

March 9, 2018

On the Horizon ...

* On March 15, the House Appropriations Labor, Health and Human Services, and Education Subcommittee will hold a hearing on the President's FY2019 Budget for HHS.

TAKE ACTION

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U.S. CONGRESS

1. Including Market Stabilization Legislation in the Omnibus Appropriations

On March 6, the AAFP joined [a letter](#) to Congressional leadership with AHIP, AMA, BCBSA, AHA, Federation of American Hospitals, the American Benefits Council and the US Chamber of Commerce. The letter urges Congress to include legislative provisions for premium reduction, reinsurance and funding for Cost Sharing Reduction benefits in the Omnibus bill Congress must consider by March 23 to avoid another government shutdown.

2. Congress Ready for an Omnibus “2.0” Opioid Crisis Bill

On March 8, the Senate Health, Education, Labor, and Pension Committee held one of several [hearings](#) to examine state opioid policy innovations that may inform upcoming federal legislative efforts. Chairman Lamar Alexander (R-TN) announced that the HELP committee would consider a package of bills, including the [Comprehensive Addition and Recovery Act 2.0](#), by the end of March. The various proposals would increase grant funding, impose three-day limits on opioid prescribing, require e-prescribing for physicians, establish mandatory continuing medical education requirements, increase the use of telehealth to expand substance use treatment options, and establish state-to-state data sharing mandates. The Energy and Commerce Committee also held a February 28 legislative [hearing](#) on several bills and indicated that legislation would be on the House floor in the spring. The AAFP submitted a [letter](#) to the Senate Finance hearing and is currently examining the current legislative proposals under development.

3. House Explores Options for Improving Seasonal Influenza Immunizations

On March 8, the House Energy and Commerce Committee's Oversight and Investigations Subcommittee held a [hearing](#) to examine how the 2017 influenza season might influence upcoming vaccine production efforts. Subcommittee Chair Gregg Harper (R-MS), highlighted that the flu vaccine was only 36% effective overall. Ranking Member Diana DeGette (D-CO) stated that improving vaccine effectiveness is a national priority and that newer cell-based or universal influenza vaccines should become more widely available, particularly for older adults.

4. Senate Expected to Debate School Safety Legislation

During the week of March 12, the House and Senate are expected to debate gun violence legislation aimed at improving school safety in response to the rise in school shootings.

Policymakers will consider the Students, Teachers, and Officers School Violence Act ([S. 2495](#)), a bill introduced by Sens. Orin Hatch (R-UT) and Marco Rubio (R-FL). The STOP School Violence Act supports funding for school-based security training, technology, and equipment. Rep. John Rutherford (R-FL) introduced the House companion bill ([HR 4909](#)).

CENTERING ON THE STATES

1. Bills of Interest

- **Medicaid Expansion** – The two-year state budget passed by Virginia’s House of Delegates, which includes Medicaid expansion paired with work requirements, has stalled in the state Senate, which passed its own plan without expansion. The two chambers will have to extend the current session or call a special session to settle the differences.
- **Nurse Practitioners** – Several states ([AL](#), [IL](#), [IN](#), [OK](#)), are considering legislation that would allow nurse practitioners to practice independently, without a written collaborative agreement. Legislation to do this in [Mississippi](#) failed to advance this session.
- **Reinsurance** – Governor Scott Walker recently signed into law [a bill](#) authorizing Wisconsin to apply for a Section 1332 waiver. Wisconsin’s waiver would establish a \$200 million reinsurance fund to stabilize insurance premiums in the state. The program would pay the claims of the sickest residents while decreasing cost for others, and is projected to lower premiums by 13 percent in 2019 and 12 percent in 2020.

2. Arkansas Becomes the Third State to Receive a Medicaid Work Requirement Approval.

On March 5, Arkansas became the third state granted a waiver to require that Medicaid recipients work or participate in employment activities as a condition of receiving health insurance. Arkansas’s waiver would require beneficiaries to work or participate in job training or job search activities for at least 80 hours per month as a condition of receiving Medicaid. Those who fail to meet the requirements for three months of a plan year will not be able to re-enroll until the following plan year. Arkansas also submitted a federal waiver last year that also would roll back part of Medicaid expansion, proposing to limit the Medicaid expansion to those at 100 percent of the federal poverty level. That portion of the waiver has not been approved but Hutchinson and CMS Administrator Seema Verma said they were working on the proposal.

3. Trump Administration Denies Idaho “Skinny Plan”

On March 8, CMS Administrator Seema Verma sent Governor Butch Otter (R) [a letter](#) explaining that the Governor’s [proposal](#) to let health insurers offer plans that do not comply with the ACA regulations would violate federal law. Blue Cross of Idaho had anticipated selling these new state-based plans.

4. 20 Attorneys General File Lawsuit Challenging the *Affordable Care Act*.

On February 26, 20 state Attorney Generals filed a [lawsuit](#) challenging the *Affordable Care Act*. The lawsuit makes a new legal argument that the ACA is no longer viable since the individual tax penalty has been repealed. The brief argues that in previous rulings the Supreme Court has stated that this mandate is crucial to making the ACA work.

EXECUTIVE BRANCH

1. Concerns Expressed on Association Health Plan Proposed Rule

On March 5, the AAFP sent a [letter](#) to the Employee Benefits Security Administration (EBSA) expressing significant concerns with its proposal to allow employers and self-employed individuals to purchase association health plans (AHPs) by allowing multiple “employers” to band together to be considered the sponsor of a single employee welfare benefit plan or group health plan. AHPs would not be required to cover essential health benefits as listed in the ACA. They would also be exempt from the ACA rule requiring insurers to spend at least 80 percent of premium revenue on medical care.

2. Improvements Suggested on CLIA Laboratory Issues

On March 6, the AAFP sent a [letter](#) to CMS in response to a request for information on how to revise policies on clinical laboratory personnel requirements, proper proficiency testing referrals, and histocompatibility modernization. These policies have not been updated since 1992. The AAFP offered detailed comments that medical laboratory testing and methods are far more advanced than when CLIA was established.

3. CHAMPVA Comments Sent on Payment and Improved Access to Preventive Services

The AAFP sent a [letter](#) March 7 to the Department of Veterans Affairs in response to a proposed rule titled “Civilian Health and Medical Program of the Department of Veterans Affairs.” The AAFP submitted detailed suggestions for how the VA should amend regulations governing the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA).