

May 8, 2015

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NEXT WEEK IN WASHINGTON...

- * On Tuesday, May 12 and Wednesday, May 13, the AAFP and CAFM host the Family Medicine Congressional Conference.
- * Also on May 12, the Senate Veterans Affairs Committee will hold a hearing on the implementation and future of the Veterans Choice Program. The House Veterans Affairs Committee will hold a hearing on the same subject the following day.
- * On Thursday, May 14, the Senate Finance Committee will hold a hearing on the challenges of Medicare patients with chronic care conditions.

1. CONGRESS ADOPTS BUDGET THAT PROPOSES ACA REPEAL

Congress has adopted a budget resolution (S.Con.Res.11) which sets out the framework for legislative action on appropriations bills for fiscal year 2016 and reforms to mandatory federal spending. The House passed the final budget agreement largely along party lines by a vote of 226 to 197 on April 30. On May 5, the Senate voted 51 to 48 to accept the measure. It leaves in place the across-the-board cuts set out in 2013. The budget instructs the committees with jurisdiction over taxes and health care to draw up legislation to repeal the health care law and deliver recommendations to the Budget Committees by July 24.

2. AAFP REQUESTS INVESTMENT IN PRIMARY CARE WORKFORCE, RESEARCH

In written [testimony for the record](#) submitted to the House Appropriations Committee on April 27, the AAFP outlined the priorities for discretionary spending in the FY2016 bill to fund the Departments of Labor, HHS and Education. The statement asked the Senate to provide the following appropriations for the Health Resources and Services Administration (HRSA) and the Agency for Healthcare Research and Quality (AHRQ):

- \$71 million for Health Professions Primary Care Training and Enhancement (Title VII, §747 of the *Public Health Service Act*), an increase over the FY 2015 level of \$39 million;
- \$4 million for the new Rural Physician Training Grants (PHSA Title VII, §749B), as requested in the Administration's budget,
- \$287 million for the National Health Service Corps (NHSC) as requested by the Administration, and
- \$375 million for AHRQ which compares to the current level of \$364 million.

3. SENATE COMMITTEE BEGINS CHILD NUTRITION REAUTHORIZATION ACT REVIEW

On May 7, the Senate Committee on Agriculture, Nutrition, and Forestry held a hearing to review reauthorization of the *Child Nutrition Act*, the law that renews several nutrition programs such as the School Lunch Program. As the reauthorization process moves forward, advocates expect to debate potential program cuts and efforts to relax the nutritional standards put into place under the *Healthy, Hungry-Free Kids Act* of 2010. Under the new standards, which the AAFP [supported](#), school meals were updated to reduce the consumption of sugar, fat, and salt and to increase the emphasis on fruits and vegetables. The new requirements also aligned federal programs more closely with the Dietary Guidelines for Americans.

4. MEDICAL INNOVATION INITIATIVES MOVE FORWARD IN CONGRESS

During the week of April 25, the House and Senate continued progress on activities to advance their respective medical innovation bills. In the House Energy and Commerce Committee, policy makers within the Health Subcommittee held a [hearing](#) with witnesses from the Food and Drug Administration (FDA) and National Institutes of Health (NIH). In addition, the committee shared its draft *21st Century Cures (Cures)* legislation. The 200-page draft bill would provide updates to drug and medical device approval processes. It also would include a second section regarding health information technology interoperability, but that part is still under development. The draft bill would provide \$10 billion in mandatory funding for the National Institutes of Health (NIH). The draft legislation also would reform the vaccine approval process within the Advisory Committee on Immunization Practices. During the review process, AAFP offered [feedback](#) on this process and provided informal comments about the need for affordable and safe drugs. The committee is expected to debate the bill within the next several weeks.

The Senate Health, Education, Labor and Pensions (HELP) Committee held two [hearings](#) with federal agency officials to review legislative ideas for its medical innovations initiative that will parallel the House bill.

