

December 5, 2014

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NEXT WEEK IN WASHINGTON...

- * On Tuesday, December 9, the Health Subcommittee of the House Energy & Commerce Committee will hold a hearing on fiscal priorities for the next Congress.

1. AAFP QUESTIONS USING MEDICARE SAVINGS FOR NON-MEDICARE PROGRAMS

The AAFP sent a [letter](#) on December 3 to the House of Representatives expressing concern about the use of Medicare savings to offset the cost of non-medical programs in the *Achieving a Better Life Experience (ABLE) Act* (HR 647). The *ABLE Act*, which would allow tax-free savings accounts for people with disabilities, is estimated to cost \$2 billion over ten years. The bill would balance the higher spending with cuts to Medicare, including accelerating a provision in last spring's extension of the SGR, which requires Department of Health and Human Services (HHS) to cut payments to physicians across the board if the government fails to identify and correct overpaid Medicare services. Despite opposition from the AAFP, AMA, ACP and others, the House on December 3 passed the *ABLE Act*, by a vote of 404 to 17.

2. CONGRESS MUST SOLVE FUNDING SHORTFALL FOR TEACHING HEALTH CENTERS

The AAFP continues to look to Congress to address the funding shortfall in the Teaching Health Center Graduate Medical Education (THCGME) program for the coming academic year. On December 4, the AAFP in coalition with 11 other organizations sent a [letter](#) to Congress to urge additional funding for the THCGME program in the current fiscal year.

3. SENATE MAY CONFIRM SURGEON GENERAL NOMINEE

Before the end of this Congress, the Senate may approve several Presidential nominees, including the Surgeon General. The AAFP President, Dr. Bob Wergin, spoke at a press event in Washington, DC, on Tuesday, December 2, urging the Senate to confirm Dr. Vivek Murthy as US Surgeon General. Senators Richard Blumenthal (D-CT) and Christopher Murphy (D-CT) joined Dr. Wergin.

4. AAFP NOMINATES SEVERAL FAMILY PHYSICIANS TO GOVERNMENT COMMITTEES

In a December 2 letter to the Centers for Medicare & Medicaid Services (CMS), the AAFP nominated Doug Campos-Outcalt, MD, MPA to serve on the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC). The MEDCAC provides advice and guidance concerning the adequacy of scientific evidence available to CMS in making coverage determinations under the Medicare program. The MEDCAC reviews and evaluates medical literature and technology assessments, and hears public testimony on the evidence available to address the impact of medical items and services on health outcomes of Medicare beneficiaries.

In a December 2 letter, the AAFP nominated Douglas Kamerow, MD and Sarah Mullins, MD to fill vacancies on the Tobacco Products Scientific Advisory Committee within the Food and Drug Administration's (FDA) Office of Science in the Center for Tobacco Products. This committee assists the FDA in the regulation of tobacco products.

In a December 3 letter to the HHS Office of HIV/AIDS and Infectious Disease Policy, the AAFP nominated Ada D. Stewart, RPh, MD, AAHIVS to serve on the Presidential Advisory Council on HIV/AIDS which provides advice, information, and recommendations to HHS on programs and policies intended to promote effective prevention and care of HIV disease and AIDS.

5. ASK CONGRESS TO SAVE THE NATIONAL HEALTH SERVICE CORPS TODAY

Earlier this week, AAFP Grassroots launched a campaign to save the National Health Service Corps (NHSC). The NHSC has provided scholarships and loan repayments to primary care workers who make a multiyear commitment to practice in underserved communities since 1972. Congress eliminated the annual appropriation for the NHSC in 2012. The NHSC has been funded since then by a five-year trust fund that will expire at the end of the fiscal year. The program will have no funds to operate unless Congress acts to protect it. [Please send a prewritten email](#) to your legislators to ask them to save the NHSC while Congress is still in session. Primary care, students, residents, and the primary care workforce depend on it.

6. HOUSE SUBCOMMITTEE REVIEWS CHILDREN'S HEALTH INSURANCE PROGRAM

On December 3, the House Energy and Commerce Subcommittee on Health held a [hearing](#) to discuss reauthorization of the Children's Health Insurance Program (CHIP). The program provides health insurance coverage for children up to age 19 and pregnant women in families with incomes above the Medicaid eligibility level. Since the program was created in 1997, children without insurance dropped from 14 percent to 7 percent. The program is set to expire September 30, 2015.

