

January 26, 2018

On the Horizon ...

- * On Tuesday, January 30, President Trump will give the State of the Union Address.
- * Also on January 30, the FDA Opioid Policy Steering Committee holds a hearing – Prescribing Intervention-Exploring a Strategy for Implementation.

TAKE ACTION

Speak Out to Reauthorize CHIP is Successful; Other Health Programs Need Stability

From January 4-21, a total of 65 members used their voice to Speak Out urging congress to reauthorize the Children's Health Insurance Program (CHIP). The Speak Out resulted in 171 email messages and 27 tweets to legislators across the country.

U.S. CONGRESS

1. Congress Extends CHIP for Six Years, Reopens Government For 17 Days

After a brief government shutdown, President Donald Trump [signed](#) another short-term spending bill ([HR 195, PL 115-120](#)) which included a six-year reauthorization of CHIP as well as two-year delays to the medical device tax and the “Cadillac” tax on high-cost health plans and a one-year delay in 2019 for the health insurance tax imposed under the 2010 *Affordable Care Act*. The new law passed the Senate [81-18](#) and the House [266-150, and funds](#) the government through February 8.

2. Trump Signs Bipartisan Caregiving Bill

On Monday, January 22, President Trump signed the *Recognize, Assist, Include, Support, and Engage Family Caregivers Act* ([HR 3759, PL 115-119](#)) into law. The bill convenes a Family Caregiving Advisory Council, and establishes a national family caregiving strategy at HHS. The AAFP and more than 60 groups [supported](#) the bill recognizing the role of family caregivers throughout our nation.

3. Senate Confirms HHS Secretary Alex Azar

The Senate confirmed Alex Azar to be the Secretary of the U.S. Department of Health and Human Services 55-43 with six Democrats voting yes: Tom Carper (DE), Chris Coons (DE), Joe Donnelly (IN), Heidi Heitkamp (ND), Doug Jones (AL), and Joe Manchin (WV). Rand Paul (KY) was the lone Republican no vote.

CENTERING ON THE STATES

1. Bills of Interest

This week, 39 state legislatures, along with DC, Guam, and the U.S. Virgin Islands, are in session. The following are bills of interest:

- **Vaccination Exemptions** – Mississippi introduced [SB 2059](#), similar to West Virginia’s [SB 330](#), legislation that would exempt students from any required vaccinations if those vaccines are contrary to a parent’s philosophical or religious beliefs. Mississippi and West Virginia, along with California are the only states that do not currently allow for any

religious or philosophical exemptions from vaccines for students in school. For more information, view the AAFP [vaccine exemptions backgrounder](#).

- **CME Opioid Prescribing** – New Jersey’s [AR 25](#) urges state licensing boards to establish CME opioid pain medication prescribing requirements ranging from prescribing practices, recognizing the signs of opioid misuse, and alternatives to opioids. As this is a resolution, it does not mandate a certain number of CME hours, but does send a strong message to licensing boards to adopt such requirements.
- **Assistant Physicians** – New Hampshire introduced [HB 1506](#), that would allow for the regulation and licensure of “assistant physicians”– note that this is different from PAs– within the state. Should this bill pass, New Hampshire would join Arkansas, Kansas, Utah, and Missouri in allowing recent medical school graduates who haven’t been matched with a residency to practice alongside a licensed physician.

2. AAFP Comments on Kansas’s Medicaid Waiver Application

On January 24, the AAFP submitted [comments](#) to HHS Secretary Hargan expressing concern for the Kansas Section 1115 demonstration waiver request. The proposed [waiver](#) would establish work requirements in KanCare, Kansas’s Medicaid program. Individuals who do not satisfy work requirements are limited to three months of KanCare coverage over 36 months. If an individual satisfies work requirements, enrollment in KanCare would be limited to 36 months. The AAFP stated that substantial Medicaid reforms like work requirements, lock outs, and time limits should be pursued through the legislative process. Last year, the Kansas legislature voted to support Medicaid expansion and almost overturned a veto by the Governor by a wide, bipartisan margin. It has been reported that Governor Sam Brownback (R) has since announced that he plans to withdraw the waiver request.

3. Lawsuit Filed to Block Medicaid Work Requirements in Kentucky

On January 24, the National Health Law Program, the Kentucky Equal Justice Center and the Southern Poverty Law Center filed a federal lawsuit on behalf of 15 Kentuckians at risk of losing coverage to block Kentucky’s waiver request allowing work requirements. The lawsuit alleges that the federal health officials who approved the plan acted illegally and in conflict with the federal Medicaid statute.

4. Oregon Approves Voter Referendum to Increase Funds for Medicaid

On January 23, voters in Oregon passed [Measure 101](#), retaining taxes and fees on hospitals and health insurers to pay for the state’s Medicaid expansion. The tax is estimated to raise up to \$320 million for Medicaid and won by 61% of the vote.

EXECUTIVE BRANCH

1. AAFP Responds to HHS Request on Promoting Healthcare Choices

In a January 25 [letter](#), the AAFP encourages HHS to expand and prioritize physician-led advanced alternative payment models. AAFP raised concern regarding the profusion of hospital/health system mergers, the decreased number of commercial insurers and the increase of large plans in government health care. AAFP also expressed concern with rising deductibles in insurance markets. AAFP supported family physicians choosing to practice in Direct Primary Care (DPC) models, urging HHS to remove barriers to using HSA funds to pay for DPC.

2. DEA final rule published on opioid use disorder prescribing requirements

On January 23, the DEA published a [final rule](#) relating to the dispensing of narcotic drugs for opioid use disorder. The rule includes policy that aligns with AAFP [recommendations](#) regarding the maximum number of patients that a practitioner may treat for opioid use disorder without being separately registered. Contrary to AAFP policy, the rule allows certain nurse practitioners and physician assistants to prescribe and dispense drugs for the treatment of opioid use disorder, including for maintenance, detoxification, overdose reversal and relapse prevention.