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NEXT WEEK IN WASHINGTON...

* The House of Representatives will be in session from Monday, February 4 until Wednesday, February 6. The Senate is in session all week.

1. SENATE PANEL EXAMINES PRIMARY CARE WORKFORCE NEEDS

On Tuesday, January 29, the Primary Health and Aging Subcommittee of the Senate Health, Education, Labor and Pensions (HELP) Committee held a hearing on the nation's need for more primary care physicians and other health care providers, especially in light of the pending increase in the individuals who will have health insurance coverage. The AAFP submitted a [statement](#) which detailed our recommendations for increasing the family physician workforce.

The hearing, which Senator Bernie Sanders (I-VT) chaired and which included the senior Republican on the subcommittee, Senator Michael Enzi (R-WY), heard from

- Fitzhugh Mullan, MD, George Washington University School of Medicine
- Tess Stack Kuenning, CNS, MS, RN, Bi-State Primary Care Association, Vermont
- Toni Decklever, MA, RN, Government Affairs, Wyoming Nurses Association
- Andrew Wilper, MD, MPH, Acting Chief of Medicine, VA Medical Center, Boise, Idaho
- Uwe Reinhardt, PhD, Professor of Political Economy and Professor of Economics and Public Affairs, Princeton University
- Claudia Fegan, MD, Chief Medical Officer, Hospital of Cook County, Chicago.

There was a great deal of discussion about the return on investment of increasing the primary care workforce. Senator Al Franken (D-MN), a member of the Subcommittee, advocated for student loan forgiveness suggesting that if a medical student knew in advance that \$100,000 would be forgiven for going into primary care, more students would likely make that choice. Dr. Wilper suggested forgiving \$80,000, but adding on an additional \$20,000 if the student practices in an underserved setting. He also spoke about the need to address the pay disparity between primary care and specialists. Dr. Mullan discussed the importance of Teaching Health Centers, and the need to make a commitment for funding beyond a five-year authorization. Dr. Reinhart raised questions about licensing, and shared his view that nurse practitioners and physician assistants should be allowed to practice independently.

2. AAFP JOINS EFFORT TO SUPPORT MEDICAID/MEDICARE PAYMENT PARITY

On January 29, the AAFP and four other organizations representing primary care physicians sent similar letters to the [National Governors Association](#) and [National Association of Medicaid Directors](#) expressing strong support for the primary care payment increase. The letters supported the provision since it will lead to greater access to care for Medicaid patients and also urged states to take steps necessary to implement the increase by filing the required State Plan Amendment with CMS as soon as possible. The letter also urged states to engage in an educational campaign with physicians in order to maximize participation and minimize the burden physicians will experience when self-attestation becomes available.

3. AAFP REACTS TO DRAFT HIT PATIENT SAFETY PLAN

In a [letter](#) sent January 30 to the U.S. Department of Health and Human Services (HHS) Office of the National Coordinator for Health Information Technology, the AAFP reacted to the draft Health IT Patient Safety Action and Surveillance Plan. It purports to build on the commitment of HHS to patient safety, addresses recommendations made in the 2011 Institute of Medicine (IOM) Report, *Health IT and Patient Safety: Building Safer Systems for Better Care*, and leverages the shared responsibility among HHS and private organizations' existing programs that are focused on using health IT to improve patient safety to support a culture of safety. The AAFP expressed full support for patient safety event and risk reporting, but urged for any reporting requirements to be non-punitive and properly structured for an outpatient and office based setting.

4. REGULATORY BRIEFS

- On January 30, the Centers for Medicare & Medicaid Services (CMS) released Exchange Functions: [Eligibility for Exemptions: Miscellaneous Minimum Essential Coverage Provisions](#) and the Internal Revenue Service (IRS) released [Shared Responsibility Payment for Not Maintaining Minimum Essential Coverage](#). These proposed rules pertain to the exemption from the "shared responsibility" payment for not maintaining minimum essential coverage under the *Affordable Care Act*. In the accompanying [press release](#), CMS highlighted that "individuals who would be eligible for Medicaid but for a state's choice not to expand Medicaid eligibility" will qualify for the hardship exemption. Comments on the CMS proposed rule are due March 18 and comments on the IRS proposed rule are due May 2.
- On January 30, CMS [announced](#) that lower Medicare prices will go into effect in July due to an expansion of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies ([DMEPOS](#)) Competitive Bidding Program.
- CMS recently posted a [document](#) showing that the last quarter of 2012, the Medicare Recovery Audit Contractors collected over \$744M in overpayments.
- On January 31, CMS announced that over 500 organizations will begin participating in the [Bundled Payments for Care Improvement](#) initiative which is designed to test how bundling payments for episodes of care can result in more coordinated care for beneficiaries and lower costs for Medicare. As part of the announcement, CMS indicated that 32 awardees were selected for Model 1 and these organizations will begin testing bundled payments for acute care hospital stays as early as April 2013.