

August 4, 2017

On the Horizon ...

- * Both chambers of Congress are in recess until September 5.
- * The Senate Health, Education, Labor, and Pensions (HELP) Committee will hold bipartisan hearings on health care in early September.
- * The Senate Finance Committee's chair has stated there will be a CHIP hearing in September to celebrate CHIP's [20th anniversary](#).

TAKE ACTION

1. NHSC Expires September 30: Urge Your Representative to Save the Corps!

Since 1972, the National Health Service Corps (NHSC) has awarded scholarships and loan repayment to family physicians who commit to practice for at least two years in an approved Health Professional Shortage Area (HPSA) site. NHSC programs provide access to primary care in underserved areas as well as medical student debt relief. This effective program will expire September 30, 2017 if Congress does not act. Please [write](#) your Representative to urge their support for NHSC funding.

U.S. CONGRESS

1. Senate Teaching Health Center GME Bill Introduced

Sens. Susan Collins (R-ME) and Jon Tester (D-MT) introduced the Senate's Teaching Health Center Graduate Medical Education (THCGME) reauthorization bill, titled the *Training the Next Generation of Primary Care Doctors Act* ([S 1754](#)) on August 3. Like the House companion bill ([HR 3394](#)), the legislation renews the program for three years, provides sustainable funding, and maintains the program's accountability standards. The bill supports current residency slots and allows program expansion into other rural and underserved locales.

2. AAFP Promotes Awareness of National Health Service Corps

The AAFP and the Association of Clinicians for the Underserved cosponsored a briefing on the National Health Service Corps (NHSC) on Capitol Hill August 2. The panel included a family physician practicing in Washington, DC, Andrea Anderson, MD, FAAFP, who paid down her substantial medical student debt with the help of NHSC loan repayment.

3. Veterans Choice Act Extension Cleared for Presidential Signature

On August 1, Senators agreed by voice vote to a House-passed bill to keep a private medical care program for veterans running while they work on a broader overhaul. The *VA Choice and Quality Employment Act* ([S 114](#)) will extend the program for six months. The Veterans Choice Program was established in 2014 to offer an alternative to VA facilities overwhelmed by increased demand for medical services by allowing veterans who had to wait longer than 30 days or drive further than 40 miles to the nearest VA facility to visit a non-VA doctor or clinic.

4. FDA User Fee Reauthorization Act Clears the Senate

The Senate approved the *FDA Reauthorization Act* ([HR 2430](#)) 94 to 1 on August 3. The bill reauthorizes user fees generating around \$8 billion in revenue and expedites Food and Drug Administration medical device, prescription drug, and generics review processes. Current user fee authority ends September 30, 2017. The bill avoided any substantive policies to lower drug prices. On July 12, the House of Representatives approved the *FDA Reauthorization Act* by voice vote. The president is expected to sign HR 2430 into law soon.

5. AAFP Expresses Concern About Efforts to Weaken EPA's Ozone Standards

On July 25, the AAFP and 13 other medical societies, including the American College of Physicians and the American Medical Association, sent a [letter](#) to Senate Environment and Public Works Committee's leaders urging against weakening the Environmental Protection Agency's Ozone standards. Congress is considering [legislation](#) (HR 806/S. 263) that would delay the EPA's 2015 National Ambient Air Quality Standards (NAAQS) for ozone under the *Clean Air Act* and extend the review cycle from five to 10 years.

6. Senate Approves Four HHS Nominations

The Senate approved four U.S. Health and Human Services (HHS) nominations for offices overseeing aging, mental health/substance use, disaster preparedness, health programs, and public health promotion. The nominees were approved by voice vote on August 3. Family Physician [Robert Kadlec](#), MD, was approved as HHS Assistant Secretary for Preparedness and Response.

CENTERING ON THE STATES

1. Tobacco 21 Action

On August 2, Maine lawmakers overwhelmingly enacted [legislation](#) over Gov. Paul LePage's (R) veto to raise the legal age for the sale of tobacco products from 18 to 21. Maine becomes the fourth state to pass age 21 legislation, joining California, Hawaii, and New Jersey. Oregon currently has a similar bill pending approval from Gov. Kate Brown (D).

