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NEXT WEEK IN WASHINGTON...

* Both the House and the Senate are in recess in honor of Memorial Day. Both chambers return in the week of June 6.

1. HOUSE VOTES FOR CONFERENCE WITH SENATE ON ZIKA, OTHER SPENDING

The House voted 233 to 180 Thursday, May 26 to conference with the Senate over differences in the two chambers' versions a fiscal year 2017 spending bill (HR 2577) which includes funding to address the Zika virus. The Senate will also need to agree to go to conference on an omnibus package consisting of the *Zika Response Appropriations Act* (HR 5243), the FY2017 Military Construction-VA measure (HR 4973) and legislation to amend the *Clean Water Act* to deal with Zika (HR 897). The AAFP joined other medical organizations on a [letter](#) calling on the leaders of Congress to immediately pass legislation that would provide the greatest possible amount of funding for research, prevention, control and treatment of Zika.

2. HOUSE COMMITTEE VOTES TO INCREASE PDMP FUNDING IN FY2017

The House Appropriations Committee on Tuesday, May 24 approved the draft FY2017 Commerce, Justice, Science (CJS) Appropriations bill. The draft includes \$103 million for programs to reduce opioid abuse as authorized by the House-passed *Comprehensive Opioid Abuse Reduction Act* (HR 5046). The funding will support drug courts; Residential Substance Abuse Treatment and the Mentally Ill Offender programs. It also provides \$14 million for the State prescription drug monitoring grant program (PDMP), an increase of \$1 million.

3. MENTAL HEALTH SUMMIT HIGHLIGHTS THE VALUE OF PRIMARY CARE

On May 26, Senators Bill Cassidy (R-LA) and Chris Murphy (D-CT), sponsored an [event](#) titled, *Senate Summit on Mental Health: A Call to Action for Comprehensive Mental Health Reform* to discuss strategies to improve patient access and mental health treatment. The Senators are leading sponsors of the *Mental Health Reform Act* ([S 2680](#)), which was approved in the Senate Health, Education, Labor, and Pensions Committee on March 16, to reform the Substance

Abuse and Mental Health Services Administration (SAMHSA). S 2680 would also update current mental health programs and promote primary integration. The Committee stripped out language that would have improved mental health parity law or allowed same-day billing for mental and physician health care. The Senate Committee on Finance may take up legislation to address health insurance and related issues.

The event brought together researchers, mental health providers, law enforcement, and primary physicians. The six-hour event covered concerns about health insurance parity, patient access, best practices, and current research. Of note, [Ben Miller](#), PsyD, Assistant Professor of Integrated Health at the School of Family Medicine with the University of Colorado Denver's School of Medicine, [spoke](#) about the essential role primary care physician play in treating patients with mental health conditions. He talked about investing in primary care to ensure patients receive high quality health care in environments that are patient-centered. In June, Congress is expected to debate mental health legislation. The major [issues](#) that may arise will focus on patient privacy, gun safety, criminal justice reform, and federal funding. The AAFP submitted a [letter](#) of priorities in March highlighting the importance of assisting vulnerable patients, promoting health information technology, and eliminating health insurance barriers.

4. HOUSE COMMITTEE APPROVES CHILD NUTRITION REAUTHORIZATION BILL

On May 18, the House Education and Workforce Committee approved the *Improving Child Nutrition and Education Act of 2016* (HR 5003) amid criticism from policy makers and nutrition advocates. In a May 9 [letter](#), 111 member of Congress expressed concerns that the reauthorization bill would lower federal nutrition standards put into place under the *Healthy, Hunger-Free Kids Act of 2010* (PL 111-296). They expressed concerns about language that maintains current sodium standards, changes Community Eligibility Standards, and weakens restrictions the type of snack foods allowed in schools. The Senate Agriculture Committee approved a bipartisan bill, the *Improving Child Nutrition Integrity and Access Act* last January. Both houses of Congress are expected to debate this policy this year.

5. MISSOURI BECOMES FIRST STATE TO RULE AGAINST AETNA-HUMANA MERGER

The Missouri Department of Insurance released an [order](#) May 24 that would prohibit an Aetna-Humana merged company from selling plans in the individual, small group, group Medicare Advantage and individual Medicare Advantage markets in 65 of the state's 114 counties. The Insurance Department found that Aetna and Humana control more than 70 percent of the private Medicare market in 33 counties in the state. Post-merger, the Department said 85 Missouri counties would have two or fewer companies selling in the individual Medicare Advantage market. Aetna responded stating that, "this order does not impede the DOJ approval process. We are disappointed with the Missouri order but expect to have a constructive dialogue with the state to address their concerns." The order will not be finalized for 30 days, during which time Aetna and Humana will have the opportunity to offer a plan to "remedy the anticompetitive impact of the acquisition."

