

September 19, 2014

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### NEXT WEEK IN WASHINGTON...

\* Congress is in recess until the week of November 10.

## 1. AAFP's GME REFORM PROPOSAL HIGHLIGHTED IN WASHINGTON

On Monday, September 15, in conjunction with a panel discussion in Congress, the AAFP unveiled a policy document, [Aligning Resources, Increasing Accountability, and Delivering a Primary Care Physician Workforce for America](#). The proposal represents the AAFP's contribution to a dialogue among lawmakers and policy leaders about how to reform the nation's graduate medical education (GME) system. The proposal comprises five policies, which collectively will help better align the government's financial contribution to GME (which stands at \$15 billion annually) with the nation's need for more primary-care physicians. Unlike many of the conventional efforts in Congress to ease workforce gaps by increasing the number of publicly funded residency training positions, the AAFP's proposal is "budget neutral," meaning that it requires no new money, but rather redirects existing spending.

AAFP executive vice president Doug Henley, MD moderated the panel discussion. Fitzhugh Mullan, MD of The George Washington University explained that America's academic medical centers perpetuate the maldistribution of physicians because they tend to choose training physicians who will help generate more clinical revenue rather than those physicians who will meet the nation's workforce needs. AAFP Board member Kisha Davis, MD set forth the elements of the AAFP's proposal, which include redirecting federal subsidies from fellowship positions (which generally generate sufficient clinical revenue to sustain themselves) to expand training in primary care. Dr. Davis also explained that federal funding for GME is concentrated in large urban areas, thus discouraging physicians from training and practicing in rural and underserved areas. AAFP President Reid Blackwelder, MD and AAFP Board Chair Jeff Cain, MD reinforced the need for Congress to play a role in solving the primary-care crisis.

## **2. AAFP JOINS OTHER MAJOR PHYSICIAN GROUPS IN SEEKING SGR REPEAL**

AAFP President, Dr. Reid Blackwelder joined leaders of the other major physician organizations (i.e., the American College of Physicians, the American College of Surgeons, the American Medical Association and the American Osteopathic Association) to advocate for passage of legislation to repeal the Medicare Sustainable Growth Rate (SGR) in the physician payment formula. These physician leaders met with Democratic and Republican legislators and their staff in Congressional leadership in the House and Senate. The particular need for this advocacy effort was to focus on the need to secure final approval of the legislation that three committees on both sides of the Congress have approved unanimously. Congress needs to finish this work before the end of the year, since if the repeal bill does not pass by then, the measure will die. It will have to be reintroduced in a new Congress, with new legislators and new committee leaders. Achieving a consensus with these new participants will be an uncertain and time-consuming process. Thus, the hope is that Congress will finally take care of the SGR when legislators return after the elections and political pressures will have eased. No commitments were made, but Congressional leaders heard the message.

## **3. SENATE HEARING EXAMINES EBOLA RESPONSE**

Family physician and Ebola survivor, Kent Brantly, MD, testified before a joint hearing of the Senate Labor, HHS and Education Appropriations Subcommittee and the Health, Education, Labor and Pensions (HELP) Committee on Tuesday, September 16 calling the Ebola outbreak “a fire straight from the pit of hell.” He urged the Senate to act.

Sen. Tom Harkin (D-IA) called the hearing to ensure a timely, effective response to Ebola. The panel also heard testimony from Beth Bell, MD, MPH, who is the director of CDC’s National Center for Emerging and Zoonotic Infectious Diseases; Anthony Fauci, MD, Director of NIH’s National Institute of Allergy and Infectious Diseases (NIAID); and Robin Robinson, PhD, the Director of CDC’s Biomedical Advanced Research and Development Authority (BARDA). Dr. Bell testified that CDC does not view Ebola as a significant public health threat to the US. Dr. Fauci fielded several questions on how the disease is spread and described NIAID’s work on infectious diseases, from basic research on mechanisms of disease to applied research on diagnostics, therapeutics, and vaccines. BARDA is working to make and test Ebola vaccine candidates.

