

July 24, 2015

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NEXT WEEK IN WASHINGTON...

- * On Tuesday, July 28, HHS Secretary Burwell will testify at a House Education & Workforce Committee hearing on the policies and priorities of the department.
- * Also on Tuesday, the Health Subcommittee of the House Ways and Means Committee has scheduled a hearing on rural health issues and Medicare regulations.
- * On Thursday, July 30, the Medicare and Medicaid programs turn 50. On July 30, 1965, President Lyndon B. Johnson signed into law legislation that established these programs.

1. AAFP FULLY SUPPORTS RECOGNITION OF ADVANCE CARE PLANNING SERVICES

In a July 23 [letter](#) to the Centers for Medicare & Medicaid Services (CMS), the AAFP offered support for establishing in the 2016 proposed Medicare physician fee schedule policies that recognize advance care planning (ACP) services. In 2015 the CPT Editorial Panel created:

- 99497 (Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health professional; first 30 minutes, face-to-face with the patient, family member(s) and/or surrogate); and
- Add-on 99498 (Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health professional; each additional 30 minutes (List separately in addition to code for primary procedure).

The AAFP supported this proposal since published, peer-reviewed research shows that advance care planning services lead to better care, higher patient and family satisfaction, fewer unwanted hospitalizations, and lower rates of caregiver distress, depression and lost productivity. These services are particularly important for Medicare beneficiaries because many have multiple chronic illnesses, receive care at home from family and other caregivers, and have their children and other family members often involved in making medical decisions.

The AAFP strongly encouraged CMS to prevent what could become inconsistent local interpretations, which would be particularly confusing for physician practices that serve patients

in two or more local coverage areas. Instead, CMS should promptly begin the process of making a national coverage determination for ACP services.

CMS proposed to adopt the RUC recommended values (work RVUs, time, and direct PE inputs) for CPT codes 99497 and 99498 beginning in 2016. The AAFP fully supported this proposal and encourages CMS to monitor utilization of these services over the next few years to determine if the RUC recommended values remain appropriate.

2. INTEROPERABILITY AND INFORMATION BLOCKING EXAMINED IN SENATE

On July 23, the Senate Health, Education, Labor, and Pensions Committee held a [hearing](#) titled, *Achieving the Promise of Health Information Technology: Information Blocking and Potential Solutions*. The panel of witnesses included [David Kibbe](#), MD, MBA, President and CEO of DirectTrust and AAFP Senior Advisor for HIT. Senators examined several themes discussed when AAFP president, Bob Wergin, MD, testified in March, including physician satisfaction, documentation requirements, vendor business practices, data portability, patient privacy and value-based payments.

During the [opening statement](#), Sen. Lamar Alexander (R-TN) quoted the AAFP Board Chair, Reid Blackwelder, MD, about the status of interoperability and the need to “get this right.” Sen. Alexander asked witnesses about delaying Meaningful Use Stage 3. All four witnesses agreed Meaningful Use requirements for physicians and hospitals should be delayed but believed the electronic health records (EHR) certification process should continue.

Senate leaders announced that additional hearings will take place in the fall. Witness testimonies and the hearing video are available at the Senate HELP Committee [website](#).

3. HOUSE PANEL EXAMINES HOSPITAL PAYMENT, INCLUDING GME REFORM

On Tuesday, July 22, the House Ways and Means Subcommittee on Health held a hearing on hospital payment issues, rural health issues, and beneficiary access to care. The witness was Mark E. Miller, Ph. D., executive director of the Medicare Payment Advisory Commission (MedPAC). The subcommittee members used the hearing to explore a variety of hospital-payment issues, including graduate medical education (GME), site-of-service neutrality between inpatient and outpatient services, and payment issues unique to critical-access and other rural hospitals.

Rep. Kevin Brady (R-TX), who chairs the subcommittee, expressed an interest in tackling the site-of-service differential, noting in his opening statement that Medicare payments for inpatient compared to outpatient services can vary “as much as \$4,000 per case.” He also alluded to converting the indirect medical education (IME) payment from an add-on to the hospital discharge, to an annual lump sum. Dr. Miller agreed that due to a trend of decreasing hospital admissions this would “stabilize the IME payments” as well as add an opportunity for more accountability measures in GME. Dr. Miller added that MedPAC considers about \$3.5 billion in annual IME spending to be “not well accounted for.” Later in the hearing, Reps. Bill Pascrell (D-NJ), Danny Davis (D-IL), and Joe Crowley (D-NY) used their time to vigorously defend the existing Medicare GME framework. Mr. Miller responded that MedPAC believes that “simply expanding the number of slots” would exacerbate rather than solve the current shortage and maldistribution of physicians. Instead, MedPAC would recommend that Congress reform GME by redirecting IME funding to hospitals that emphasize community-based and team-based training, among other things.

