

May 22, 2015

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NEXT WEEK IN WASHINGTON...

* Congress will be in recess until June 1.

1. AAFP URGES SENATE NOT TO USE SEQUESTER TO PAY FOR TRADE ASSISTANCE

On Thursday, May 21, the AAFP sent a [letter](#) to Senate Leaders urging Congress to remove language from the *Trade Adjustment Assistance Reauthorization Act of 2015* (S. 1268), which would slightly deepen the across-the-board reductions to payments to Medicare providers known as the sequester, starting in late 2024. Congress enacted Trade Adjustment Assistance (TAA) in 1962 in order to mitigate the negative effects that expanded international trade policies (such as the pending Trans-Pacific Partnership) can create. As the Senate moves toward consideration before Memorial Day of the *Bipartisan Congressional Trade Priorities and Accountability Act of 2015*, also known as “fast track negotiating authority,” the Senate will also consider S. 1268, which offsets \$700 million of the cost of extending TAA programs, by deepening the Medicare sequester in Fiscal Year 2024. If enacted, this will mark the fourth time in 18 months that Congress has either extended or deepened the sequester, and the third time that Congress has done so to pay for priorities outside of Medicare altogether. Corresponding legislation in the House is expected to move toward a floor vote after the Memorial Day recess.

2. MEDICAL INNOVATION BILL ADVANCES IN COMMITTEE

On May 21, the House Energy and Commerce Committee unanimously approved the *21st Century Cures Act* (HR 6), a bill to promote innovations in medicine. During the process, legislators expressed their interest in updating the bill with policies to encourage research on medical marijuana, to allow the government to negotiate Medicare, Part D drug prices, and to require greater drug price transparency. Several other committees will review parts of the extensive legislation, allowing the House to consider the bill sometime later this year.

Some provisions of note are:

- **Research Funding:** \$13 billion in new funding for the National Institutes of Health and Food and Drug Administration for new research activities.
- **Health IT:** significant new language to require interoperability standards for electronic health records and it requires CMS to report to Congress on changes necessary to advance telehealth access.
- **Sunshine Act:** exclusion of manufacturer payments for medical textbooks and journal reprints, and independent continuing medical education as a reportable transfer under the *Physician Payment Sunshine Act*.
- **Substance Abuse:** Medicare prescription drug plans may restrict patients to specific pharmacies and prescribers based on a risk profile and use of certain highly abused drugs.
- **Transparency:** requirements that Medicare contractors comply with the local coverage determination process designed to improve transparency.

3. COMMITTEES ADDRESS DRUG MONITORING AND OPIOID ABUSE STRATEGIES

On May 20, the House Appropriations Committee approved the fiscal year 2016 Commerce, Justice, Science appropriations bill on a voice vote. The bill includes \$11 million in the Office of Justice Programs, State and Local Law Enforcement Assistance for the Prescription Drug Monitoring Program. It also directs the Bureau of Justice Assistance (BJA) to continue partnerships that foster interstate interoperability and connectivity among state-run PDMPs, and encourages BJA to continue its support for efforts to establish a national network of interconnected PDMPs. In addition, the committee directs BJA to prioritize grant funding for states which are engaged in initiatives to integrate PDMP data with electronic health systems, such as electronic health records and electronic prescribing systems.

In an indication of the growing attention being paid to prescription drug abuse issues in Congress, on the following day, the House Energy and Commerce's Subcommittee on Oversight and Investigations held a [hearing](#) titled *What are the State Governments Doing to Combat the Opioid Abuse Epidemic?* Health directors from the states of Massachusetts, Indiana, Missouri and Colorado testified about their strategies. The hearing also addressed the impacts of opioid abuse including the spread of HIV and hepatitis C and increases in the rates of incarceration and sex trafficking. Witnesses testified about the importance of increased access to substance abuse treatment and behavioral health services and the need to improve opioid prescribing practices.

4. AAFP COMMENTS ON DRAFT NATIONAL PAIN STRATEGY

In a May 20 letter to the National Institutes of Health, the AAFP commented on the Draft National Pain Strategy. In supporting the draft, the AAFP described actively using advocacy, collaboration, and education to work toward a solution to America's opioid abuse epidemic. The AAFP agreed that provider education in the use of multimodal pain management strategies, to include safe prescribing practices for opioid analgesics as one component of a comprehensive pain management plan, is needed. Consequently, the letter urged medical schools and family medicine residency programs to integrate such instruction into their curricula and training.

5. HOUSE COMMITTEE REVIEWS NATIONAL INJURY PRIORITIES

On May 19, the House Energy and Commerce's Subcommittee on Commerce, Manufacturing and Trade held an oversight [hearing](#) to discuss current priorities within the Consumer Products Safety Commission (CPSC), the agency responsible for helping protect the public from risks associated with the use of consumer products. Unintentional injury is the leading cause of death for people under 44 years of age and represents a significant risk for all age groups. The CPSC

just started a [Senior Safety Initiative](#) and the agency is considering a possible rule regarding recreational off-road vehicles.