5. HOUSE LEADERS CONTINUE TO REVIEW OPIOID ABUSE POLICIES

On May 1, the House Energy and Commerce's Subcommittee on Oversight and Investigations held a [hearing](#) with federal government officials as part of a series of activities to review efforts to control the abuse of prescription drugs and especially opioids. The subcommittee held an April 23 hearing with academic and medical professionals, where witnesses discussed the need to balance pain management with abuse prevention priorities. Dr. Debra Houry, Director of the CDC's Office of Injury Control and Prevention, talked about surveillance efforts and resources for physicians. Dr. Douglas Throckmorton, Director of the FDA's Center for Drug Evaluation and Research, spoke about the agency's medical community advocacy efforts. Dr. Patrick Conway testified on behalf of the Centers for Medicare and Medicaid Services (CMS). He spoke about the agency's Overutilization Monitoring System (OMS) that has helped reduce drug overutilization by 26 percent among Medicare Part D beneficiaries.

The FY 2016 President's Budget proposes to provide HHS with new authorities to:

- (1) suspend coverage and payment for drugs prescribed by providers who have been engaged in mis-prescribing or overprescribing drugs with abuse potential;
- (2) suspend coverage and payment for Part D drugs when those prescriptions present an imminent risk to patients; and
- (3) require additional information on certain Part D prescriptions, such as diagnosis and incident codes, as a condition of coverage.

6. MONTANA BECOMES THE LATEST STATE TO EXPAND MEDICAID

Last week, Montana Governor Steve Bullock (D) signed bipartisan legislation (SB405) that will expand Medicaid coverage to residents below the federal poverty level. The expansion will be submitted for approval to the Center for Medicare and Medicaid Services (CMS). The legislation, which will implement Medicaid program reforms including copays and premiums, focuses on job training, and tort reform. It is estimated that the Medicaid expansion will cover approximately 70,000 people who fall in the Medicaid gap. Currently 30 states, including the District of Columbia, have expanded Medicaid.

7. AAFP COMMENTS ON VACCINE CONFIDENCE IN DRAFT HHS REPORT

In a May 6 [letter](#) the AAFP wrote HHS in response to the National Vaccine Advisory Committee's draft report and draft recommendations for addressing the state of vaccine confidence in the United States. Since the scope of family medicine encompasses all ages, both sexes, each organ system and every disease entity, the AAFP appreciated the report's recognition that immunizations are given across the lifespan of patients and that there are important differences in vaccine acceptance at different stages of life. The letter then discussed and offered suggested modifications to "vaccine confidence" policies as presented in the report.

8. AAFP CONCERNED ABOUT DUE PROCESS RIGHTS WITHIN HOSPITALS

In a May 4 [letter](#) the AAFP urged CMS to address the lack of an employed physician's due process rights within hospitals. The letter said that physicians deserve fair hearings when threatened by a hospital with termination and that fear of retribution may limit or prevent physicians from fully advocating for their patients' best interests. It stated that physicians with due process rights are more likely to protest fraudulent practices that threaten the integrity of the Medicare and Medicaid programs.

9. AAFP AND OTHERS EXPRESS CONCERN OVER ANNUAL WELLNESS VISITS

In an April 30 [letter](#) to CMS, the AAFP and others expressed concern about the potential misuse of the Medicare Annual Wellness Visit (AWV) by commercial entities. The letter expressed the belief that the AWV encourages Medicare beneficiaries to engage with their primary care physician or other usual source of care on an annual basis for prevention and early detection of illness, and also concern that there are commercial entities that are subverting that benefit and may be misleading patients. The letter requested that the CMS investigate this issue and engage with organizations about how to protect patients in this matter.

10. AAFP NOMINATES FAMILY PHYSICIAN TO HRSA ADVISORY COMMITTEE

In an April 30 letter to HRSA, the AAFP nominated Dr. Daniel Knight to fill a vacancy on the Advisory Committee on Interdisciplinary, Community-Based Linkages which provides recommendations concerning policy, program development, and other matters of significance related to area health education centers, education and training relating to geriatrics, rural interdisciplinary training, chiropractic demonstration program, preventive and primary care training for podiatric physicians, and social work.

