

November 20, 2015

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NEXT WEEK IN WASHINGTON...

* Congress is in recess next week for the Thanksgiving Day holiday.

1. SENATE COMMITTEE APPROVES THE AAFP-SUPPORTED CAREGIVER BILL

On November 18, the Senate Health, Education, Labor and Pensions (HELP) Committee approved the *Recognize, Assist, Include, Support and Engage (RAISE) Family Caregivers Act* (S 1719). This bill directs the Secretary of Health and Human Services to establish a National Family Caregiving Project to manage a national strategy to support family caregivers, as recommended by the bipartisan Commission on Long Term Care. The advisory commission would include representatives from federal agencies and the private sector. The AAFP supports the [legislation](#) and helped create the new Congressional Assisting Caregivers Today (ACT) Caucus, that promoted the legislation.

2. HOUSE COMMITTEE EXAMINES FLU SEASON PREPAREDNESS

On November 19, the House Energy and Commerce's Oversight and Investigations Subcommittee held a [hearing](#) titled, *U.S. Public Health Preparedness for Seasonal Influenza: Has the Response Improved?* Three health officials testified about the lessons learned from last season's influenza season where the immunizations did not match the predominant influenza virus that resulted in more deaths and hospitalizations because of the vaccine's lower than usual effectiveness. During the hearing, Rep. Morgan Griffith (R-VA) talked about the recent recommendations to immunize seniors against both the pneumococcal and influenza virus and the importance of working with primary care physicians to increase adult vaccination rates. Rep. Markwayne Mullin (R-OK) expressed concerns about physicians' flu distribution challenges, particularly for products administered through the Vaccines for Children program.

4. HEALTH OFFICIALS DISCUSS LAB DEVELOPED TEST OVERSIGHT

On November 17, the House Energy and Commerce's Health Subcommittee held a [hearing](#) to discuss the FDA's notice indicating that the agency may begin regulating lab developed tests (LDTs). On April 17, CMS and the FDA announced an interagency task force that will continue

and expand on collaboration related to the oversight of laboratory developed tests (LDTs), which are tests intended for clinical use and designed, manufactured, and used within a single lab. Agency officials testified that current standards may not be sufficient to ensure that diagnostic tests are consistent or accurate and that patients are at risk for misdiagnosis that may result suboptimal patient care. Also, CMS officials have expressed concerns about its ability to manage the diversity and volume of new diagnostic tests.

5. PUBLIC HEALTH BILLS ADVANCE IN THE HOUSE OF REPRESENTATIVES

The following bills were approved by the House Energy and Commerce Committee this week.

- [*The Medical Controlled Substances Transportation Act \(HR 3014\)*](#) would amend the *Controlled Substances Act* to allow registered physicians to transport and administer controlled substances to patients at other practice settings and disaster areas if the physician enters into an agreement with the Drug Enforcement Agency. This is particularly important for physicians who are associated with sports teams or other programs that require travel out of state.
- [*The Common Sense Nutrition Disclosure Act \(HR 2017\)*](#) would provide clarity and flexibility for small businesses regarding menu-labeling requirements.
- [*The Ensuring Terminated Providers Are Removed from Medicaid and CHIP Act \(HR 3716\)*](#) addresses issues raised in a report from the Office of the Inspector General of Health and Human Services that found health care providers terminated from Medicaid in one state were still participating in Medicaid and CHIP programs in other states.
- [*The Medicaid Directory of Caregivers Act \(HR 3821\)*](#) would require state Medicaid programs that operate fee-for-service or primary care case management programs to include a directory of physicians who served Medicaid patients in the prior 12 months on the Medicaid program's website.

The House of Representatives approved the following health bills this week.

- [*The Improving Access to Emergency Psychiatric Care Act \(S 599\)*](#) would extend the Medicaid Emergency Psychiatric Demonstration program for any requesting states that are eligible to participate. The bill will help states offer timely care to individuals in need of mental health care. The Senate will have to consider this amended version of the original bill.
- [*The Protecting Our Infants Act \(S 799\)*](#) would require HHS to identify possible gaps in the research, prevention and treatment of prenatal opioid abuse and infants born experiencing withdrawal. The President is expected to sign the bill into law soon.

6. ENROLLMENT ON HEALTHCARE.GOV EXCEEDS ONE MILLION

CMS [announced](#) that as of November 14, over one million had enrolled or re-enrolled in a health care plan on the Healthcare.gov website during the current two weeks of the open enrollment period.

7. FamMedPAC MAINTAINS HIGH PROFILE

FamMedPAC continues to raise the profile of AAFP with key legislators in Washington, DC. The PAC supported several events in the nation's capital, at some of which AAFP leadership spent time discussing AAFP's key legislative concerns.

The PAC supported the following legislators:

- **Rep. John Fleming (R-LA)**, a family physician and member of AAFP. AAFP President elect Dr. John Meigs and Board Chair Dr. Bob Wergin attended an event for Rep. Fleming.
- **Rep. Nancy Pelosi (D-CA)**, the Minority Leader in the House. AAFP President Dr. Wanda Filer attended an event for Rep. Pelosi.

- **Rep. Joe Courtney (D-CT)**, the Co-Chair of the newly formed House Primary Care Caucus. Rep. Courtney is speaking at a meeting of the Connecticut Chapter this week.
- **Rep. Frank Pallone (D-NJ)**, the senior Democratic member of the House Energy and Commerce Committee.
- **Sen. Chuck Schumer (D-NY)**, a senior member of the Senate Finance Committee, who is expected to be the leader of the Democrats in the 115th Congress.
- **Rep. Fred Upton (R-MI)**, the Chair of the House Energy and Commerce Committee.

8. VOTERS COULD BRING SINGLE-PAYER HEALTH CARE TO COLORADO IN 2016

The ColoradoCareYes campaign is looking to bring universal health care to Colorado and as of November 9 organizers are one step closer. The Colorado Secretary of State certified the campaign attained over 158,000 qualified signatures. Since 100,000 signatures are needed to get on the 2016 ballot, the initiative will be included on the 2016 ballot. To pay for the \$25 billion annual cost of the program, a 10-percent payroll tax would be assessed, with 6.67 percent coming from employers and 3.33 percent from workers. The single-payer health care system would have no co-pays or deductibles. In 2011, Vermont lawmakers passed universal healthcare; however, earlier this year the state abandoned the \$4.3 billion single-payer plan, as too expensive.

9. KENTUCKY'S KYNECT IN LIMBO

As a candidate, Matt Bevin (R), now Governor-elect of Kentucky, said he would move quickly to dismantle Kynect, the state-run health insurance exchange, and repeal the state's Medicaid expansion or ask for federal waivers that let him impose more restrictions. About 500,000 Kentuckians have coverage through Kynect, which has allowed the state to cut its rate of uninsured residents nearly in half. Current Governor Steve Beshear (D) is urging Matt Bevin to maintain the state's Medicaid expansion program, citing that it would cost the state \$23 million to shut it down. Ironically, new information has come out that the Kentucky counties with highest Medicaid rates backed Matt Bevin during the election. In a press conference following the election, Governor-elect Bevin said that he was starting the process of reaching out to CMS with intent of applying for a section 1115 waiver, "that will allow us to customize a solution for folks who are currently receiving Medicaid in the state of Kentucky."