

October 6, 2017

On the Horizon ...

- * October 9 is a federal holiday, and the Senate is in recess all week.
- * On October 11, the House Energy and Commerce Oversight and Investigations Subcommittee has a hearing on the 340B Drug Pricing Program and the Energy and Commerce Health Subcommittee hears from House Members on the opioid crisis in their communities.

TAKE ACTION

1. [Register](#) for [AAFP's State Legislative Conference](#) November 2-4 in Dallas, TX.

U.S. CONGRESS

1. AAFP President Michael Munger, MD; President-elect John Cullen, MD; Board Chair John Meigs, MD and CEO Doug Henley, MD were in Washington, DC October 3-5 to promote family medicine's advocacy agenda. They met with key legislators, staff, other health stakeholders, and administration officials to communicate AAFP recommendations on a variety of issues. Our leaders focused on the need to reauthorize Teaching Health Centers Graduate Medical Education (THCGME); the Children's Health Insurance Program (CHIP); and the National Health Service Corps (NHSC) program; and steps to address the nation's opioid misuse epidemic. The AAFP officers also discussed [AAFP priorities](#) with the bipartisan Congressional House Problem Solvers Caucus.

2. On October 4, the Senate Finance and House Energy and Commerce Committees both advanced bills to extend funding to states for CHIP, which finances health care for 8.9 million children. CHIP received its last federal funding September 30. The AAFP [has joined](#) with peer clinical societies in calling upon Congress to extend the program. The Finance Committee's bill, which would extend funding through FY2022, is a bipartisan agreement between Chairman Orrin Hatch (R-UT) and Ranking Democrat Ron Wyden (D-OR), but includes no offsets. Finance Committee members passed the bill by voice vote. Offsets in the Energy and Commerce Committee's bill were opposed by Democrats, leading to a party-line vote of 28-23 to approve the bill.

3. During the same mark-up, the House Energy and Commerce Committee approved the *Community Health and Medical Professionals Improve the Nation* (CHAMPION) Act, to reauthorize key primary care workforce programs, including the NHSC and THCGME Programs, for two years. The legislation provides THCs with \$126 million per year, a funding level that would adequately support the current 732 residents at \$157,000 per resident and allow for new THCs to apply for funding. The AAFP has been a leading voice in [support](#) of THCGME.

4. AAFP supported a coalition [letter](#) to Energy and Commerce Committee leaders, with dozens of national and state physician organizations suggesting legislative policies to ensure the *Medicare Access and CHIP Reauthorization Act* (MACRA)'s successful implementation.

5. The Medicare Payment Advisory Commission (MedPAC) held its monthly public meeting in Washington October 5-6. MedPAC's 17 commissioners reviewed a proposal of the MedPAC staff to eliminate the Merit-Based Incentive Payment System (MIPS) and replace it with a new optional "voluntary value program." Consistent with the [AAFP's views on MIPS](#), MedPAC staff told the Commission that MIPS is "extremely complex" and is expected to place "significant burden on clinicians." During the discussion round, the Commissioners criticized MIPS almost unanimously, portending a formal recommendation to Congress in 2018 to eliminate MIPS.

6. On October 4, the House Ways and Means Committee voted 24-13 to repeal the Independent Payment Advisory Board (IPAB), a panel established under the *Affordable Care Act* to make recommendations to constrain Medicare spending. The AAFP has [criticized](#) the panel in the past, but has not yet taken a formal position on its repeal.

CENTERING ON THE STATES

1. The Center for State Policy awarded seven [2018 Chapter Advocacy Day Assistance Grants](#) to Louisiana AFP, Maine AFP, Maryland AFP, Mississippi AFP, Nebraska AFP, Nevada AFP, and South Dakota AFP.

2. CMS provided Minnesota with \$3.6 million for the Children's Health Insurance Program (CHIP) after Congress missed the deadline to renew CHIP funding. On September 13, the Minnesota Department of Human Services wrote a [letter](#) to their delegation warning that they would exhaust their CHIP allotment at the end of September.

EXECUTIVE BRANCH

1. In a [letter](#) sent October 2 to the FDA, the AAFP commented on a proposed rule regarding child-resistant packaging statements in drug product labeling. After discussing AAFP efforts on these issues, the letter provided several suggestions to improve these statements and warnings.

2. In a [letter](#) sent September 27 to the United States Pharmacopeia (USP) Convention, the AAFP and others, after thanking the USP for efforts to revise chapters on drug compounding, expressed concern about the potential impact of a revision that could limit patient access to critical sterile drug products. The letter argued that the preparation of sterile drug products at the point of care for administration to patients is not a drug compounding activity.

3. The AAFP sent a [letter](#) August 9 to the FDA and CMS urging the agencies to implement policies and coverage decisions that allow adolescents, regardless of age, to be included in the over-the-counter (OTC) oral contraceptives studies required by the FDA. This week the FDA sent a [letter](#) to the AAFP in response. In it, the FDA indicates their understanding that including adolescents in such studies would help determine whether OTC access is appropriate for this population. The FDA response stated the agency's expectation that nonprescription oral contraceptive studies would include adolescents in consumer behavior studies.

4. On October 6, the Department of Health and Human Services announced an interim final [rule](#) to expand employers' freedom to claim religious and moral exemptions to contraception within mandated health insurance benefits. The AAFP sent a joint letter with other medical societies in opposition to the new HHS rule.