

September 12, 2014

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NEXT WEEK IN WASHINGTON...

- * On Monday, September 15, the AAFP leadership will brief Congressional staff on the AAFP's GME policy recommendations.
- * On Tuesday and Wednesday (September 16-17), AAFP President, Dr. Blackwelder, and leaders of 4 other major physician organizations meet with Congressional leaders to seek SGR repeal.
- * On Tuesday, September 16, the Senate Appropriations Labor-HHS Subcommittee and the HELP Committee will hold a joint hearing on Ebola in West Africa.
- * On Tuesday, September 16, CMS will conduct the Physicians, Nurses & Allied Health Professionals Open Door Forum.
- * On Thursday, September 18, the House Energy and Commerce Committee's oversight and investigations subcommittee, will host a hearing on "Suicide Prevention and Treatment: Helping Loved Ones in Mental Health Crisis."
- * On Friday, September 19, the House Energy and Commerce Subcommittee on Health will hold a hearing on 21st Century Cures: Examining Ways to Combat Antibiotic Resistance and Foster New Drug Development.

1. GRADUATE MEDICAL EDUCATION PANEL OUTLINES CHALLENGES AHEAD

On Wednesday, September 10, *Health Affairs* convened a roundtable discussion on the governance and financing of Graduate Medical Education. Twelve panelists spoke at the event, representing an array of teaching hospitals, residency accreditation bodies, and academic institutions. A primary point of discussion was the recent Institute of Medicine (IOM) recommendations on GME reform. Gail Wilensky, who co-chaired the IOM committee that authored the report, outlined the IOM's recommendations that Congress maintain the federal investment in GME, while consolidating the various funding streams (including Medicare direct and indirect GME, Medicaid) into a single program. The IOM also recommends that Congress divide the funding stream into an operational fund (which would continue financing the current system), and a "transformational fund," which would subsidize new training models, including those centered around non-hospital-centric training. The AAFP issued a [statement](#) on the IOM report.

The other speakers expressed a variety of viewpoints, ranging from support for the current GME system to support for broad IOM-style reforms. One notable exchange took place between Glenn Hackbarth, chair of the Medicare Payment Advisory Commission (MedPAC), and Bruce Vladeck, former administrator of the Centers for Medicare and Medicaid Services (CMS). Mr. Hackbarth explained that the federal investment in GME currently perpetuates training in hospitals, with little regard for the nation's current need to train doctors to practice in other settings. He also noted that hospitals sometimes use a large portion of GME dollars (known as indirect medical education funding or IME) for purposes other than medical education, indicating the need for more accountability and transparency in the program. Mr. Vladeck, in contrast, outlined a forceful defense for the status quo, suggesting that Medicare GME policy is working as intended, even if it hasn't been overhauled in almost 50 years.

The AAFP will unveil its new GME proposals in a [Congressional briefing](#) on Monday, September 15.

2. HOUSE VOTES TO DELAY ENFORCEMENT OF HEALTH PLAN STANDARD

On Wednesday, September 10, by a vote of 247 to 167, the House approved the *Employee Health Care Protection Act* (HR 3522) with the support of all Republicans and 25 Democrats. The bill would permit a health insurance issuer that has in effect health insurance coverage in the group market on any date during 2013 to continue offering such coverage for sale during 2014 outside of a health care exchange established under the *Patient Protection and Affordable Care Act* (ACA). The House-passed bill, which is not likely to be brought up in the Senate, would treat such coverage as a grandfathered health plan for purposes of an individual meeting the requirement to maintain minimum essential health coverage.

The bill would allow insurers to keep selling health plans that are currently available in the group market to be offered through 2019. The scope is broader and longer-term than the administration's decision to allow non-compliant plans to be extended.

3. AAFP SUPPORTS REAUTHORIZATION OF NASPER

The AAFP wrote to [Rep. Ed Whitfield \(R-KY\)](#) and [Sen. Jeanne Shaheen \(D-NH\)](#) in support of the *National All Schedules Prescription Electronic Reporting (NASPER) Reauthorization Act* (HR 3528 and S. 2529) to amend and reauthorize the controlled substance monitoring program under section 3990 of the *Public Health Service Act*. These bipartisan bills to reauthorize NASPER align with AAFP policy outlined in the [position paper on pain management and opioid abuse](#).

4. HOUSE APPROVES FOUR HEALTH BILLS

On September 10, the House of Representatives approved the following four health bills:

- HR 4067, introduced by Rep. Lynn Jenkins (R-KS), would delay the 2014 requirement of CMS that physicians supervise outpatient therapeutic services in critical access and small rural hospitals.
- The *Sudden Unexpected Death and Data Enhancement and Awareness Act* (HR 669), introduced by Reps. Frank Pallone (D-NJ) and Peter King (R-NY), would update data collection and surveillance standards for stillbirth, sudden unexpected infant death, and sudden unexplained death in children. In addition, the bill would establish grant programs to support child death review programs, public education and prevention activities.
- The *Wakefield Act* (HR 4290), introduced by Reps. Jim Matheson (D-UT) and Peter King (R-NY), would reauthorize the Emergency Medical Services for Children Program until 2019.
- The *Vector-Borne Disease Research Accountability and Transparency Act* (HR 4701), introduced by Rep. Chris Gibson (R-NY), would direct the National Institutes of Health

and the Centers for Disease Control and Prevention to develop scientific frameworks for research on at least two vector-borne diseases, those transmitted to humans or animals from ticks, fleas and mosquitos, that have a high domestic incidence, and convene a working group for each identified disease.

