

December 2, 2016

### **On the Horizon ...**

\* Both House and Senate are in session next week. Both chambers are expected to take up and pass stop-gap legislation to fund the government through the Spring.

\* The Senate is expected to complete work on the [21st Century Cures Act](#) and send it to the President's desk.

## **U.S. CONGRESS**

### **1. AAFP President Testifies at House Hearing on USPSTF**

On November 30, Dr. John Meigs, Jr., MD, president of the American Academy of Family Physicians, testified before the House Energy and Commerce, Health Subcommittee. The hearing, titled, *Examining the United States Preventive Services Task Force*, reviewed HR 1151, the *USPSTF Transparency and Accountability Act*. Dr. Meigs and Dr. Kirsten Bibbens-Domingo, the US Preventive Services Task Force (USPSTF or Task Force) chair, spoke about the importance of primary care services and the Task Force's valuable role in disseminating evidence-based primary care guidance. Dr. Meigs offered caution about the bill's potential for undermining the current evidence review process. HR 1151 recommends adding an "equal balance" of subspecialists to the Task Force. The bill would also establish an additional review body that would include representatives from industry and others. HR 1151 would require the Task Force to consider how its decisions and grades impact cost, access to health services, devices, health programs, or private insurance coverage. Dr. Meigs urged policy makers to maintain the Task Force's current structure and purpose. A copy of the testimony can be accessed at the following [link](#). A hearing video can be at the Energy and Commerce Committee's [website](#).

### **2. House Passes 21<sup>st</sup> Century Cures Legislation**

On November 30, by a vote of 392-26, the House approved the *21st Century Cures Act* ([HR 34](#)). On November 29, the AAFP [commented](#) on the 21<sup>st</sup> Century Cures legislation, which includes a mix of administrative policies to promote precision medicine and health innovation through U.S. Food and Drug Administration reforms and increasing the National Institutes of Health's budget authority by \$4.8 billion. The AAFP did not formally support the bill but commented on provisions that impacted preventive health and primary care, and expressed concerns that some of the bill's cost were paid for by rescinding monies from the Prevention and Public Health Fund. The AAFP applauded Congressional leaders for improving health IT interoperability standards through the reduction of medical documentation requirements, addressing electronic health record usability, establishing an EHR rating system, and reviewing patient matching standards. AAFP also commended policy makers for including mental health reform legislation that included several provisions favorable for primary care and prevention efforts. The *Cures Act* also includes \$1 billion over two years, including \$500 million in fiscal

year 2017, to combat the prescription opioid and heroin epidemic. On November 28, the AAFP joined 87 physician and other provider organizations signing a [letter](#) to Congress urging significant funding to address it. The AAFP [letter](#) also highlighted the bill's language on site neutrality. In a [Statement of Administration Policy](#), the White House expressed strong support for the bill. The U.S. Senate is expected to debate the bill during the week of December 5, 2016.

### **3. Defense Conference Committee Drops Medical-Licensure Provision**

Congress is expected to pass the annual bipartisan National Defense Authorization Act (NDAA) for Fiscal Year 2017 on or before December 9, when authority for the Defense Department and related agencies will expire. Both the House and Senate passed versions of the FY2017 NDAA earlier this year, and the Senate version included a new telehealth benefit in TRICARE—the insurance program for 8 million military personnel and their dependents. The Senate-passed telehealth benefit also provided that for purposes of licensure and professional liability, the location of care shall be considered the location of care of the provider, rather than the patient. The AAFP [advocated](#) to the Conference Committee that the “location of care” provision be deleted from the final bill so as not to erode the existing system of medical licensure. The Conference Committee filed the [final bill](#) on Wednesday, which retained the new TRICARE telehealth benefit (in Section 718) but removed the provision that the AAFP opposed.

