

April 7, 2017

### On the Horizon ...

\* Both the House and Senate plan a two-week recess. The Senate will reconvene April 24, and the House returns April 25.

## **U.S. CONGRESS**

### **1. AAFP Reiterates Opposition to Obamacare Replacement as Drafted**

On April 6, the AAFP again [wrote](#) to the bipartisan leadership of the House of Representatives to express continuing opposition to the *American Health Care Act* (AHCA, [HR 1628](#)). The [revisions](#) to the AHCA proposed in the House Rules Committee this week would provide \$15 billion to states over ten years for a Patient and State Stability Fund to help insurers cover the sickest people in the health care system. However, that provision does not specify which patients might be eligible for that Fund, and the bill is still projected to lead to increased consumer costs and 24 million fewer insured Americans. The Rules Committee action will allow the House to vote on the bill following the two-week recess.

### **2. Teaching Health Center GME Program Earns Deep Bipartisan House Support**

Under the leadership of Rep. Cathy McMorris Rodgers (R-WA), 91 Members of Congress (40 Republicans and 51 Democrats) have agreed to sign a letter in support of the Teaching Health Center Graduate Medical Education (THCGME) program. The letter, addressed to the bipartisan leadership of the House Energy and Commerce Committee and its Subcommittee on Health, encourages the reauthorization of the THCGME program, which is set to expire on September 30, 2017. The “Dear Colleague” letter also recognizes that that THCGME is a vital program that “deserves a permanent place in our nation’s graduate medical education programming” and that Congress should set the program on a path for stable and sustainable funding to ensure its long-term viability. The letter with all signatures included will be available soon.

### **3. Congress Recesses Leaving FY 2017 Spending Unresolved**

When Congress reconvenes after the recess, appropriators will have four days to either finalize a fiscal year 2017 spending package or enact another stopgap Continuing Resolution (CR) ahead of the April 28 expiration of the current CR. On April 5, the AAFP was one of 151 organizational Friends of AHRQ on letters to the [House](#) and [Senate](#) in support of providing the agency with \$364 million in budget authority, consistent with the FY 2015 funding level.

### **4. Bipartisan House Vote Passes Stop-Loss Insurance Clarification**

The full House voted 400-16 on April 5 to advance the *Self-Insurance Protection Act* ([HR 1304](#)) to clarify that stop-loss insurance coverage is not health insurance so that stop-loss plans are not regulated under the *Affordable Care Act* (ACA). A [statement](#) released by the House Education and Labor Committee quoted the bill’s sponsor Rep. Phil Roe (R-TN) as saying “it is necessary to act to preserve choice when it comes to offering health benefits to workers, and to prevent arbitrary limitations placed on self-insured group health plans through the regulation of

stop-loss insurance.” The bill now proceeds to the Senate which does not have a companion bill.

## 5. Congress Sends VA Choice Extension to President

The House approved and sent to President Trump legislation to extend the Veterans' Choice Program. The bill ([S 544](#)) was passed by a voice vote following similar approval in the Senate. If signed by the president, as expected, the legislation would eliminate the August sunset date for the program and allow the VA to spend the nearly \$1 billion left from an initial \$10 billion dedicated to Choice. The program, created to subsidize non-VA care for veterans who face lengthy wait times for medical appointments or live long distances from a VA medical facility, is set to expire this year.

## 6. Senate Reviews FDA Commissioner Nominee

The Senate Health, Education, Labor, and Pensions (HELP) Committee held a [hearing](#) to review the nomination of U.S. Food and Drug Administration Commissioner-designate Scott Gottlieb, MD, an internal medicine physician and hospitalist. During the April 5 hearing Senators discussed drug prices, opioid abuse, biotechnology, and Gottlieb's diverse financial interests. Sen. Lamar Alexander (R-TN), the committee chair, indicated that FDA user fee legislation would be Gottlieb's first order of business as it must be approved before August 1, 2017.

## 7. AAFP Supports Letter Encouraging Collaborations on Patient Matching

On April 4, the AAFP supported a [letter](#) with 24 other organizations encouraging private-public partnerships to address patient matching. The letter encourages Congress to support collaboration within the federal government to advance a national patient matching strategy.

