

3. AAFP OPPOSES REGULATION GRANTING INDEPENDENT PRACTICE IN THE VA

On July 13, the AAFP sent a [letter](#) to the Department of Veterans Affairs (VA), responding to their [proposed rule](#) which would allow the VA to grant full practice authority for advanced practice registered nurses, without regard for state practice acts. In the letter the AAFP argues that this proposal would alter the consistent standards of care for veterans over non-veterans in the states; further fragment the health care system; and dismantle physician-led team-based health care models. The AAFP strongly opposed this unprecedented proposal stating that this would dismiss state practice authority via administrative rulemaking and to undermine physician-led team-based care models that have proven to be most effective in improving quality and efficiency. The AAFP has created a [SpeakOut](#) message for members to advocate for physician-led, health care teams in the VA by sending.

4. SENATE PANEL EXAMINES PROPOSED RULE FOR MIPS AND APMS

On Wednesday, July 13, the Senate Committee on Finance held a hearing on the implementation of physician payment reforms. The lone witness was Andy Slavitt, Acting Administrator of the Centers for Medicare and Medicaid Services (CMS).

Sen. Orrin Hatch (R-UT), who chairs the Committee, emphasized a theme that recurred throughout the hearing; namely, that small practices, particularly in rural areas, are not as well positioned to succeed as larger systems. The senior Democrat on the Committee, Sen. Ron Wyden (D-OR), detoured from MACRA to express his view that Medicare reform should be viewed through the lens of treating patients with chronic illness. He thanked Mr. Slavitt for including policies from the committee's Chronic Care Working Group (CCWG) Policy Options Document in the proposed Medicare Physician Fee Schedule, which impact family medicine:

- expansion of the diabetes prevention program (DPP)
- payment for chronic care management for patients of greater complexity
- payment for care planning for patients with cognitive impairment (e.g., Alzheimer's and dementia).

Sen. Debbie Stabenow (D-MI) asked what CMS is doing for rural practices and Sen. John Thune (R-SD) mentioned small practices, and expressed his view that the low-volume threshold was pegged too low, at \$10,000 of Part B revenue and fewer than 100 beneficiaries. He also expressed disappointment that the system of reporting in MIPS via virtual groups would be delayed for a year. Sen. Johnny Isakson (R-GA) focused on the table in the NPRM, which projects that 87 percent of solo practices will receive a downward adjustment under MIPS (compared to 18 percent of practices with 100 or more clinicians). Mr. Slavitt indicated throughout his testimony that CMS is reviewing the many comments from providers and is considering a number of changes in the final rule.

5. HOUSE COMMITTEE APPROVES FY 2017 SPENDING BILL

After two days of debate and amendments, the House Appropriations Committee on Thursday, July 14 approved (by a vote of 31-19) the bill to fund the Departments of Labor, Health and Human Services, and Education, and related agencies for fiscal year 2017. The bill released by the full committee seeks to defund existing programs of the *Affordable Care Act (ACA)* and prohibit new discretionary funding from being used to further implement ACA activities.

In addition to the program funding levels [reported](#) last week, the House bill would cut the Health Resources and Services Administration (HRSA) by \$222.4 million. The House, like the Senate, would retain current funding for Primary Care Training and Enhancement (Title VII, Section 747) at \$38.9 million. Overall, HRSA's Title VII Health Professions programs received \$294.2 million, which is a 12-percent increase over the FY 2016 due to the transfer of \$50 million for the Behavioral Health Workforce Education and Training program from the Substance Abuse and Mental Health Services Administration to HRSA. Like the Senate bill, the House bill eliminates