

April 22, 2016

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### NEXT WEEK IN WASHINGTON...

- \* On Wednesday, April 27, the Senate Special Aging Committee has scheduled a hearing on the sudden, aggressive price spikes of decades-old prescription drugs.
- \* On Thursday, April 28, the Senate Finance Committee will hold a hearing on the status of mental health care.

## 1. AAFP BOARD CHAIR HIGHLIGHTS MEDICARE REFORM IMPLEMENTATION

On March 19, Dr. Robert Wergin, MD, AAFP Board Chair, [testified](#) before the House Energy and Commerce Subcommittee on Health for its [hearing](#) to examine how physicians are preparing for Medicare payment reforms. In his testimony, Dr. Wergin highlighted the AAFP's longstanding promotion of practice transformation and how the *Medicare Access and CHIP Reauthorization Act* (MACRA) represented an opportunity to support primary care. He also shared some details of the AAFP's upcoming "MACRA Ready" campaign and current member education resources. He identified several concerns about MACRA implementation, including the need for interoperability of health information technology and for avoiding complex and burdensome reporting requirements.

The major areas of interest during the hearing were about the needs of small and rural practices; how members should do to start preparing for MACRA; the definition of nominal risk; and the importance of interoperability. Dr. Wergin mentioned that physicians in rural areas especially should take advantage of AAFP resources to understand their level of readiness and to decide which path to take. He also reminded legislators that primary care services will need to be appropriately valued.

## 2. FAMILY MEDICINE ADVOCATES CALL ON FEDERAL LEGISLATORS

The annual Family Medicine Congressional Conference convened this week and drew nearly 250 family physicians and students to Washington, DC to learn about and advocate for legislative issues affecting family medicine. On Monday, April 18 attendees heard from political and policy experts on issues including new payment models under MACRA; the Teaching Health Center program; the Congressional Primary Care Caucus; prescription drug abuse; chronic disease management; direct primary care and federal mental health policy reforms. On Tuesday, they met with legislators in the House and Senate and their staff to share federal policy recommendations concerning opioid abuse, primary care research and training, and graduate medical education.

## 3. THE AAFP CALLS FOR INVESTING IN DRUG ABUSE PREVENTION AND TREATMENT

On April 22, the AAFP [commented](#) to the House Energy and Commerce Committee on several [bills](#) approved by the Subcommittee on Health that attempt to address abuse of opioid and other addictive drugs. The Energy and Commerce Committee may act on these bills as early as next week with debate on the floor of the House in May.

## 4. BIPARTISAN BILL WOULD SHORTEN EHR REPORTING PERIOD TO 90 DAYS.

On Wednesday, April 20, a group of bipartisan lawmakers introduced the *Flexibility in Electronic Health Record (EHR) Reporting Act*. The bill, introduced in both the House (HR 5001) and the Senate (S 2822), would require the Centers for Medicare and Medicaid Services (CMS) to establish a 90-day EHR reporting period in the “Meaningful Use” program for calendar year 2016. Under current regulations, the Meaningful Use program requires eligible physicians to report Meaningful Use measures for a 365-day period in 2016—in contrast to 90 days in prior years.

## 5. AGRICULTURE SPENDING BILL WOULD HAMPER TOBACCO REGULATION

On April 19, the House Appropriations Committee approved the fiscal year 2017 Agriculture Appropriations bill. The measure includes tobacco provisions the AAFP opposes. Although Reps. Rosa DeLauro (D-CT) and Lucille Roybal-Allard (D-CA) tried to remove from the draft a provision that blocks the Food and Drug Administration (FDA) from implementing a tobacco rule unless it exempts certain cigars, their effort was defeated 34 to 14. The committee also approved, by a vote of 31 to 19, an amendment by Reps. Tom Cole (R-OK) and Sanford Bishop (D-GA) to change the “grandfather date” for exempting e-cigarettes, cigars, and other unregulated tobacco products from an important product review requirement in the *Tobacco Control Act*.

## 6. FamMedPAC SETS RECORD AT FMCC, KEEPS HIGH VISIBILITY IN WASHINGTON

Attendees at this week’s Family Medicine Congressional Conference set a new FMCC record for contributions to FamMedPAC by donating over \$30,000 over the course of the two-day meeting in Washington, DC. FamMedPAC Board Chair, Dr. Randy Wexler, addressed the attendees during the first day of the conference, urging them to help FamMedPAC achieve its goal of raising \$1 million for the 2016 elections. The PAC has received \$759,221 so far, putting the \$1 million goal within reach.

The PAC supported the following legislators/committees this week:

- **Rep. Larry Buschon, MD (R-IN)**, a cardiothoracic surgeon, is a member of the Health Subcommittee of the House Energy and Commerce Committee.
- **Rep. Kevin Yoder (R-KS)**, a member of the House Appropriations Committee, represents Leawood, Kansas, the location of the AAFP headquarters.
- **Rep. Marsha Blackburn (R-TN)** is a member of the Health Subcommittee of the House Energy and Commerce Committee.