## CENTERING ON THE STATES

### 1. Bills of Interest

- **Medicaid Expansion** – The Kansas House of Representatives failed to override Gov. Sam Brownback's (R) veto of their Medicaid expansion [proposal](#). The vote was short of the two-thirds majority needed to override. The Virginia General Assembly [rejected](#) Medicaid expansion via a party-line vote, citing concerns about future budget deficits.
- **Patient Protections** – Maryland Governor Larry Hogan (R) has signed into law the [Maryland Health Insurance Coverage Protection Act](#) which establishes the Health Insurance Coverage Protection Commission to monitor and assess the impact of potential and actual federal changes to specified health care programs. The commission will provide recommendations to protect access to affordable health care coverage.
- **Prescription Drug Abuse** – Missouri is close to joining the rest of the nation by establishing a Prescription Drug Monitoring Program (PDMP). Both [HB 68 and 90](#) passed the House on April 3 and will be heard in the Senate on April 6. The Senator who has blocked this bill in prior years announced that he would end his opposition to the bill but that he would prefer the legislation include an amendment requiring use of the PDMP. This has been a MO-AFP priority issue for several sessions.
- **Quality Measurement Alignment**—Minnesota has introduced [legislation](#) that would require the Commissioner of Health, when developing statewide quality measures for physician clinics to use the measures developed under MACRA for the merit based incentive payment system. The bill limits the number of measures to no more than six for a single-specialty clinic and ten for a multispecialty clinic. This is a MN-AFP priority bill.
- **Scope of Practice** – Four states ([Florida](#), [Tennessee](#), [Virginia](#), and [Washington](#)) have introduced legislation that would license a Doctor of Medical Science. A Doctor of Medical Science is a new designation created by Lincoln Memorial University “to expand access to high quality primary care services in underserved regions.” Participants must have Physician Assistant master's level training and a minimum of 3 years' clinical experience in primary care, emergency medicine, or general internal medicine. The

program consists of 50 credits over two calendar years, as well as an exam “equivalent to MD or DO standards.”

## **2. Insurers Leave the Iowa Marketplace**

This week two insurers left the Iowa individual marketplace. On April 3, Wellmark Blue Cross and Blue Shield stated it will leave the state’s individual marketplace citing unsustainable losses. Wellmark had covered 21,400 Iowans. On April 6, Aetna announced it will not offer plans in Iowa in 2018. In 2018, 94 counties will have one insurer; five counties will have two. Medica, the major remaining insurer, has not committed to remain in the market for 2018.

## **EXECUTIVE BRANCH**

### **1. Letter Sent to CMS on Implementation of the Laboratory Fee Schedule**

On March 30, the AAFP and other organizations sent CMS a [letter](#) concerning the implementation of the Medicare Clinical Laboratory Fee Schedule (CLFS) reform as required by the *Protecting Access to Medicare Act of 2014* (PAMA). The letter urged CMS to extend the approaching PAMA data reporting period deadline to March 30, 2018. The letter argued that physician office-based laboratories are not able to meet the reporting deadline for a variety of reasons. Subsequently, March 30, CMS [announced](#) it will exercise enforcement discretion until May 30, 2017 to require reporting applicable information under the CLFS and the application of the potential assessment of civil monetary penalties for failure to report applicable information.

## **2. Regulatory Briefs**

- On March 3, CMS [released](#) changes to the Medicare Advantage and Part D prescription drug programs for 2018.
- On April 6, CMS [selected](#) 32 participants to serve in the [Accountable Health Communities](#) (AHC) model. Over a five-year period, CMS will implement and test the three-track AHC model to support local communities in addressing the health-related social needs of Medicare and Medicaid beneficiaries by bridging the gap between clinical and community service providers. Social needs include housing instability, food insecurity, utility needs, interpersonal violence and transportation.
- CMS will host the following free calls; [registration](#) is required:
  - Open Payments: Prepare to Review Reported Data Call, April 13, at 1:30 pm ET.
  - Medicare Shared Savings Program ACO: Completing the 2018 Application Process Call, on April 19, at 1:30p ET.
  - Global Surgery: Required Data Reporting for Post-Operative Care Call, April 25 at 1:30pm ET.
  - Emergency Preparedness Requirements Final Rule Training Call, April 27, at 2:30pm ET.

## **TAKE ACTION**

### **1. Today is the Deadline for the FMA Summit Early Bird Discount!**

The AAFP’s Family Medicine Advocacy Summit (formerly FMCC) will be held May 22 and 23 in Washington DC. The FMA Summit will inform participants about family medicine’s legislative priorities and how to lobby and then put these skills to use as part of the “Day of Action” on the second day of the Summit. This year, the Day of Action will include a virtual component for AAFP members who are unable to be in DC. Please [register](#) online for the Summit and make your hotel [reservations](#) today to lock in the early bird discount.

### **2. Tell Congress the American Health Care Act is Dead – Leave It That Way**

On March 24, action on the *American Health Care Act* stalled when House leadership halted debate on the widely criticized bill. However, House leaders have been working to revive the measure. New modifications to create a federal high cost beneficiary structure are not projected to decrease the bill’s impact on insurance coverage. Use this [tool](#) to send a letter directly to your Representative, saying this small change will not address your concerns with the AHCA.