

July 17, 2015

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### NEXT WEEK IN WASHINGTON...

- \* On Wednesday, July 22, the House Ways & Means Subcommittee on Health will hear from MedPAC on hospital payment issues, rural health issues, and beneficiary access to care.
- \* Also on July 22, the Senate Special Committee on Aging plans a hearing on Medicare Provider Enrollment Fraud.
- \* On Thursday, July 23, the Senate HELP Committee will hold a hearing on "Achieving the Promise of Health Information Technology: Information Blocking and Potential Solutions."
- \* On Friday, July 24, the House Energy & Commerce Subcommittee on Oversight and Investigations has scheduled a hearing to examining the ACA's State Insurance Marketplaces.

## 1. AAFP PARTICIPATES IN 2015 WHITE HOUSE CONFERENCE ON AGING

On Monday, July 12, AAFP President Robert Wergin, MD participated in the 2015 White House Conference on Aging. The conference is held every ten years to bring together government officials, health and aging policy experts, caregivers and seniors to promote healthy aging.

## 2. OVER-THE-COUNTER BIRTH CONTROL ACCESS BILL GETS AAFP SUPPORT

On July 17, the AAFP [supported](#) the *Affordability is Access Act* bill (S. 1532) to increase over-the-counter access to birth control introduced by Senator Patty Murray (D-WA). S. 1532 was introduced June 10 to allow that allow the U.S. Food and Drug Administration (FDA) engage in a process to approve certain oral contraceptives to be made available over-the-counter (OTC). The bill also seeks to strengthen the current *Affordable Care Act* (ACA) insurance coverage benefits for birth control products by including the proposed OTC contraceptives.

## 3. AHRQ ADVOCACY CONTINUES

Progress on the fiscal year 2016 appropriations has been stymied by controversy over the confederate flag, but the AAFP continues to fight a provision in the House bill (HR 3020) to

eliminate the Agency for Healthcare Research and Quality (AHRQ). In addition, the AAFP is pressing the Senate to restore AHRQ to at least the current appropriated level of \$363.7 million for FY16. The Senate's bill (HR 1695) would provide AHRQ with only \$236 million. On July 13, the AAFP was one of 185 organizations which signed the Friends of AHRQ [letter](#) to the Senate expressing disappointment in the Senate Appropriations Committee's 35 percent cut to AHRQ.

#### **4. SENATE COMMITTEE MOVES FY16 AGRICULTURE BILL WITHOUT TOBACCO RIDER**

The Senate Appropriations Committee on Thursday, July 16 voted 28 to 2 advance the draft FY 2016 Agriculture, Rural Development and FDA spending bill. The Senate draft does not include policy riders on tobacco regulations or school nutrition contained in the House measure.

#### **5. COURT RULES AGAINST CHALLENGE TO ACA BIRTH CONTROL COVERAGE**

The U.S. 10th Circuit Court of Appeals ruled against another challenge to the ACA contraception requirement on Tuesday, July 14. In *Little Sisters of the Poor v. Burwell*, the appeals court ruled that the religious nonprofit must comply with the ACA and allow their employees to obtain contraception coverage through a third-party insurer. The organization sued the administration over the birth control mandate. They claimed that requiring their employees to fill out an exemption form would make them involved in the provision of birth control, even if they aren't not directly paying or providing for it.

#### **6. ALASKA MEDICAID EXPANSION MOVING FORWARD**

Alaska Governor Bill Walker (I) announced his plans to expand Medicaid on Thursday, July 17. Gov. Walker informed the Alaska Legislative Budget and Audit Committee of his decision to accept federal funding for the expansion in a letter. In January, Gov. Walker tried to include funding for a Medicaid expansion in the budget, but this was removed by lawmakers and replaced with provisions that the Governor could not accept federal funds for expansion purposes. Lawyers for the state and legislature deemed that provision to be unconstitutional. Alaska will be the 30th state to accept and expand Medicaid.

