

June 27, 2014

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NEXT WEEK IN WASHINGTON...

- * Both the House and the Senate will be in recess in observance of Independence Day.

1. AAFP URGES VA CONFEREES TO MAXIMIZE ACCESS TO PRIMARY CARE

On Tuesday, June 24, a House-Senate Conference Committee held its first formal meeting to iron out differences between *Veterans' Access to Care through Choice, Accountability, and Transparency Act* (S. 2450) and the *Veteran Access to Care Act* (HR 4810). The bills, passed earlier this month by the Senate and House, respectively, would address issues arising out of the recent health care scandal in the Veterans Health Administration—including allegations that undue delays in care led to patient deaths in several VA hospitals. In a [letter dated June 23](#), the American Academy of Family Physicians (AAFP) urged the conference committee members to produce a bill that ensures access to primary care by allowing family physicians to contract more easily with the VA. Family physicians should be able to use their Medicare credentials and be paid by the VA within 30 days, as in Medicare. In addition, the AAFP is asking that the VA be required to reimburse family physicians at Medicare fee-for-service rates, plus 20 percent.

Opening statements of the 28 members of the committee reflected a mutual desire to allow veterans to see civilian providers in order to alleviate the backlog within the VA. Several of the conferees, Reps. Phil Roe, MD (R-TN), Dan Benishek, MD (R-MI), and Brad Wenstrup, DPM (R-OH), are medical professionals. Rep. Benishek spoke about the importance of opening VA services to private providers, but stressed that Congress must give the VA new authority that it will use (noting that the VA already has authority to contract with private providers that it frequently does not use). Rep. Roe and Sen. Jon Tester (D-MT) both noted the importance of insuring that the VA pay providers promptly, to ensure full participation and adequate access to services. Rep. Mark Takano (D-CA) discussed his desire to include the *Underserved Veterans Access to Health Care Act* (HR 4942), which would require the VHA to establish 2,000 new GME residency slots in VA hospitals, focused on primary care and mental health. The conference committee has not announced a timeline for reaching a final compromise bill.

2. FamMedPAC SUPPORTS HOUSE AND SENATE MEMBERS THIS WEEK

FamMedPAC supported three House Members and one Senator this week.

- **Sen. Orrin Hatch (R-UT)**, the ranking Republican on the Senate Finance Committee, Sen. Hatch also serves on the Health, Education, Labor and Pensions Committee.
- **Rep. Nita Lowey (D-NY)**, the ranking Democrat on the House Appropriations Committee.
- **Rep. Gerald Connolly (D-VA)**, a cosponsor of the AAFP-supported GME legislation, the *Primary Care Workforce Access Improvement Act (HR 487)*.
- **Rep. Michelle Lujan Grisham (D-NM)**, a freshman, Rep. Lujan Grisham spoke at the Family Medicine Congressional Conference earlier this year.

3. TWO FAMILY PHYSICIANS NOMINATED TO VA COMMITTEE ON WOMEN VETERANS

In a letter sent June 26 to the Department of Veterans Affairs, the AAFP nominated Lori Heim, MD, FAAFP, USAF COL (ret) and Evelyn Lewis&Clark, MD, MA, FAAFP, USN COL (r) to serve on the Advisory Committee on Women Veterans. This committee provides advice to the Secretary of Veterans Affairs on the administration of VA's benefits and services for women veterans and provides a Congressionally-mandated report each even-numbered year.

4. HHS ANNOUNCES AUTOMATIC REENROLLMENT FOR MARKETPLCE CONSUMERS

On Thursday, the U.S. Department of Health and Services (HHS) announced its [proposal](#) to aid current insurance marketplace consumers auto-enroll in their current health plan again for 2015. Though consumers will have the option to shop for a different plan or report life changes, HHS is enthusiastic that auto-enrollment will create a more seamless process for those who like their plans and want to keep them. In addition, HHS announced that they will be releasing guidance in coming weeks on redetermination periods for state marketplaces. The AAFP will review these rules and guidance and submit comments as appropriate.

5. COMMENTS SENT ON GME PORTIONS WITHIN 2015 HOSPITAL PROPOSED RULE

In a [letter](#) sent to the Centers for Medicare & Medicaid Services on June 26, the Council of Academic Family Medicine (CAFM), including the Society of Teachers of Family Medicine, Association of Departments of Family Medicine, Association of Family Medicine Residency Directors, the North American Primary Care Research Group, along with AAFP, commented on the graduate medical education (GME) provisions within the proposed 2015 Hospital Inpatient Prospective Payment Systems regulation.

After first expressing our strong belief that the primary health needs of rural America are not being met, the letter urged CMS to do more to remove barriers to increase production of primary care physicians for underserved rural areas. The comment letter then reacted to several proposals CMS made regarding indirect medical education Medicare Part C add-on payments to sole community hospitals, changes in the effective date of the FTE resident cap and resident-to-bed ratio cap for new programs in teaching hospitals, the new program FTE resident cap adjustment for rural hospitals redesignated as urban, and the participation of re-designated hospital in rural training track.

5. REGULATORY BRIEFS

- On June 25, CMS [announced](#) that their fraud prevention efforts identified or prevented \$210 million in improper Medicare fee-for-service payments which resulted in CMS taking action against 938 providers and suppliers.