6. AAFP COMMENTS ON MATERNITY CARE EPISODE GROUPS

The AAFP sent a [letter](#) on May 23 to the Health Care Payment Learning & Action Network in response to their draft white paper titled, "Accelerating and Aligning Clinical Episode Payment Models: Maternity Care." The AAFP agreed that the overarching goal of clinical episode payments for maternity care is to improve the value of maternity care by reducing costs and improving outcomes, as well as the experience of care, for the woman and her baby. The AAFP letter expressed concern about how the payment would flow back to physicians providing services to infants within the thirty day window. To reduce confusion and payment complications, the AAFP suggested it would be best to exclude newborn care from this episode.

7. FAMILY PHYSICIANS NOMINATED TO AHRQ COUNCIL

In a letter sent to the Agency for Healthcare Research and Quality on May 26, the AAFP nominated John W. Beasley, MD, FAAFP; Marjorie A. Bowman, MD, MPA, FAAFP; Michael F. Dulin, MD, PhD; Jennifer Frost, MD, FAAFP; Winston Liaw, MD, MPH; Kenneth Lin, MD, MPH, FAAFP; and Lars Petterson, MD to the National Advisory Council for Healthcare Research and Quality. The Council advises HHS and AHRQ on matters related to AHRQ's mission which is "to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work within the U.S. Department of Health and Human Services and with other partners to make sure that the evidence is understood and used."

8. AAFP SENDS COMMENTS TO SAMHSA ON PATIENT CAPS

In a May 26 [letter](#), the AAFP responded to a proposed rule titled "Medication Assisted Treatment for Opioid Use Disorders" which was published by SAMHSA. The AAFP concurred with SAMHSA's interest in stimulating broader availability of high-quality medication-assisted therapy (MAT) and supported amending the highest cap on the treatment of addiction care with buprenorphine hydrochloride and naloxone hydrochloride to raise the limit to 200 patients from the current cap of 100.

9. STATE LEGISLATIVE BILLS OF INTEREST

- **Direct Primary Care**—Last week, Virginia Governor Terry McAuliffe (D) vetoed [HB 685](#), which would have excluded direct primary care agreements from health insurance laws and regulations. The Governor suggested that this concept needs further study stating that, "a direct primary care agreement is merely a stop-gap measure in a time when bolder steps are needed."
- **Medicaid Expansion**—Governor McAuliffe (D) also line-item vetoed language in the [budget](#) that would prevent him from expanding Medicaid without legislative approval. The Governor's spokesman said he is not planning to expand Medicaid unilaterally, but the administration continues to assess opportunities to "bring this money home."
- **Interstate Medical Licensure Compact**—The [Interstate Medical Licensure Compact](#) has been enacted in 16 states—AL, AZ, IA, ID, IL, KS, MN, MS, MT, NH, NV, SD, UT, WI, WV and WY. This measure has been introduced in 10 other states—AK, CO, MD, MI, NE, OK, PA, RI, VT and WA.
- **Medicaid Budget**—Kansas Governor Sam Brownback (R) approved \$97 million in [budget cuts](#), \$56 million of which will come from Medicaid. Combined with the loss of federal matching funds, the state's Medicaid program will take a \$120 million hit. Health care providers who serve Medicaid patients will see their reimbursement rates drop by 4% in July, with the exception of home-based services for disabled Kansans and 95 critical-access hospitals in rural Kansas.
- **Women's Health Issues**—Last Friday, May 20; Oklahoma Governor Mary Fallin (R) vetoed [SB 1552](#), a bill that would have made performing abortions a felony. Under the bill, doctors who perform an abortion could face up to three years in prison and lose their medical license. The only exception being is if it was medically necessary to preserve the life of the mother. In Governor Fallin's veto statement, she explained that, "while I consistently have and continue to support a re-examination of the United States Supreme Court's decision in *Roe v. Wade*, this legislation cannot accomplish the re-examination...The vague and ambiguous expansion of felony criminal liability that fails to define a critical element of the crime places this legislation squarely in the constitutional analysis of *criminal* liability."

10. REGULATORY BRIEF

- On May 24 CMS [released](#) the first ever Public Use File (PUF) for the Medicare Current Beneficiary Survey (MCBS), calendar year 2013. The MCBS PUF contains standard

demographic variables, such as age categories, race/ethnicity and gender, but it does not include any geographic identifiers.

- On May 25 CMS published a [blog](#) announcing a Request for Proposal for Hospital Improvement and Innovation Networks (HIINs) in order to continue progress towards a safer health care system. The HIINs, which will be part of the Quality Improvement Organization initiative, will continue the good work started by the Hospital Engagement Networks under the Partnership for Patients initiative.
- CMS will host the following free educational call, [registration](#) is required:
 - Physician Compare Initiative Call on Jun 16 at 1:30 pm ET.