

February 16, 2018

On the Horizon ...

* Congress is in recess the week of February 19 and plans to return February 26.

TAKE ACTION

Get connected to the AAFP's grassroots advocacy online community. Join the [Family Physician Action Network](#) today!

U.S. CONGRESS

1. President's FY2019 Budget Request Cuts Key Federal Health Investments

On February 12, President Donald Trump transmitted his fiscal year (FY) 2019 budget request to the Congress. The budget request calls for \$68.4 billion for the Department of Health and Human Services (HHS), a cut of \$17.9 billion (21 percent) from the FY2017 enacted level. The AAFP prepared a [summary](#) of the key health provisions in the President's FY2019 budget. The budget serves only to document the Administration's priorities and does not limit Congressional discretionary or mandatory spending.

2. AAFP Offers Policy Recommendations to Senate Finance Committee

The AAFP [replied](#) on February 14 to a [letter](#) from the bipartisan leaders of the Senate Finance Committee requesting policy recommendations and feedback to inform their deliberations on the opioid epidemic.

3. New AAFP Summary of Bipartisan Budget Act Available

The *Bipartisan Budget Act* (BBA18, Public Law 115-123) enacted on February 9 extended the Teaching Health Center Graduate Medical Education program, the Children's Health Insurance Program, Community Health Centers, the National Health Service Corps, and included other health provisions highlighted in a [summary](#) prepared by the AAFP Government Relations Division.

4. House Committee Organizes Fact-Finding Hearing on Health Care Consolidation

On February 14, the House Energy and Commerce's Oversight and Investigations Subcommittee held a [hearing](#) to review health care consolidation. Subcommittee Chair Rep. Gregg Harper (R-MS) said that health care consolidation was a contributing factor associated with rising health care costs. Rep. Joe Barton (R-TX) inquired about the increase of payments that occur among hospital-owned practices, an area of concern that AAFP has [raised](#) in recent years with Congress. The AAFP has also raised concerns about private payer consolidation in [letters](#) to the Department of Justice and the Federal Trade Commission.

CENTERING ON THE STATES

1. Bills of Interest

- **Vaccines** – Legislation in [Mississippi](#) and [West Virginia](#) would allow parents to exempt their children from vaccines based on religious or conscientious objections. Those two states, along with California, are the only states in the nation that do not allow any exemptions from vaccine requirements for school-age children.
- **Naturopathic Doctors** – Several states ([IN](#), [MS](#), [NY](#), [OK](#), [NC](#), and [WY](#)) are considering legislation that would allow for the licensing of practitioners of naturopathic medicine within that state. Many states (AK, AZ, CA, CO, CT, DC, HI, KS, ME, MD, MA, MN, MT, NH, ND, PA, PR, RI, UT, VI, VT, WA), as well as DC, Puerto Rico, and the US Virgin Islands, already allow naturopathic doctors to practice.
- **Medical Marijuana** – Legislation pending in 15 states ([AL](#), [GA](#), [IA](#), [IN](#), [KS](#), [KY](#), [MO](#), [MS](#), [NE](#), [NC](#), [OK](#), [SC](#), [TN](#), [VA](#), and [WI](#)) would allow for the prescription and use of medical cannabis. Most states' legislation would allow the prescribing of cannabis for only certain, often debilitating conditions, while other states shift the classification of the drug from Schedule I to Schedule II. Twenty-nine states (AK, AR, AZ, CA, CO, CT, DE, FL, HI, IL, MA, ME, MD, MI, MN, MT, NH, NJ, NM, NV, NY, ND, OH, OR, PA, RI, VT, WA, WV), DC, Guam, and Puerto Rico allow some form of medical use of cannabis.

2. Chapter Advocacy Resources Available

The Center for State Policy has created a backgrounder on [drug pricing and transparency](#). Additionally, [registration](#) is open for the Chapter Advocacy Webinar focused on Primary Care Spend. The webinar is scheduled for February 21 at 12:30 p.m. CT.

3. Cities Turning to “Supervised Injection” Sites to Combat Substance Abuse Epidemic

Cities are increasingly willing to consider “supervised injection” sites, which allow individuals with substance abuse disorders a clean place to inject drugs, to combat the substance abuse epidemic. These sites, which cater to individuals addicted to fentanyl and other substances, hand out free needles and distribute naloxone in exchange for supervised injection. Canada and Europe have long allowed such sites, which studies have shown tend to lower drug overdose deaths. Philadelphia, New York, San Francisco, and Seattle are considering similar programs, which are controversial and technically illegal under federal law.

EXECUTIVE BRANCH

1. AAFP Comments on Assessment of ACOs Impacted by Hurricanes and Wildfires

In a February 14 [letter](#) to CMS, the AAFP responded to a regulation pertaining to the Medicare Shared Savings Program (MSSP) and extreme and uncontrollable circumstances that took place in 2017. This regulation modified MSSP policies in areas impacted by Hurricanes Harvey, Irma, and Maria and the California wildfires since they significantly impacted operations and infrastructure. The AAFP concurred with CMS that circumstances pertaining to hurricanes and wildfires warrant new policies for assessing quality and financial performance of accountable care organizations in affected areas for performance year 2017.

2. Comments Sent to ONC on Draft Trusted Exchange Framework

The AAFP sent a [letter](#) on February 14 to the Office of the National Coordinator for Health Information Technology (ONC) expressing support for several of the goals outlined in an ONC draft document titled, “Trusted Exchange Framework and Common Agreement.” The letter also points out that family physicians continue to see the burdensome consequences of overly proscriptive health IT regulations. The AAFP expressed support for the voluntary nature of the Common Agreement but also expressed concern that unregulated activity in the electronic health record market alone will yet again fail to achieve the goals laid out in the framework in a voluntary manner.

3. Participate in CMS Study on Reporting Quality Measures, Earn IA Credit

CMS invites physicians to participate in the 2018 Burdens Associated with Reporting Quality Measures Study. Physicians and groups who are eligible for the Merit-based Incentive Payment System (MIPS) successfully participating in the study will receive full credit for the 2018 MIPS Improvement Activities performance category. Applications for this study will be accepted through March 23, 2018; those selected will be notified in spring of 2018. Apply [online](#).

4. AAFP Meets with GAO Staff on Patient Record Matching

On February 12, staff from the U.S. Government Accountability Office (GAO) interviewed key AAFP subject matter experts on patient matching in the context of electronic health records. GAO is mandated to produce a report on policies, activities and efforts to ensure accurate patient record matching. GAO has previously reported that patient matching—i.e., the ability to recognize when records in each system correspond to the same patient—is a challenge for IT interoperability. AAFP staff answered several detailed questions to assist the GAO with their subsequent study and upcoming report.

5. Family Physician Nominated to EPA Committees

On February 14, the AAFP wrote the U.S. Environmental Protection Agency to nominate Matthew Burke, MD, FAAFP to EPA's National Advisory Committee and its Governmental Advisory Committee. These committees advise the U.S. Representative to the Commission for Environmental Cooperation. The EPA is expected to appoint new members in Spring of 2018.