In addition, CMS proposes to reduce the administrative burden associated with the CCM codes to eliminate potential barriers to furnishing and billing for these services. CMS also will revalue existing CPT codes describing face-to-face prolonged services.

For 2017, CMS estimates the conversion factor to be $35.7751, which is slightly lower than the 2016 conversion factor of $35.8043. However, compared to all other specialties, family physicians are projected to receive an estimated 3-percent increase in Medicare allowed charges based on the provisions of the propose rule. This increase is the largest estimated update for a specialty.

CMS also proposes to add several codes to the list of services eligible to be furnished via telehealth, including Advance Care Planning (ACP) services and critical care consultations furnished via telehealth using new Medicare G-codes.

The AAFP is currently analyzing the regulation, preparing a summary, and will provide detailed comments to CMS before the due date of September 6.

2. OPIOID ABUSE LEGISLATION PASSES THE HOUSE

The House voted 407-5 on Friday, July 8, to approve the *Comprehensive Addiction and Recovery Act* (S 524). This bill, which is a compromise between the House and Senate versions, contains a number of provisions that the AAFP supports. The bill includes, for example, the reauthorization of the *National All Schedules Prescription Electronic Reporting* (NASPER) *Act* which provides grants to states to establish, implement, and improve state-based prescription drug monitoring programs. The measure also authorizes the partial fill of Schedule II drugs to reduce the number of opioids being dispensed, and creates a state grant program to increase access to opioid reversal drugs.

However, the bill contains provisions of concern to the AAFP. For example, it would permit nurse practitioners and physician assistants who meet certain criteria to provide Medication-Assisted Treatment (MAT) in an office-based setting to as many as 30 patients in the first year and 100 patients after the first year.

The conference agreement also would allow prescription drug plans in Medicare, including Medicare Part D plans as well as standalone Medicare Advantage Prescription Drug Plans, to develop a safe prescribing and dispensing program for beneficiaries who are at risk of abuse or diversion of drugs that are frequently abused or diverted. The provision allows HHS to work with private drug plan sponsors to facilitate the creation and management of “lock-in” programs to curb identified fraud, abuse, and misuse of prescribed medications while at the same time ensuring that legitimate beneficiary access to needed medications is not impeded.

While the compromise bill that the House approved did not include an increase in the limit of patients for which a physician can provide MAT, the administration has created a waiver that will allow physicians to offer MAT to as many as 275 patients.

3. HOUSE SUBCOMMITTEE APPROVES HHS SPENDING BILL

On Thursday, July 7, the House Labor, Health and Human Services, Education Appropriations Subcommittee voted on party lines to advance the fiscal year 2017 spending bill that includes programs in HHS. The details of the draft bill will be available when the committee considers it next week. Despite years of threatening to eliminate the Agency for Healthcare Research and Quality (AHRQ), the House bill proposes only to cut it to $280 million from the FY 2016 level of $334 million. In comparison, the Senate’s bill (S 3040) would include $324 million for AHRQ.