- **Rep. Mike Thompson (D-CA)** is a member of the Health Subcommittee of the House Ways and Means Committee.
- **Rep. Steny Hoyer (D-MD)** is the Minority Whip in the House of Representatives.
- **Sen. Michael Bennet (D-CO)** is a member of the Senate Finance Committee. Drs. Jeff Cain, John Bender and Heather Bleacher attended an event in Washington, DC for Sen. Bennet.

## 7. PHYSICIAN ORGANIZATIONS ADVISE CMS ON MACRA

On April 18, the AAFP and other organizations sent CMS a [letter](#) regarding the upcoming release of the proposed rule regarding implementation of the *Medicare Access and CHIP Reauthorization Act* (MACRA). The letter called for CMS to ensure that primary care physicians have a defined pathway to meet the criteria for the Alternative Payment Model (APM). The letter asked HHS to avoid an overly prescriptive, time-consuming and complex federal approval process for clinical quality improvement and APMs, since this could undermine existing programs that are already effective in improving care and containing costs.

## 8. FEDERAL REGULATORY ITEMS OF INTEREST

- **Transparency in Physician Payments** – On April 12, CMS [responded](#) to the AAFP’s [letter](#) regarding a GAO report on transparency in physician payments. The agency’s letter referenced their commitment to primary care and some of their recent efforts to recognize new primary care codes.
- **Medicare Advantage** – On April 20, the AAFP sent CMS a [letter](#) requesting the agency collaborate with Medicare Advantage (MA) plans in educating beneficiaries, providers, and other interested parties on MA plan benefits and coverage through the CMS Advisory Panel on Outreach and Education (APOE). The letter stated that additional education on benefits and coverage under MA will support APOE’s and CMS overarching goal of improved access to quality care.
- **Coverage Options for Contraceptives** – The AAFP sent the FDA a [letter](#) on April 20 that called on CMS to review and revise, as necessary, its coverage of contraceptive options to include all FDA-approved contraceptive options for men and women of reproductive age enrolled in Medicare and Medicaid. The letter incorporated recommendations of resolutions approved by the 2015 Congress of Delegates.

## 9. REGULATORY BRIEFS

- On April 18, HHS named Dr. Thomas E. Novotny, a family physician, as the new HHS Autism Coordinator.
- On April 15, HHS [discussed](#) progress made on the one year anniversary of passage of the Medicare Access and CHIP Reauthorization Act
- On April 19, CMS released [data](#) detailing the quality of care received by people with Medicare Advantage by racial or ethnic group.
- On April 19 the GAO released a [report](#) titled, “VA Health Care: Actions Needed to Improve Access to Primary Care for Newly Enrolled Veterans.”
- On April 20 CMS released [FAQs](#) about the Affordable Care Act, Mental Health Parity and Women’s Health and Cancer Rights Act Implementation.
- CMS will host the following free educational call, [registration](#) is required:
- National Partnership to Improve Dementia Care and QAPI Call on April 28, 1:30pm ET
- How to Register for the 2016 PQRS Group Practice Reporting Option Call on May 4 at 3:00pm ET.
- 2015 Mid-Year QRURs Webcast on May 19 at 1:30pm ET

## 10. STATE LEGISLATIVE BILLS OF INTEREST IN THE 2016 SESSION

- **Electronic Health Records** – Minnesota [SF 3313](#) prohibits information blocking by health care providers. The bill defines “information blocking” as knowingly interfering with or knowingly engaging in business practices or other conduct that is reasonably likely to interfere with the ability of patients, health care providers, or other authorized persons to access, exchange, or use electronic health records.
- **Medicaid Expansion** – [Maine](#) passed Medicaid Expansion for the sixth time; however, not by margins sufficient to overturn Governor Paul LePage’s (R) veto. The current proposal would have covered individuals up to 100 percent of federal poverty level through regular MaineCare and would have provided subsidies for individuals who earn between 100 percent and 138 percent of the federal poverty level for the purchase qualified health plans on the Marketplace. The proposal would have made approximately 80,000 adults eligible for coverage.
- **Medicaid Waiver** – The Ohio Department of Medicaid has released a [draft](#) 1115 waiver application. This application was required after the passage of last year’s [budget](#), which required that the administration seek a waiver of federal Medicaid rules so that Ohio could require certain Medicaid recipients to pay into a health-savings account regardless of income. The waiver draft creates the Healthy Ohio Program which would require all adult Medicaid beneficiaries to enroll in a high-deductible Medicaid managed care plan and receive a health savings-like account, called the Buckeye Account.
- **Preceptor Tax Credits** – [Maryland](#) passed legislation creating an income tax credit for preceptors in areas with health care workforce shortages. The Maryland AFP was involved with this measure and views it as a victory for preceptors in family medicine and primary care in rural Maryland.
- **Prescription Drug Abuse** – [Maine](#) became the second state to pass limitations on opioid prescriptions. [Massachusetts](#) passed similar legislation in March. Maine’s bill specifies that providers will not be allowed to prescribe more than a seven-day supply of opioids within a seven-day period for acute pain or a 30-day supply within a 30-day period for chronic pain. The bill also requires a prescriber to check with a prescription monitoring program before dispensing.