6. HOUSE HEALTH PANEL EXPLORES IMPACT OF PHYSICIAN-OWNED HOSPITALS

On Tuesday, May 19, the House Ways and Means Committee, Subcommittee on Health, held a hearing entitled “Improving Competition in Medicare: Removing Moratoria and Expanding Access.” While nominally focused on the potential benefits of increased free-market competition as a way to improve Medicare, the hearing became more narrowly focused on the *Patient Access to Higher Quality Health Care Act* (HR 976), a measure sponsored by Rep. Sam Johnson (R-TX), to remove a ban on new physician-owned hospitals participating in Medicare. Joe Minissale, president of the Methodist McKinney Hospital in Texas, discussed how McKinney—a physician-owned hospital—was established due to “physician frustration and dissatisfaction with the existing local hospitals, their administration, and the health systems that owned them.” Rich Umdenstock, president of the American Hospital Association, disagreed by saying that physician-owned hospitals compromise the overall hospital network by “allowing physicians to steer the most profitable patients to facilities in which they have an ownership interest, potentially devastating the health care safety net in vulnerable communities.”

7. CHAPTER ADVOCACY DAY GRANT PROGRAM ACCEPTING APPLICATIONS

Applications for the 2016 Chapter Advocacy Day Assistance Program are now being accepted. Funds are available for small- and medium sized chapters to host a state advocacy day. To apply, chapters must submit their materials by July 15, 2015, and winners will be notified in early August. Award winners will be recognized at the State Legislative Conference in November, and may be asked to present on their lobby days. Small- and Medium sized chapters can apply for up to \$5,000 in grant funds, provided the chapter shows evidence that it is contributing \$1 for every \$2 applied from the AAFP. For more information please visit the [AAFP Chapter Advocacy Day Assistance Grants webpage](#).

8. AAFP SUPPORTS VA DRIVING DISTANCE CHANGE AND URGES FURTHER STEPS

In a [letter](#) sent to the Department of Veterans Affairs (VA) on May 20, the AAFP supported the change from using a straight-line distance for determining veteran eligibility based on place of residence to the more elegant method that measures the distance from a veteran’s residence to the nearest VA medical facility by considering the distance the veteran must drive to that facility. The AAFP offered further suggestions to increase access to primary care. These include:

- VA rates must equal Medicare.
- Copayments should be collected at the time of service for eligible veterans.
- Rural Health Clinics should be included in the Veterans Choice Program.
- The VA should implement policies that allow civilian family physicians to allow:
 - prescriptions from civilian family physicians to be filled at VA pharmacies;
 - civilian family physicians to order diagnostic tests at VA facilities;
 - civilian family physicians to refer patients to specialist physicians and other health care providers at VA facilities; and
 - civilian family physicians to provide care to eligible veterans under the protections of the *Federal Tort Claims Act*.

9. AAFP COMMENTS ON MEANINGFUL USE 2015 – 2017

In a [letter](#) sent to CMS on May 21, the AAFP responded to the proposed rule titled, “Medicare and Medicaid Programs; Electronic Health Record Incentive Program—Modifications to Meaningful Use in 2015 through 2017.” In it, the AAFP supported the proposal to see the reporting period for 2015 shortened to 90 consecutive days. The AAFP strongly encouraged the agency to finalize this proposal quickly. The letter expressed support for patient engagement measures; however, it also agreed with the agency that the laudable goal of improved patient

engagement negatively impacts the ability of physicians to meet measure requirements. The AAFP also supported removing the attestation for “topped out” measures to reduce administrative burdens. The AAFP expressed continued concerns with the “all-or-nothing” nature of the program.

10. AAFP URGES AGENCY TO ADDRESS E/M DOCUMENTATION GUIDELINES

The AAFP sent CMS a [letter](#) on May 20 that reiterates a request for changes in both the 1995 and 1997 CMS Documentation Guidelines for Evaluation and Management (E/M) Services and the Medicare Program Integrity Manual. The changes AAFP encourages would ensure that the final medical information entered by the team at the time of a patient’s visit could be considered in determining and supporting the submitted code.

11. REGULATORY BRIEFS

CMS will host the following free educational calls, but [registration](#) is required:

- 2014 Mid-Year QRURs, June 3, 1:30pm ET
- Medicare Shared Savings Program ACO: Application Review, June 9 2:30pm ET
- National Partnership to Improve Dementia Care and QAPI, June 16, 1:30pm ET
- Hospice Quality and Hospice Item Set Manual V1.02, June 17, 1:30pm ET
- ICD-10: Preparing for Implementation & New ICD-10-PCS Sec. X, June 18, 1:30pm ET