

January 12, 2018

### **On the Horizon ...**

- \* On January 17, the House Ways and Means Committee will hold a hearing on the CMS opioid overutilization monitoring system.
- \* On January 17, the Senate Health, Education, Labor, and Pensions Committee will have a hearing on preparedness and response capabilities.
- \* On January 17, the Senate Homeland Security and Government Affairs Committee has a hearing on the Unintended Consequences: Medicaid and the Opioid Epidemic.

## **TAKE ACTION**

### **Urge Congress to Reauthorize CHIP and the Teaching Health Center Program**

This week, the AAFP posted a [Speak Out](#) urging Congress to provide stable, long-term funding for CHIP, Teaching Health Centers, community health centers and the National Health Service Corps program. In less than 7 days, AAFP members sent 91 letters to Congress and tweeted directly at 16 legislators.

## **U.S. CONGRESS**

### **1. Joint Letter to Congress Urging Long-Term Funding for Priority Issues**

On January 10, the AAFP sent a [letter](#) to Congressional leadership calling for long-term funding for CHIP, teaching health centers, and the National Health Services Corps. A Congressional Budget Office [report](#) shows that enacting a 10-year CHIP extension would decrease the deficit by \$6 billion over the 2018-2027 period. A new [report](#) shows that 11 states would exhaust funds before the end of January.

### **2. Senate Finance Committee Examines Trump Nominee for Health and Human Services**

On January 8, the Senate Committee on Finance held a hearing on the nomination of Alex Azar to be Secretary of the U.S. Department of Health and Human Services (HHS). Azar, a lawyer by training, has been Deputy Secretary and General Counsel at HHS during the George W. Bush administration, and most recently a senior executive at the drugmaker Eli Lilly and Company from 2012-2017. Azar is expected to be confirmed.

### **3. Medicare Payment Advisory Body Will Recommend that Congress Repeal MIPS**

On January 11, the Medicare Payment Advisory Commission (MedPAC) recommended that Congress repeal the Medicare Merit-based Incentive Payment System (MIPS) and replace it with a “voluntary value program” (VVP). Under the recommendation, all Medicare physician payments would be reduced by 2-percent to create a funding pool to reward physicians who voluntarily form groups and meet population-based quality benchmarks.

## **CENTERING ON THE STATES**

### **1. State Advocacy Resources Available for Chapter Staff**

The AAFP Center for State Policy has released a [Primary Care Spend Advocacy Toolkit](#) to help chapter staff advocate for the reporting of primary care spend by insurance carriers. The toolkit includes an [Oregon case study](#), [Rhode Island case study](#), [model legislation](#), [primer](#), [relevant research](#), and a [sample letter of support](#). (Note: this content is available for chapter staff only.)

### **2. State Legislatures Convene for 2018 Sessions**

This year 46 states and the District of Columbia will convene for state legislative sessions. View the AAFP's [state legislative tracker](#) to monitor legislation being introduced in your state. The Center for State Policy will also provide weekly updates on bills of interest.

- **Maintenance of Certification** – Currently, 12 states ([AL](#), [CA](#), [FL](#), [IN](#), [IA](#), [MA](#), [NH](#), [OH](#), [RI](#), [SC](#), [VA](#), and [WA](#)) have introduced legislation that would prohibit health care facilities and insurers from requiring physicians to maintain certification or obtain recertification as a condition of licensure, reimbursement, and/or admitting privileges.
- **Reinsurance Program** – [Virginia HB 583](#) would establish a statewide “Premium Security Plan” reinsurance program to stabilize health insurance plans sold on the state’s individual market exchange in efforts to lower premiums for consumers.
- **Tobacco Age Restrictions** – Many states ([AZ](#), [FL](#), [IL](#), [IA](#), [MA](#), [MI](#), [MN](#), [MS](#), [NE](#), [NH](#), [NY](#), [NC](#), [PA](#), [RI](#), [VT](#), [WA](#), and [WV](#)) have introduced legislation to join the five states (CA, HI, ME, NJ, and OR) and DC that have raised the age to purchase and use tobacco products to 21.

### **3. CMS Issues Policy Guidance on Medicaid Work Requirements**

On December 11, CMS sent a [letter](#) to State Medicaid Directors informing them of new policy guidance for testing community engagement among able-bodied, working-age Medicaid beneficiaries. Certain populations, including the elderly, disabled, pregnant women, and children, would be exempt from any work requirements, and include individuals currently enrolled in higher education or job training programs.

Ten states (AR, AZ, IN, KS, KY, ME, NH, NC, UT, and WI) have submitted plans to add a work requirement to their Medicaid programs, which CMS is expected to approve. This is the first time since the program’s founding in 1965 that enrollment in Medicaid would be contingent on an individual’s employment status.

## **EXECUTIVE BRANCH**

### **1. AAFP Primary Care Model recommended for testing**

Next steps to advance the testing of the AAFP [Advance Primary Care Alternative Payment Model](#) begin with the [Physician-Focused Payment Model Technical Advisory Committee \(PTAC\)](#) issuing its report to HHS, which is expected early 2018. If HHS concurs, they will recommend CMS also concur. The PTAC process is new, and no previous PTAC-recommended models have yet begun testing within CMS or the Innovation Center. If the model is rolled out nationwide, it would be open to about 200,000 physicians (specialists in family medicine, general practice, geriatric medicine, pediatric medicine and internal medicine) and could affect the care of 30 million Medicare patients.

### **2. Family Physician Nominated to CMS Improvement Activities Panel**

On January 11, the AAFP nominated Amy Mullins MD, CPE, FFAFP to serve on the Merit-based Incentive Payment System (MIPS) Improvement Activities Technical Expert Panel. This panel is charged with discussing the effectiveness and accuracy of the improvement activities included in year 1 of the Quality Payment Program under the MIPS Improvement Activities performance category.