2. Ohio Restores Access to Health Insurance in 'Bare' Counties

On July 31, the Ohio Department of Insurance [announced](#) that access to health insurance options has been restored on the federal exchange in 19 Ohio counties. Following the withdrawal of insurers earlier in the year, 20 Ohio counties were to be 'bare' – without any insurers available on the exchange – in 2018. The Ohio Department of Insurance worked with five insurers to create options that provide coverage in these counties, extending coverage to approximately 11,000 Ohioans. Department officials are currently working with the insurance companies to restore coverage in the state's final 'bare' county.

3. Colorado Limits Medicaid Opioid Prescriptions

Colorado is tightening the prescribing and dispensing of opioid pain medications in the state's Medicaid program. The [plan](#), announced on July 10, will be implemented in two phases. The first phase, implemented this week, will limit the supply of opioids to beneficiaries who have not had an opioid prescription in the past 12 months. The second phase will begin October 1 and will reduce the daily Morphine Milligram Equivalents (MME) that may be prescribed for beneficiaries currently on a pain management regimen from 300 MME to 250 MME per day.

EXECUTIVE BRANCH

1. White House Opioids Commission Releases Preliminary Report

The President's Commission on Combating Drug Addiction and the Opioid Crisis [issued a preliminary report](#) July 31 stating that its "first and most urgent recommendation" is for the president to declare a national emergency. The Commission also calls for mandatory prescriber education initiatives, additional treatment capacity, federal incentives to increase access to

Medication-Assisted Treatment, expanded use of standing orders for Naloxone, improved data sharing on prescription drug monitoring programs and other recommendations.

2. Regulatory Briefs

- On July 28, CMS [released](#) the [Core Quality Measures Collaborative Pediatric Core Measure Set](#) which the AAFP helped to develop.
- On July 31, CMS issued 2018 final rules for [inpatient rehabilitation facilities](#) (IRF) and [skilled nursing facilities](#) (SNF). IRFs will receive a \$75 million increase while SNFs will receive an increase of \$370 million compared to 2017 rates. The rules take effect October 1.
- On July 31, CMS [published](#) the medical loss ratio credibility adjustments for Medicaid and Children's Health Insurance Program managed care plans for rating periods beginning July 1, 2017 or later.
- On August 1, CMS [issued](#) a final rule that updates 2018 Medicare hospice payment rates. These payments are projected to increase by \$180 million in 2018.
- On August 2, CMS [announced](#) that the average basic premium for a Medicare Part D prescription drug plan in 2018 is projected to decline to an estimated \$33.50 per month. This represents a decrease from the actual average premium of \$34.70 in 2017.
- On August 2, CMS [released](#) the final 2018 Medicare Inpatient Prospective Payment System and Long-Term Care Hospital Prospective Payment System final rule. The agency projects that total Medicare spending on inpatient hospital services will increase by about \$2.4 billion next year. This rule is effective October 1. The AAFP [commented](#) on this regulation when it was proposed and is now reviewing the final rule.
- On August 3, CMS [announced](#) that physicians can now submit Quality Payment Program hardship exception applications for the 2017 transition year. Under the law, MIPS eligible clinicians and groups may qualify for a reweighting of their Advancing Care Information performance category score to 0% of the final score, and can submit a hardship exception application, for one of the following specified reasons:
 - Insufficient internet connectivity;
 - Extreme and uncontrollable circumstances; or
 - Lack of control over the availability of Certified EHR Technology.
- On August 3, CMS [approved](#) a five-year extension of Florida's Managed Medical Assistance section 1115 demonstration.
- On August 3, GAO [announced](#) 15 appointments to the new Health Information Technology Advisory Committee. Included is Brett Oliver, MD, the Chief Medical Information Officer for Baptist Health, headquartered in Louisville, Kentucky, and a practicing part-time family physician with Baptist Family Physicians of Scott County.