5. PANEL CONSIDERS BILL ON TRAINING TO TREAT VICTIMS OF TRAFFICKING

On Thursday, September 11, the House Energy and Commerce Committee's Health Subcommittee reviewed the *Trafficking Awareness Training for Health Care Act* (HR 5411), introduced by Rep. Renee Ellmers (R-NC). The legislation would establish a grant program to identify best practices and develop training resources for physicians and other professionals who encounter trafficking victims.

During the hearing, Katherine Chon, Senior Advisor on Trafficking in Persons within the U.S. Department of Health and Human Service's Administration for Children and Families testified about a current pilot program underway to identify effective practices for screening, referring and assisting trafficked persons. Hanni Stoklasa, MD, an emergency physician at Brigham and Women's Hospital, testified about the need to help physicians, including family physicians, better identify and assist patients who may be subjected to violence, exploitation and abuse. The legislation and Administration's efforts are consistent with AAFP's policies that identify violence, sexual assault and trauma as public health concerns.

6. FamMedPAC BUSY AS 113TH CONGRESS WINDS DOWN

As Congress prepares to leave town next week and head out to the campaign trail, FamMedPAC continues to support important legislators and promote AAFP's legislative priorities. The PAC participated in event for the following Congressional lawmakers this week:

- **Sen. Ben Cardin (D-MD)**, a member of the Health Subcommittee of the Senate Finance Committee
- **Rep. Chris Van Hollen (D-MD)**, the senior Democrat on the House Budget Committee.
- **Rep. Michelle Lujan Grisham (D-NM)**, a strong supporter of family medicine.
- **Rep. Gus Bilirakis (R-FL)**, a new member of the Health Subcommittee of the House Energy and Commerce Committee.

7. REGULATORY BRIEFS

- On August 28, CMS issued a [statement](#) after Pennsylvania became the 28th state, including the District of Columbia, to expand Medicaid under the *Affordable Care Act* (ACA).
- On August 29, CMS [announced](#) a final rule allowing eligible professionals more flexibility in how they meet meaningful-use requirements for the electronic health-record incentive program. The rule gives providers a longer timeline and more flexibility in meeting the incentive goal. The rule pushes back for a full year – until Jan. 1, 2017 – the beginning of the third stage of meaningful use for the first cohort of adopters.
- On August 29, the Secretary of Veterans Affairs launched a recruiting [initiative](#) aimed at bringing health professionals to the Department of Veterans Affairs (VA) to improve access to care for veterans.
- On September 2, HHS [awarded](#) \$92 million in Healthy Start grants to 87 organizations in 33 states to reduce infant mortality and other health problems related to pregnancy and mothers' health.
- On September 3, HHS released a [statement](#) applauding CVS for ending tobacco sales.
- On September 3, the CMS actuary issued a [report](#) indicating that the number of uninsured is expected to decline by nearly half from 45 million in 2012 to 23 million by 2023 as a result of the coverage expansions associated with the ACA.

- On September 8, HHS [awarded](#) \$60 million in navigator grants to 90 organizations in states with federally facilitated and state partnership Health Insurance Marketplaces. The navigators will serve as an in-person resource for Americans who want additional assistance with Marketplace enrollment in 2014-2015.
- On September 9, the Drug Enforcement Administration (DEA) published a [final rule](#) on the disposal of controlled substances. Entities willing to comply with the rules can hold take-back events and mail-back programs and install secure collection receptacles.
- On September 11, HHS [released](#) a final rule governing voluntary updates to the certification criteria for 2014 edition electronic health record technology. The rule notes that vendors do not have to update and recertify their products to the 2014 Edition Release 2, nor do hospitals and eligible professionals have to upgrade to EHRs certified to the 2014 Edition Release 2. However, ONC encourages vendors and EPs ~~to~~ consider whether the 2014 Edition Release 2 offers any opportunities that they might want to pursue.” The AAFP commented on this proposed rule in an April 24, 2014 [letter](#).
- On September 12, HHS [announced](#) \$295 million in funding to 1,195 health centers in every U.S. State, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin to expand primary care services by hiring an estimated 4,750 new staff, staying open for longer hours, and expanding the care to include services such as oral health, behavioral health, pharmacy, and vision services.
- CMS will host the following free educational call, [registration](#) is required:
 - PQRS: How to Avoid 2016 Negative Payment Adjustments for CMS Medicare Quality Reporting Programs on September 17 at 1:30pm ET.
 - Transitioning to ICD-10 on November 5, 1:30pm ET.