Dr. Brantly said that the World Health Organization’s response to the Ebola outbreak to date has been “painfully slow and ineffective,” and he urged the Senators to assure that the US take the lead in providing the needed support for personnel, test kits, labs and the protective gear for the caregivers of Ebola victims.

## **4. FAMILY PHYSICIAN BRIEFS CONGRESS ON OPIOID EPIDEMIC IN US CITIES**

Commissioner of the Chicago Department of Public Health and family physician Bechara Choucair, MD reported to a crowded Senate meeting on the opioid epidemic facing America’s big cities. Sen. Ed Markey (D-MA) hosted the Big Cities Health Coalition and the National Association of County & City Health Officials on September 16 in support of his bill, *The Recovery Enhancement for Addiction Treatment (TREAT) Act* ([S 2645](#)) to expand the availability of medication-assisted therapy. Dr. Choucair called for a focus on upstream remedies to opioid addiction as well as on treatment. He also noted that drug companies must end deceptive claims of safety which mislead physicians and fuel addiction.

## **5. CONGRESS PASSES FUNDING FOR THE START OF FISCAL YEAR 2015**

On September 17, the House passed the short-term spending measure known as a “Continuing Resolution” (CR) by a vote of 319 to 108. [House Joint Resolution 124](#), which would keep the government open through December 11, 2014, passed the Senate by a vote of 78 to 22 on September 18 clearing it for the President’s signature.

The CR includes several provisions to ensure appropriate treatment of veterans and continued oversight of the Department of Veterans Affairs. It also provides resources to address the Ebola outbreak, including additional funding to accelerate HHS research on Ebola therapies, and additional funding for the Centers for Disease Control's response to the growing crisis in Africa. Both Rep. Hal Rogers (R-KY), who chairs the House Appropriations Committee and Senator Barbara Mikulski (D-MD) who chairs the Senate Appropriations Committee will work in the coming weeks to prepare a funding measure for the all government agencies for the rest of the fiscal year. This omnibus appropriations bill will be debated when Congress reconvenes.

## **6. MEDICARE POST-ACUTE CARE BILL IS A STEP TOWARD PAYMENT REFORM**

The Senate cleared by unanimous consent on September 18, the *Improving Medicare Post-Acute Care Transformation (IMPACT) Act* ([HR 4994](#)). The legislation, which the President now must sign, would require Medicare's post-acute care providers to submit standardized data on its services. It also would require the Department of Health and Human Services (HHS) and the Medicare Payment Advisory Commission (MedPAC) to provide Congress with new models for post-acute care payments, such as using bundled or site-neutral payments. The House had approved the bill on September 16, by voice vote.

MedPAC recommended the creation of a standardized tool in its March 2014 report. The goal of the resulting legislation is to generate standardized data that would help lawmakers draft legislation to overhaul payments for post-acute care.

## **7. HHS URGED TO SHORTEN THE EHR REPORTING PERIOD**

The AAFP and several other organizations wrote a [letter](#) to the Secretary of Health and Human Services that expressed immediate concerns confronting the ability to successfully participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Program in 2015. The letter offered recommendations on increasing program flexibility. Specifically, the joint letter requested that HHS provide for a shortened, 90-day EHR reporting period in 2015, which would give time for providers to continue their transition without having to drop out of the program.

## **8. MORE THAN 7 MILLION ARE ENROLLED IN HEALTH INSURANCE MARKETPLACES**

According to testimony to Congress provided by Marilyn Tavenner, the Administrator of the Centers for Medicare and Medicaid Services (CMS), 7.3 million people have enrolled in health insurance plans in the marketplaces created by the *Affordable Care Act*. That figure includes people who have paid for their premiums and are enrolled as of August 15. CMS expects the figure to change slightly as people move in and out of the system.

As of April 19, when the first extended enrollment period closed, 8,019,763 had chosen health insurance plans, but not all had paid premiums. CMS released the updated figure on Thursday, September 18, during a House Oversight Committee hearing. The 7.3 million figure does not include people who enrolled in plans and paid their premiums but discontinued coverage or signed up but did not pay, according to an HHS official. There are still 115,000 customers with immigration or citizenship data matching issues that have not sent HHS documentation. Those problems could cause the number of enrolled people to change further.

