

March 16, 2018

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

- \* On March 21 & 22, the House Energy and Commerce Committee's Subcommittee on Health will hold hearings on Combating the Opioids Crisis.
- \* On March 21, the House Ways and Means Subcommittee on Health will hold a hearing on MACRA implementation.

## **TAKE ACTION**

### **Congress Must Act to Make Insurance More Affordable**

Tell Congress to make health insurance more affordable as part of the final fiscal year 2018 omnibus bill. [Speak out!](#)

## **U.S. CONGRESS**

### **1. The AAFP Offers Policy Recommendations to House Ways and Means Committee**

The AAFP [replied](#) on March 14 to a [letter](#) from the bipartisan leaders of the House Ways and Means Committee and Health Subcommittee's chairs and ranking members requesting policy recommendations and feedback to inform their deliberations on the opioid epidemic.

### **2. House Right-to-Try Bill Faced an Unsuccessful Vote**

On March 13, the House of Representatives rejected right-to-try legislation ([HR5247](#)) that would allow terminally ill patients to access experimental drugs from manufacturers and bypass the current U.S. Food and Drug Administration (FDA) compassionate use request process. Over 70 health organizations opposed the bill because it would undermine current investigative efforts and does not increase access to life-saving therapies. FDA officials have reported that 99.7 percent of requests are fulfilled. Policy makers voted down the bill by a 259-140 [vote](#).

### **3. School Safety Legislation Passes House of Representatives**

On March 15, the House of Representatives approved the Students, Teachers, and Officers Preventing (STOP) School Violence Act (HR 4909) by a [vote](#) of 407 to 10. The legislation would authorize \$50 million for the Department of Justice to create anonymous reporting systems, such as tip lines and websites, to purchase school security equipment, and to develop violence prevention trainings. Despite strong bipartisan support, critics expressed that Congress needs to approve gun safety initiatives, such as gun violence research or policies to strengthen the federal background checks system.

## **CENTERING ON THE STATES**

### **1. Bills of Interest**

- **Primary Care Spend** – California recently introduced [AB 2985](#), legislation that would require health plans to disclose how much of total health care spending is devoted to primary care. To facilitate this, the bill would establish a Primary Care Payment Reform Collaborative, composed of health care stakeholders, to refine methods to increase

investment in primary care. Interested in pursuing primary care spend legislation in your state? Check out the Center for State Policy's [Primary Care Spend toolkit](#).

- **Gun legislation** – Following the fatal school shooting at Marjory Stoneman Douglas High School, Florida Governor Rick Scott signed into law [SB 7026](#), which raises the legal age for gun purchases to 21, mandates a three-day waiting period to purchase a firearm, and allows for the arming of school employees who are not full-time teachers. Immediately following the signing of the bill, the National Rifle Association sued the state of Florida to block the provision raising the minimum age to 21, arguing that it violates the second and 14<sup>th</sup> amendments. Nationwide, more than [800 gun-related bills](#) have been introduced this year, ranging from comprehensive assault weapon [bans](#) to [legislation](#) that would allow individuals to carry concealed handguns on school grounds.
- **Single Payer** – Bills are pending in several states ([CA](#), [FL](#), [HI](#), [IL](#), [IA](#), [MD](#), [MA](#), [NH](#), [NY](#), [OH](#), [RI](#), [WA](#)) that would establish single payer systems. While these proposals differ in specific ways with regards to financing and the number of services covered, most hope to achieve universal health care coverage for everyone in the state. Many would prohibit private health insurance plans from offering coverage found in the single payer proposals.

## **2. The AAFP Comments on Scope of Practice Legislation in Tennessee**

On March 13, the AAFP sent a [letter](#) to the Tennessee House Health Committee opposing “Doctor of Medical Science” (DMS) [legislation](#). This legislation would create a new provider category to allow physician assistants (PAs), who complete a newly established DMS degree, to practice primary care with limited physician supervision. The legislation has been withdrawn.

## **3. Chapter Advocacy Webinar: Medicaid-to-Medicare Parity**

[Registration](#) is open for the Chapter Advocacy Webinar focused on Medicaid-to-Medicare Parity. The webinar, scheduled for March 29 at 1:00 p.m. CT, will include presentations from the Urban Institute, Georgia AFP, and the AAFP Government Relations team.

## **4. Utah Passes Limited Medicaid Expansion**

Utah Governor Gary Herbert recently signed [HB 472](#) to expand Medicaid to individuals with incomes under 100 percent of the federal poverty line (FPL). The law directs the state to submit a Section 1115 coverage expansion waiver to the Centers for Medicare and Medicaid Services (CMS), where federal approval is uncertain. The Affordable Care Act (ACA) requires states that choose to expand Medicaid to include individuals up to 138 percent FPL, and a similar waiver submitted by Arkansas to cap Medicaid expansion at 100 percent FPL is still pending before CMS. Independent of legislative efforts to expand Medicaid, advocacy groups continue to collect signatures to put full Medicaid expansion on the ballot in the fall.

## **EXECUTIVE BRANCH**

### **AAFP Pre-emptive Letter Sent to CMS on MyHealthEData Initiative**

In a [letter](#) sent to CMS on March 14, the AAFP provided recommendations on the recently announced [MyHealthEData](#) initiative, which is designed to empower patients through greater control and portability of their healthcare data. The AAFP supported improving patients' access to healthcare data and agrees with the agency that data security is of the utmost importance. To achieve improved secure patient access, the AAFP stated that actual interoperability of electronic health care records is first required. To realize meaningful patient access to their data, the AAFP strongly urged CMS to require EHR vendors to provide any new government-required updates to such systems without additional cost to the medical practice.