#### **7. FamMedPAC HELPS ADVOCACY EFFORTS REACH KEY LEGISLATORS**

Thanks to strong support from AAFP members, FamMedPAC continues to help AAFP federal advocacy efforts by reaching out to important legislators. This week, AAFP government relations staff spent time discussing our priorities with members of the House Energy and Commerce Committee, the Chair of the House Appropriations Committee, the Senate Majority Leader, and others, specifically:

- **Rep. Brett Guthrie (R-KY)**, Vice-Chair of the Health Subcommittee of the House Energy and Commerce Committee. **Senator Mitch McConnell (R-KY)**, the Majority Leader of the Senate, also attended.
- **Rep. Kevin McCarthy (R-CA)**, the Majority Whip of the House. **Reps. Bradley Byrne (R-AL)** and **Steve Russell (R-OK)** joined the Majority Whip.
- **Rep. Mike Thompson (D-CA)**, a member of the Health Subcommittee of the House Ways and Means Committee.
- **Rep. Hal Rogers (R-KY)** the Chair of the House Appropriations Committee.
- **Tuesday Group PAC**, a leadership PAC formed by moderate House Republicans. **Rep. Fred Upton (R-MI)**, Chair of the House Energy and Commerce Committee, **Reps. Charlie Dent, (R-PA), Tim Murphy (R-PA), Ilenna Ros-Lehtinen (R-FL)** and several legislators also attended.

#### **8. AAFP COMMENTS ON MEDICAID AND CHIP MANAGED CARE PROPOSED RULE**

On July 15, the AAFP sent a regulatory comment [letter](#) to the U.S. Department of Health and Human Services (HHS) in response to the proposed rule titled, "Medicaid and Children's Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed

Care, Medicaid and CHIP Comprehensive Quality Strategies, and Revisions Related to Third Party Liability.” Since enrollment in Medicaid managed care plans has increased by 48 percent over the past four years and now 46 million beneficiaries receive coverage through these plans the AAFP applauded HHS for taking steps to modernize and strengthen the Medicaid and CHIP managed care programs by aligning their rules and requirements with other major sources of coverage. The AAFP supports consistency across public and private health plans as a means to promote accountability by the plans, improve care provided to beneficiaries, and reduce administrative hassles for medical practices. In particular the AAFP fully supported applying the Medical Loss Ratio (MLR) requirement to Medicaid managed care and CHIP health plans for contracts beginning on or after January 1, 2017.

#### **9. AAFP URGES DOT TO ALLOW DIABETIC COMMERCIAL DRIVERS TO SEE FPs**

In a July 15 [letter](#) to the U.S. Department of Transportation, the AAFP urged the Federal Motor Carrier Safety Administration to address an oversight in the agency’s online guidance to commercial driver applicants for the Federal Diabetes Exemption Program. The document does not allow board-certified family physicians to examine applicants and complete the evaluation checklist they need for the program. Instead, it states, “The applicant must be examined by a physician who is a board-certified or board-eligible endocrinologist.” The letter urged the agency to change the guidance and application to make it clear that applicants may be examined by their family physician rather than an endocrinologist if they wish.

#### **10. NOMINEES SENT FOR PHYSICIAN PAYMENT ADVISORY COMMITTEE**

On July 16, the AAFP nominated Elizabeth J. Fowler, JD, PhD, Melissa Gerdes, MD, ABFM, FFAFP and Lee Mills, MD, CPE, FFAFP to serve on the Physician-Focused Payment Model Technical Advisory Committee (TAC). Anticipating the need to identify and study alternative delivery and payment models Congress created this committee as part of the *Medicare Access and Children’s Health Insurance Reauthorization Act*.

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

- CMS [replied](#) on July 9 to the AAFP’s letter dated May 28, urging CMS to cover under Medicare Part B the cost of the shingles vaccine and the recommended one-time dose of tetanus, diphtheria, and acellular pertussis (Tdap) plus their administration in family physicians’ offices.
- On July 14 CMS delivered a [report](#) to Congress on the Fraud Prevention System which identified or prevented \$820 million in inappropriate payments in the program’s first three years and \$454 million in 2014.
- On Wednesday, July 15, the America’s Health Insurance Plans named Marilyn Tavenner, former administrator of the CMS, as its CEO and chief lobbyist. Tavenner, a nurse and former hospital administrator, stepped down from the CMS post last February.
- On July 16 CMS [published](#) star ratings on [Home Health Compare](#). Each home health agency will receive a single summary Quality of Patient Care Star Rating encompassing that agency’s relative performance on 9 of the 29 quality measures. Star ratings are currently publicly displayed on Nursing Home Compare, Physician Compare, Dialysis Facility Compare, the Medicare Advantage Plan Finder, and Hospital Compare.
- CMS will host the following free educational calls, [registration](#) is required:
  - ESRD QIP: Proposed Rule for Payment Year 2019, July 29 at 2pm ET
  - Hospital Compare Overall Star Ratings Methodology, August 13 at 1:30pm ET
  - Countdown to ICD-10, August 27 at 2:30pm ET