

6. REPUBLICAN LEADERS OUTLINE HEALTH CARE REFORM PROPOSAL

House Republicans on Wednesday, June 22, unveiled a [proposal](#) to repeal and replace the *Affordable Care Act* (ACA) with new healthcare policies aimed at reducing government regulation and lowering costs.

The plan focuses first on repealing the ACA, including the employer and individual healthcare mandates. It then includes several reforms, including giving individuals and states more flexibility on healthcare plans; providing tax credits to keep healthcare affordable; allowing coverage across state lines; giving states flexibility with Medicaid funding; and creating private options for Medicare patients, among other policies.

7. CMS RESPONDS TO AAFP LETTERS ON TRANSITIONAL CODE MANAGEMENT

On June 20, the Centers for Medicare & Medicaid Services (CMS) sent a [letter](#) to the AAFP in response to AAFP letters sent in [2016](#) and [2015](#) to the agency calling for the facilitation of the release of medical records from hospitals and other health care facilities to primary care physicians to promote Transitional Care Management (TCM). The AAFP had pointed out that due to a lack of communication between hospitals and other healthcare facilities with primary care physicians, the discharge information often is not sent to the primary care physician within the two business days allotted to contact the patient as required by CMS to bill TCM. The CMS response referenced the pending release of a final regulation that would significantly revise discharge planning requirements.

8. AAFP COMMENTS ON ANTIBIOTIC RESISTANT BACTERIA

The AAFP sent the Presidential Advisory Council on Combating Antibiotic Resistant Bacteria a [letter](#) on June 22 that responded to a request for information. Before answering five specific questions asked by the council, the AAFP first pointed out that primary care physicians are the most frequent prescribers of antibiotics and that it is a concern that the council currently lacks representation from family physicians and any other primary care physician.

9. REGULATORY BRIEFS

- On June 17, CMS [published](#) a final rule that requires clinical laboratories to report the amounts paid by private insurers for laboratory tests. CMS will use these private insurer rates to calculate Medicare payment rates under the Clinical Laboratory Fee Schedule beginning January 1, 2018.
- On June 20, HHS [announced](#) \$20 million to fund training and education for Medicare clinicians in individual or small group practices of 15 clinicians or fewer. These funds are intended to help small practices, especially those that practice in historically under-resourced areas including rural areas, health professional shortage areas, and medically underserved areas. HHS will continue to award \$20 million each year over the next five years, providing \$100 million in total to help these practices successfully participate in the Quality Payment Program. Awardees will be announced by November 2016.
- On June 20, CMS [proposed](#) changes to the Payment Error Rate Measurement (PERM) and Medicaid Eligibility Quality Control (MEQC) programs to implement provisions in the Affordable Care Act's changes to the way states adjudicate eligibility for Medicaid and the Children's Health Insurance Program (CHIP).
- On June 22, the latest Medicare Trustees [report](#) was released. It projects that the trust fund financing Medicare's hospital insurance coverage will remain funded until 2028, which is 11 years longer than projected in 2009. A related [press release](#) is also available.
- On June 23, CMS released a new year of data (2014) of the [Hospital Inpatient](#) and [Outpatient Utilization](#) and Payment Public Use Files (PUFs). The hospital inpatient PUF includes discharges, average Medicare payments and average hospital charges