### **4. Negotiations on FY 2017 Stopgap Spending Bill Ongoing**

The current federal FY 2017 stopgap appropriations law expires next Friday, December 9. Although legislators in both parties have concerns about the harm an extended stopgap spending bill or “continuing resolution” could cause federal agencies and programs, it is likely that another “CR” will pass the House and Senate next week to prevent a government shutdown. The extended CR will allow the Trump administration greater influence over federal spending in the current fiscal year. Negotiations to set the duration of the CR are continuing.

## **CENTERING ON THE STATES**

### **1. Antitrust Trial Over Anthem-Cigna Merger Begins**

On November 21, U.S. Department of Justice (DOJ) lawyers delivered opening arguments in their lawsuit to block Anthem's proposed acquisition of Cigna. The acquisition would create the nation's largest health insurance company and potentially reshape the U.S. market for employer-sponsored and Exchange plans. The two insurers cover about 17% of the U.S. population. As a result, the DOJ argued if Anthem acquired Cigna, it “would substantially lessen competition, harming millions of American consumers, as well as doctors and hospitals.” Anthem and Cigna argued the merger would lead to lower costs for consumers. A ruling on the lawsuit is expected in early 2017. The Anthem-Cigna trial precedes a similar antitrust lawsuit over the proposed merger of Aetna and Humana. That trial is set to begin December 5, 2016.

## **THE EXECUTIVE BRANCH**

### **1. Family physician selected to USPSTF**

On November 16 the U.S. Preventive Services Task Force [announced](#) the addition of two new members: Michael Silverstein, MD, MPH, and Chien-Wen Tseng, MD, MPH, MSEE. Dr. Tseng is the Hawaii Medical Service Association endowed chair in health services and quality research, an associate professor, and the associate research director in the Department of Family Medicine and Community Health at the University of Hawaii John A. Burns School of Medicine. She is also a physician investigator with the nonprofit Pacific Health Research and Education Institute, an affiliate of the Veterans Affairs Pacific Islands Health Care System. As a family physician, Dr. Tseng's research focuses on improving quality of health care and lowering financial barriers to care, such as reducing the high cost of drugs for chronic and acute diseases.

### **2. Regulatory Briefs**

- On November 22, CMS [released](#) the Measures Under Consideration List for future rulemaking. CMS has sent these measures to NQF for multi-stakeholder input.
- On November 30, the U.S. Department of Housing and Urban Development released the final smoke-free public housing rule. The final rule requires all public housing to be smoke-free in 18 months. The AAFP and others supported this policy in a January 19, 2016 [letter](#).
- On November 30, CMS [extended](#) until December 7 the deadline for physicians to request an informal review of perceived errors in their 2017 Value Modifier calculation.
- CMS will host the following free educational call, [registration](#) is required:
  - IRF and LTCH Quality Measure Report Call, December 1, 1:30pm
  - National Partnership to Improve Dementia Care and QAPI Call, December 6, 1:30pm
  - 2016 Hospital Appeals Settlement Update Call, December 12 at 1:30pm.
  - IRF-PAI Therapy Information Data Collection Call, January 12 at 1:30 pm.

## **TAKE ACTION**

### **1. AAFP Launches Landing Page for Elected Officials**

The AAFP has introduced an online [resource](#) designed to inform legislators about key issues in primary care. Lawmakers will be able to access information, utilize online tools, and easily reach out to AAFP subject matter experts. Intended to be an asset to share when elected officials have questions, please feel free to familiarize yourself with the available content, and let your legislators know that family medicine is here to help.

### **2. Primary Care Training Resolution Gains Traction**

Shortly after the House introduced a resolution supporting primary care training in teaching health centers, The AAFP enacted a grassroots campaign urging Members of Congress to cosponsor the legislation ([H. Res. 899](#)). With over 475 letters sent to Congressional offices, Key Contacts reaching out to their elected officials and [articles](#) outlining the benefits of the program, more and more Representatives are signing on. If you would like your Member of Congress to show support for primary care training, click [here](#) to send a quick letter directly to their office.