11. GROUPS URGE WHITE HOUSE TO RELEASE FINAL FDA TOBACCO RULE

In an April 28 [letter](#) to the White House, the AAFP and others asked for the immediate release of the FDA final rule that extends its authority over all unregulated tobacco products. In the

absence of such regulation, the letter discussed the current irresponsible marketing of unregulated products such as cigars and electronic cigarettes, often using tactics that clearly appeal to youth.

12. AAFP COMMENTS ON 2015 DIETARY GUIDELINES ADVISORY COMMITTEE REPORT

In an April 28 [letter](#) to HHS and the U.S. Department of Agriculture, the AAFP commented on the scientific report of the 2015 Dietary Guidelines Advisory Committee. After applauding the Departments for the report's attention to population health, health equity, health interventions, and behavior change, the AAFP acknowledged the considerations given to food deserts on their overall effect on health.

13. LETTER SENT URGING OPPOSITION IN LIMITING FDA AUTHORITY

In a [letter](#) sent to Congressional appropriators on May 1, the AAFP and others urged approval of user fees for the FDA oversight of tobacco products and urged Congress to oppose any effort to limit the authority granted the FDA under the *Tobacco Control Act*.

14. REGULATORY BRIEFS

- On April 30, CMS [released](#) a new dataset that details information on the prescription drugs that individual physicians and other health care providers prescribed in 2013 under the Medicare Part D Prescription Drug Program. Approximately 68 percent of all Medicare beneficiaries are enrolled in the Part D program totaling 36 million people. The dataset describes the specific medications prescribed and statistics on their utilization and costs. It provides data on more than one million distinct health care providers who collectively prescribed \$103 billion in prescription drugs under the Part D program.
- On April 30, CMS [released](#) the 2014 Mid-Year Quality and Resource Use Reports (MYQRURs) to physician solo practitioners and groups of physicians nationwide, including solo practitioners and groups with physicians who participated in the Shared Savings Program, the Pioneer ACO model, or the Comprehensive Primary Care (CPC) initiative in 2014. The 2014 MYQRURs contains information on a subset of the measures used to calculate the 2016 Value Modifier. The MYQRUR provides interim information about performance on the six cost and three quality outcomes measures that CMS calculates from Medicare claims and are used in the calculation of the Value Modifier. The information in the MYQRUR is based on care provided from July 1, 2013 through June 30, 2014, a period that precedes the actual calendar year 2014 performance period for the 2016 Value Modifier.
- On May 4, CMS [announced](#) that the Pioneer ACO model meets criteria for expansion and released a second independent preliminary [evaluation](#) of the model.
- On May 5, HHS [announced](#) \$101 million in *Affordable Care Act* funding to 164 new community health centers in 33 states and two U.S. territories for the delivery of comprehensive primary health care services in communities that need them most. These new health centers are projected to increase access to health care services for nearly 650,000 patients.
- On May 7, CMS [released](#) the State Innovation Models (SIM) Round 1 Evaluation Reports. CMS made Round 1 Model Design awards to 16 states (CA, CT, DE, HI, IA, ID, IL, MD, MI, NH, OH, PA, RI, TN, TX, UT). Three states were awarded Round 1 Model Pre-Test funding (CO, NY, WA) and Round 1 Model Test awards supported six states (AK, ME, MA, MN, OR, VT).
- CMS will host the following free educational calls, [registration](#) is required:
 - Medicare Acute Care Quality and Reporting Programs, May 12, 1:30 PM ET
 - 2014 Mid-Year QRURs, June 3, 1:30 PM ET
 - National Partnership to Improve Dementia Care and QAPI, June 16, 1:30 PM ET
 - ICD-10: Preparing for Implementation and New ICD-10, June 18, 1:30 PM ET