

November 17, 2017

### On the Horizon ...

- \* Both Chambers of Congress will be in recess next week.
- \* On November 29, the Senate Health, Education, Labor, and Pensions Committee will hold a hearing on the nomination of Alex Michael Azar II, of Indiana, to be Secretary of HHS.

## **TAKE ACTION**

### **1. Speak Out- Protect the Student Loan Interest Tax Deduction**

On November 10, the AAFP sent [a letter to House leadership](#) urging them to remove a provision from the House *Tax Cut and Jobs Act* ([HR 1](#)) that would eliminate the tax deduction for student loan interest. The loss of this deduction— up to \$7,500 over the course of a three-year residency period— would impact the next generation of family physicians before they even finish their training. [Alexa Mieses, MD, MPH](#), resident member of the AAFP Board of Directors, also shared her story via the Leaders Voices Blog: [Tell Congress Not to Compound Student, Resident Debt Burden](#) (November 13, 2017). This week, over 300 members wrote their representatives using the [AAFP Speak Out](#) tool. Although the House did pass HR 1 on Thursday by a vote of 227-205 with the detrimental provision still in the bill, the Senate version does not contain the offending language. As the legislation progresses, the language could be removed from any final bill sent to the White House for signature. Add your support today!

## **U.S. CONGRESS**

### **1. Senate Finance Committee Inserts Obamacare Issue into Tax Plan**

On Thursday, the Senate Finance Committee voted along party lines 14-12 to send the Senate version of the *Tax Cuts and Jobs Act* to the full Senate. During the week-long mark-up, Chairman Orrin Hatch (R-UT) added language to the bill ending the requirement in the ACA that all Americans have health coverage (the “individual mandate”), effective January 1, 2019. The AAFP, with 5 other premier health care groups, sent a [joint letter](#) to Congressional leaders urging them to “maintain the individual mandate unless and until Congress can enact a package of reforms to adequately assure a balanced risk pool and prevent extraordinary premium increases.” The House version of the tax bill passed the House without the Obamacare repeal provision. Senate Majority Leader Mitch McConnell (R-KY) plans to bring the bill to the Senate floor the week after the Thanksgiving Recess.

### **2. AAFP Co-Convenes Friends of NHSC**

The AAFP and the Association of Clinicians for the Underserved convened a Friends of the NHSC coalition to advocate for the program in collaboration with other national organizations. On November 15, [Luis Padilla, MD, FFAFP](#), the Director of the National Health Service Corps, spoke to the Friends and acknowledged that the NHSC had gone over the “funding cliff” and had no funding for new loans, scholarships or continuations. However, NHSC is administering the existing contracts to support the current field strength of 10,200 clinicians plus 1,400

students in training. Without Congressional action on funding, the field strength is expected to plummet to 5,000 in FY2018. Dr. Padilla also highlighted a recent [Notice of Funding Opportunity](#) for Title VII Primary Care Training and Enhancement grants to support Training Primary Care Champions. This opportunity ties into the NHSC program.

### **3. AAFP Shared Its Message at Senate Hearing with the U.S. Surgeon General**

The AAFP submitted a [statement](#) highlighting the important role primary care physicians play in promoting health, providing a usual source of care, and identifying health conditions at early stages to the Senate Health, Education, Labor, and Pensions Committee for the November 15 [hearing](#) with U.S. Surgeon General Jerome Adams, MD, MPH. The statement detailed the importance of health insurance access, disease prevention, and social determinants of health, consistent with Dr. Adams' testimony. He spoke about the value of preventive care, work place wellness, and private-public partnerships. During the hearing, Sen. Maggie Hassan (D-NH) cited primary care's role in ensuring patient health. Sen. Bill Cassidy (D-LA) expressed concerns about mental health and the nation's opioid epidemic. Sen. Todd Young (R-IN) asked which programs produced the best return on investment. Sen. Tim Kaine (D-VA) indicated that the Medicaid expansion, authorized under the *Patient Protection and Affordable Care Act*, (ACA) should be highlighted as an important community health support.

### **4. AAFP Supports CDC Section 317 Funding**

On November 9, the AAFP joined 55 members of the 317 Coalition in a [letter](#) to the bipartisan leaders of the House and Senate Appropriations Committees in support of the immunization program authorized by Section 317 of the *Public Health Service Act*.

## **CENTERING ON THE STATES**

### **1. Several States Get Funds from CMS to Continue CHIP**

The Centers for Medicare and Medicaid said Thursday that it distributed roughly \$600 million to nine states (AZ, CA, FL, MA, MN, OR, PA, UT, and WA) and the District of Columbia to keep their Children's Health Insurance Programs running. The funds are necessary because Congress has failed to enact a funding extension. The money is left over from previous years of CHIP and is being given out to states as necessary. The House passed its CHIP bill ([HR 3922](#)) by a largely partisan vote, with Democrats opposed to spending offsets. The Senate's bipartisan bill ([S 1827](#)) was approved by the Finance Committee but does not yet include any offsets.

## **EXECUTIVE BRANCH**

### **1. AAFP Responds to Innovation Center Request for Information**

On November 15, the AAFP sent a [letter](#) in response to a request for information issued by the Center for Medicare & Medicaid Innovation within CMS. Comments are due to the Innovation Center November 20. In their request, the Innovation Center sought input on new directions to promote patient-centered care and test market-driven reforms. In the response, the AAFP reacted and provided suggestions to improve:

- The Innovation Center's guiding principles.
- Opportunities for participation in Advanced Alternative Payment Models (AAPMs).
- The structure of consumer-directed care & market-based innovation models.
- The creation of physician specialty models, models that include prescription drug costs, models that include Medicare Advantage plans, state- and locally-based innovative models; and models addressing mental and behavioral health.