## **9. FEDERAL LEADERS TAKE ACTION TO COMBAT ANTIBIOTIC RESISTANCE**

On Thursday, September 18, President Barack Obama signed an [Executive Order](#) outlining the administration's plan to combat the global public health threat of antibiotic resistant bacteria. An estimated 2 million infections and 23,000 deaths occur as a result of antibiotic resistance. The administration's plan establishes an interagency working group that will outline its five-year plan by February 2015. In addition, the U.S. Department of Health and Human Services (HHS) will submit recommendations for how the health sector can adhere to the current U.S. Centers for Disease Control and Prevention's (CDC) antibiotic stewardship protocols. In addition, HHS may

also propose new regulations for hospitals, in-patient facilities, office based practices, nursing homes, pharmacies and correctional facilities.

The House Energy and Commerce Committee also held a hearing on September 19 to examine antibiotic resistance policy strategies. Many of the priorities that the legislators presented were consistent with the executive order, which called for \$20 million to be awarded for the development of a rapid bacterial infection test, \$900 million in funding for health care and animal agriculture antibiotic stewardship efforts and \$800 million to support incentives to discover the next generation of antibiotics.

#### **10. FamMedPAC VERY ACTIVE AS ELECTION DAY NEARS**

FamMedPAC is remaining very active as Congress completes its work this week and legislators return home to campaign. The PAC continues to help raise the profile of AAFP and highlight issues important to family medicine. This week the PAC supported:

- **Rep. Jan Schakowsky (D-IL)**, a member of the Health Subcommittee of the House Energy and Commerce Committee.
- **Rep. Xavier Becerra (D-CA)**, a member of the House Ways and Means Committee and the Chair of the House Democratic Caucus. AAFP President Dr. Blackwelder attended this luncheon meeting in Washington, DC.
- **Rep. Adrian Smith (R-NE)**, a new member of the Health Subcommittee of the House Ways and Means Committee.
- **Rep. Brett Guthrie (R-KY)**, a member of the Health Subcommittee of the House Energy and Commerce Committee.
- **Rep. Michael Burgess (R-TX)** a physician and member of the Health Subcommittee of the House Energy and Commerce Committee.
- **Sen. Susan Collins (R-ME)**, a member of the Senate Appropriations Committee. AAFP Executive Vice President Dr. Doug Henley attended this luncheon meeting with the Senator in DC.
- **Sen. Harry Reid (D-NV)**, the Majority Leader in the Senate.
- **Sen. Lamar Alexander (R-TN)**, the senior Republican on the Senate Health, Education, Labor and Pensions (HELP) Committee and a member of the Health Appropriations Subcommittee.
- **Rep. Marsha Blackburn (R-TN)**, a member of the Health Subcommittee of the House Energy and Commerce Committee.
- **Rep. Mike Honda (D-CA)**, a member of the Health Subcommittee of the House Appropriations Committee.
- **Rep. Gene Green (D-TX)**, a member of the Health Subcommittee of the House Energy and Commerce Committee.
- **Rep. Nita Lowey (D-NY)**, the senior Democrat on the full Appropriations Committee.

#### **11. REGULATORY BRIEFS**

- On September 16, CMS released quality and financial performance results showing that Medicare Accountable Care Organizations (ACOs) have improved patient care and saved hundreds of millions of dollars. The Pioneer ACO Model and the Medicare Shared Savings Program generated over \$372 million in total program savings.
- On September 18, CMS announced that more people with Medicare will have access to higher quality Medicare Advantage (MA) plans, and for the fifth straight year, enrollment is projected to increase to a new all-time high, while premiums remain affordable. The average MA premium submitted by plans for 2015 would increase by \$2.94 next year, to \$33.90 per month. The Annual Open Enrollment period for Medicare health and drug plans begin on October 15 and ends December 7.