Overall, there was bipartisan support for CHIP but several members inquired if the program was still a necessity now that health care reform is underway. They also discussed what might occur if children were shifted into exchange plans. Other areas of concern included administrative burdens, access to specialty care and network adequacy. The consensus among all four hearing witnesses, included Dr. Anne Schwartz, Executive Director of Medicaid and CHIP Payment and Access Commission (MACPAC), was that CHIP remains a value source of health coverage and access to primary care. She indicated that there was no overlap with exchange plans or private insurance because it provides access to care that is unaffordable among exchange or private plans. The governors of 39 states sent [letters](#) supporting CHIP reauthorization and recommending program changes. In October, AAFP signed a [joint letter](#) urging Congressional leaders to reauthorize CHIP.

7. HOUSE PASSES DEFENSE BILL THAT BLOCKS BANS ON MILITARY TOBACCO

On December 4, the House of Representatives passed a defense appropriations bill that would prohibit the military from banning tobacco sales at commissaries and exchanges. The AAFP

and others specifically urged Congress to reject such language in an October 24, 2014 [letter](#). The bill is expected to clear the Senate next week.

8. REGULATORY BRIEFS

- On November 24, CMS extended the deadline for eligible hospitals and Critical Access Hospitals (CAH) to attest to meaningful use for the Medicare Electronic Health Record (EHR) Incentive Program 2014 reporting year from November 30 to December 31, 2014. CMS also extended the deadline to December 31, 2014 for eligible hospitals and CAHs that are electronically submitting clinical quality measures to meet that requirement of meaningful use and the Hospital Inpatient Quality Reporting program.
- On December 1, CMS released a [fact sheet](#) on a new proposed rule impacting the Shared Savings Program for Accountable Care Organizations (ACOs). The proposed rule suggests adjustments to improve the Medicare Shared Savings Program, including:
 - Offering more flexibility in the financial risk and incentive models
 - Encouraging greater performance-based risk and reward
 - Supporting primary care that, according to the CMS press release, “places greater emphasis on primary care services delivered by nurse practitioners, physician assistants and clinical nurse specialists and to allow certain specialists not associated with primary care to participate in multiple ACOs.”
 - Using alternative methodologies for benchmarks.
 - Streamlining data sharing and reducing administrative burden.

The [proposed rule](#) will be open to a 60-day comment period.

- On December 2, HHS released a [report](#) with analysis by AHRQ of preliminary results from patient safety efforts that HHS and its partners have undertaken. According to the analysis, a reduction in hospital-acquired conditions from 2010 to 2013 has meant an estimated 50,000 fewer patients died in hospitals and approximately \$12 billion in health care costs were saved. Preliminary estimates show that in total, hospital patients experienced 1.3 million fewer hospital-acquired conditions from 2010 to 2013. This translates to a 17 percent decline in hospital-acquired conditions over the three-year period. In 2013 alone, preliminary estimates show that almost 35,000 fewer patients died in hospitals, and approximately 800,000 fewer incidents of harm occurred, saving approximately \$8 billion. The results update the data showing improvement for 2012 that were released in May 2014.
- On December 3, CMS issued a final rule titled, “Requirements for the Medicare Incentive Reward Program and Provider Enrollment” which is designed to improve CMS’ ability to deny or revoke the enrollment of entities and individuals that pose a risk to the Medicare program. The final rule allows CMS to:
 - Deny enrollment to providers and owners affiliated with any entity that has unpaid Medicare debt;
 - Deny or revoke the enrollment of a provider if a managing employee has been convicted of a felony offense that CMS determines to be detrimental to Medicare beneficiaries.
 - Revoke enrollments of providers engaging in abuse of billing privileges by demonstrating a pattern or practice of billing for services that do not meet Medicare requirements.

In a regulatory comment [letter](#) sent June 18, 2013 the AAFP supported a CMS proposal to increase the Medicare Incentive Reward Program’s (IRP) potential reward amount for tips and information on fraud. After expressing the AAFP’s support for efforts to prevent fraud, the letter then notes our concern that well intended fraud-detection efforts could inadvertently snare law-abiding physicians who unintentionally make a mistake during the enrollment process.

- On December 3, CMS [released](#) a report that health spending grew at a rate of 3.6 percent in 2013. Total national health expenditures in the U.S. reached \$2.9 trillion in 2013, or \$9,255 per person. The annual report showed health spending continued a pattern of low growth—between 3.6 percent and 4.1 percent—for five consecutive years.
- CMS will host the following free educational calls, [registration](#) is required:
 - National Partnership to Improve Dementia Care in Nursing Homes on Tuesday, December 9, 1:30pm ET;
 - Certifying Patients for the Medicare Home Health Benefit on Tuesday, December 16, 1:30pm ET.