUIDELINES IN MALPRACTICE CASES

A bill passed by the Georgia Legislature ([SB 141](#) / [HB 499](#)) would prohibit medical guidelines or reimbursement criteria implemented under federal law to be used as a standard of care to establish whether a physician is negligent in a medical malpractice or product liability suit. A similar bill, the [Standard of Care Protection Act](#) (HR 1473), was introduced by Rep. Phil Gingrey, MD (R-GA) in the US Congress on April 10.

11. CMS STATE-BY-STATE INSURANCE MARKETPLACE CALLS

Next week, CMS will begin to host state-specific calls for Federally-Facilitated (FFM) and State Partnership Marketplaces (SPM). Information on these calls is listed by region below:

CMS Region 1 - For Region 1 Office information, email: robosora@cms.hhs.gov

- Maine, Wednesday, May 1, 2013 at 11:30am ET, to [register](#).
- New Hampshire, Thursday, May 2, 2013 at 11:00am ET, to [register](#).

CMS Region 2 - For Region 2 Office information, email: ronycora@cms.hhs.gov

- New Jersey, Tuesday, April 30, 2013 at 3:00pm ET, to [register](#).

CMS Region 3 - For Region 3 Office information, email: rophiora@cms.hhs.gov

- Delaware, Tuesday, April 30, 2013 at 10:00am ET, to [register](#).
- Virginia, Tuesday, April 30, 2013 at 1:30pm ET, to [register](#).
- Pennsylvania, Wednesday, May 1, 2013 at 10:00am ET, to [register](#).
- West Virginia, Wednesday, May 1, 2013 at 1:30pm ET, to [register](#).

CMS Region 4 - For Region 4 Office information, email: roatlora@cms.hhs.gov

- Alabama, Monday, April 29, 2013 at 10:00am ET, to [register](#).
- Florida, Monday, April 29, 2013 at 3:00pm ET, to [register](#).
- Georgia, Wednesday, May 1, 2013 at 10:00am ET, to [register](#).
- Mississippi, Wednesday, May 1, 2013 at 3:00pm ET, to [register](#).
- South Carolina, Thursday, May 2, 2013 at 11:00am ET, to [register](#).

- Tennessee, Thursday, May 2, 2013 at 1:00pm ET, to [register](#).
- North Carolina, Thursday, May 2, 2013 at 3:00pm ET, to [register](#).

CMS Region 5 - For Region 5 Office information, email: rochiora@cms.hhs.gov

- Illinois, Tuesday, April 30, 2013 at 10:00am ET, to [register](#).
- Indiana, Tuesday, April 30, 2013 at 2:00pm ET, to [register](#).
- Ohio, Wednesday, May 1, 2013 at 10:00am ET, to [register](#).
- Wisconsin, Wednesday, May 1, 2013 at 2:00pm ET, to [register](#).
- Michigan, Thursday, May 2, 2013 at 11:30am ET, to [register](#).

CMS Region 6 - For Region 6 Office information, email: rodalora@cms.hhs.gov

- Louisiana, Monday, April 29, 2013 at 2:00pm ET, to [register](#).
- Oklahoma, Thursday, May 2, 2013 at 10:30am ET, to [register](#).
- Arkansas, Thursday, May 2, 2013 at 2:00pm ET, to [register](#).
- Texas, Friday, May 3, 2013 at 2:00pm ET, to [register](#).

CMS Region 7 - For Region 7 Office information, email: rokcmora@cms.hhs.gov

- Kansas, Monday, April 29, 2013 at 11:00am ET, to [register](#).
- Missouri, Tuesday, April 30, 2013 at 11:00am ET, to [register](#).
- Nebraska, Wednesday, May 1, 2013 at 11:00am ET, to [register](#).
- Iowa, Thursday, May 2, 2013 at 11:00am ET, to [register](#).

CMS Region 8 - For Region 8 Office information, email: roreaora@cms.hhs.gov

- Montana, Tuesday, April 30, 2013 at 11:00am ET, to [register](#).
- South Dakota, Tuesday, April 30, 2013 at 1:00pm ET, to [register](#).
- Wyoming, Friday, May 3, 2013 at 11:00am ET, to [register](#).
- North Dakota, Friday, May 3, 2013 at 1:00pm ET, to [register](#).

CMS Region 9 - For Region 9 Office information, email: rosfoora@cms.hhs.gov

- Arizona, Tuesday, April 30, 2013 at 1:00pm ET, to [register](#).

CMS Region 10 - For Region 10 Office information, email: rosea_ora2@cms.hhs.gov

- Alaska, Wednesday, May 1, 2013 at 2:00pm ET, to [register](#).