Rep. Tom Price (R-GA) used his time to engage Mr. Miller in a discussion about the challenges underlying the Medicare EHR Incentive Program, also known as “Meaningful Use.” Rep. Price added that CMS is “forging ahead with Stage 3 without proof that Stage 2 is a success.”

4. HOUSE SUBCOMMITTEE PASSES BILLS TO ADDRESS PRESCRIPTION DRUG ABUSE

The House Energy & Commerce Subcommittee on Health on Thursday, July 23 unanimously voted to advance the *National All Schedules Prescription Electronic Reporting (NASPER) Reauthorization Act* (HR 1725), authored by Reps. Ed Whitfield (R-KY) and Joseph Kennedy (D-MA). The AAFP [supported](#) reauthorizing NASPER to fund state prescription drug monitoring programs. The *Protecting Our Infants Act* (HR 1462), authored by Reps. Katherine Clark (D-MA) and Steve Stivers (R-OH) to combat the rise of prenatal opioid abuse and neonatal abstinence syndrome also passed unanimously.

5. FamMedPAC CONTINUES BUSY SCHEDULE AS CONGRESS HEADS FOR RECESS

FamMedPAC continues to help AAFP maintain a high profile in Washington, D.C. by supporting events for important legislators. Government Relations staff are highlighting issues important to family physicians and FamMedPAC offers another avenue to reach Congressional decision makers. GR staff attended events in Washington, DC this week for the following legislators:

- **Rep. David Rouzer (R-NC)**, a first-term Congressman, Rep. Rouzer recently agreed to be the Co-Chair of the new Primary Care Caucus in the House.
- **Sen. Mike Crapo (R-ID)**, a member of the Senate Finance Committee.
- **Sen. John Thune (R-SD)**, also a member of the Senate Finance Committee.
- **Sen. Bill Cassidy, MD (R-LA)**, a physician and member of the Senate Appropriations Labor, HHS, Education Subcommittee and the HELP Committee, is in his first term in the Senate after serving in the U.S House.
- **Rep. Gus Bilirakis (R-FL)**, a member of the Health Subcommittee of the House Energy and Commerce Committee.
- **Rep. Rosa DeLauro (D-CT)**, ranking member of the House Appropriations Labor, HHS, Education Subcommittee.

6. HEALTH ORGANIZATIONS CONCERNED ABOUT TOBACCO IN TRADE AGREEMENT

On July 20, some 32 physician organizations, including the AAFP, and other public health organizations signed a [letter](#) to the US Trade Representative, who is negotiating the final details of the Trans-Pacific Partnership (TPP) trade agreement. The letter expressed concern that the trade pact not include provisions that would prevent signing nations from enacting regulation of tobacco products which might be imported. The signers encouraged the trade negotiators to consider tobacco products as fundamentally different from other products which might be involved in trade, since tobacco is the only consumer product that kills when used exactly as intended. The trade negotiations are likely to be finished in the next week or two.

7. REGULATORY BRIEFS

- On July 22, CMS released the latest Medicare Trustees [report](#). It projects that the trust fund that finances Medicare's hospital insurance coverage will remain solvent until 2030. Under this year's projection, the trust fund will remain solvent 13 years longer than the Trustees projected in 2009, before the passage of the *Affordable Care Act*. In 2014, Medicare provided health insurance coverage to 53.8 million people. Total Medicare expenditures were \$613 billion, and income was \$599 billion. The average Medicare benefit per enrollee was \$12,432, about 2 percent higher than last year.
- CMS will host the following free educational calls, [registration](#) is required:
 - ESRD QIP: Proposed Rule for Payment Year 2019, July 29 at 2pm ET
 - Proposed Reform of Requirements for Long-Term Care Facilities, August 11 at 2:30pm ET
 - Hospital Compare Overall Star Ratings Methodology, August 13 at 1:30pm ET
 - Countdown to ICD-10, August 27 at 2:30pm ET