

Congress Continues Bipartisan “Doc Fix” Efforts as First Session Winds Down

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The House and Senate tax writing committees have undertaken a joint, bipartisan effort to advance “doc fix” legislation prior to the 24.4 percent cut to the Medicare physician fee set to take effect on January 1, 2014. In October, the House Ways and Means and Senate Finance Committees released a joint discussion draft, outlining a permanent repeal of the Medicare Sustainable Growth Rate (SGR) and reforms to the current fee-for-service (FFS) payment model. The proposal would incentivize physician participation in alternative payment models and link quality measures in current law to a system that would allow physicians to earn incentive payments. It would also enhance the availability of public Medicare data by requiring the online publication of utilization and payment data.

While the outline permanently repeals the SGR, it does not provide for positive Medicare payment updates during the years 2014-2023. However, starting in 2024, physicians participating in alternative payment models would receive annual updates of one to two percent. Similar to the previous drafts released in the House, it is expected that states and specialty groups would play a role in shaping quality measures.

The Senate Finance Committee announced an open executive session on December 12, to consider SGR repeal legislation. The committee also plans to consider other health-related extenders that are set to expire at the end of this year. Earlier this year, the House Energy and Commerce Committee unanimously approved SGR repeal legislation, but the Congressional Budget Office (CBO) scored the bill at nearly \$176 billion over 10 years, which was a higher than expected price for a permanent fix. By not including positive Medicare payment updates in the 10 year budget window, the authors of the discussion draft hope to keep the cost down. CBO’s most recent estimate is that freezing payments would cost nearly \$140 billion.

None of the drafts have included provisions to offset the cost of the legislation, which will be attached to the bill before it is brought to the House or Senate floor for a vote. A lack of agreement on cuts of this magnitude, which would likely come from other parts of the health care budget, would probably result in a less expensive one or two year fix. If a deal on permanent repeal that includes “pay-fors” is not reached in the coming weeks, Congress may take short-term action to prevent the cut from taking place on January 1 or advance a retroactive fix in early 2014.

The President signed into law one notable health care bill in 2013, an act that clarifies the U.S. Food and Drug Administration’s (FDA) role in regulating compounded drugs and establishes requirements for the tracking of prescription drugs through the supply chain. The bipartisan legislation was agreed to by the House in September before being approved in the Senate in November.

The School Access to Emergency Epinephrine Act (Public Law 113-48) was also among the 55 bills that have been signed into law in 2013. The legislation encourages states to enact laws that require schools to plan for severe allergic reactions by allowing the Department of Health and Human Services (HHS) to give funding preference to states for asthma-treatment grants if they meet the following requirements: (1) maintain a supply of epinephrine; (2) allow trained school personnel to administer epinephrine; and (3) implement a plan to ensure that trained personnel are available during all hours of the school day. Under the legislation, states must also certify that their laws have been reviewed to ensure that liability protections are afforded to school staff that have been trained to administer epinephrine. The bill represents a delicate compromise on medical liability language, which has been an issue of particular contention between Congressional Republicans and Democrats. The legislation was endorsed by AAEM.

Congress is expected to focus on budget issues in December and January, with the most recent government funding measure set to expire on January 15, 2014. Congress’ self-imposed deadline to reach a budget deal is December 13, 2013, and there are reports that House and Senate negotiators have made progress in their efforts to reach a modest agreement on spending. If a deal is reached, it could clear the way for Congress to enact relief from sequestration, which has resulted in an ongoing two percent Medicare provider cut that began in April.

Meanwhile, numerous Congressional efforts to repeal or modify the Affordable Care Act (ACA) have advanced in the Republican-controlled House but have not been moved by the Democratic-controlled Senate. Recent efforts in the House have included a bill that would allow health insurance providers in the individual market to continue offering plans that were in effect in 2013. The House Committee agenda has continued to focus on ACA oversight, with a variety of hearings examining problems associated with the roll-out of the HealthCare.gov website. In the past month some Democratic Senators have sponsored legislation that would make changes to the ACA, including a bill to extend the open enrollment period beyond March. Efforts to change the law may gain momentum in 2014, particularly if there is a perception that adequate progress is not being made to fix the problems associated with the law’s implementation.

Year in Review

2013 was a successful year for AAEM’s advocacy efforts in Washington, D.C. Williams & Jensen worked with AAEM leaders to develop and execute an active government relations strategy that included Hill visits from the Government Affairs Committee (June), AAEM/RSA (October), and the board of directors (November). These events allowed the membership to directly engage with policymakers on issues such as due process, the corporate practice of medicine, medical liability reform, and the “doc fix.”

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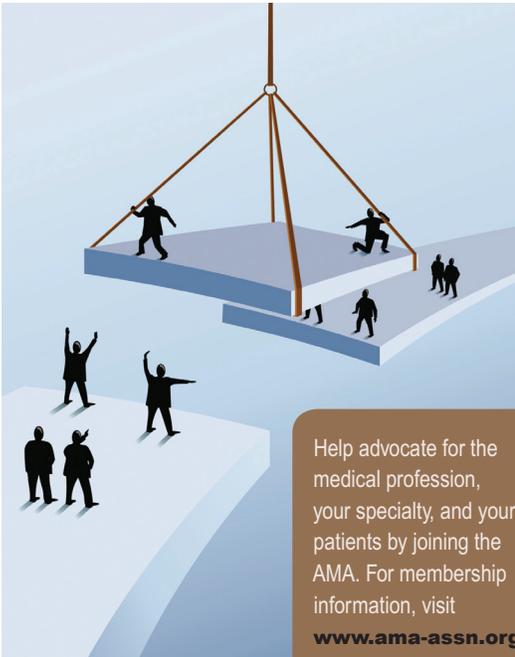
Throughout the year, meetings were facilitated with numerous key Congressional Members and staff, including but not limited to: House Ways and Means Committee Chairman Dave Camp (R-MI), House Ways & Means Committee staff, House Energy and Commerce Committee staff, House Judiciary Committee Chairman Bob Goodlatte (R-VA), House Republican Study Committee Chairman Steve Scalise (R-LA), Rep. Marsha Blackburn (R-TN), Rep. Diane Black (R-TN), Rep. Phil Roe, MD (R-TN), Rep. Joe Pitts (R-PA), Rep. Joe Heck, MD (R-NV), Rep. Michael Burgess, MD, Rep. Pete Sessions (R-TX), Rep. Renee Ellmers (R-NC), Rep. Randy Hultgren (R-IL), Rep. Jim Renacci (R-OH), Rep. David Joyce (R-OH), Rep. Lou Barletta (R-PA), House Majority Leader Eric Cantor (R-VA), House Minority Whip Steny Hoyer (D-MD), Rep. Raul Ruiz, MD, Rep. Jan Schakowsky (D-IL), Rep. Ted Deutch (D-FL), Rep. Dan Lipinski (D-IL), Rep. Beto O'Rourke (D-TX), Rep. Eric Swalwell (D-CA), Rep. Jackie Speier (D-CA), Rep. Dina Titus (D-CA), Rep. Dutch Ruppersberger (D-MD), Rep. Scott Peters (D-CA), Rep. Eleanor Holmes-Norton (D-DC), Rep. Gary Peters (D-MI), Rep. Brad Schneider (D-IL), Rep. Danny Davis (D-IL), Rep. Joe Crowley (D-NY), Rep. Allyson Schwartz (D-PA), Rep. Marcia Fudge (D-OH), Rep. Dan Kildee (D-MI), Senate Finance Committee staff, Senate HELP Committee staff, Senator Bill Nelson (D-FL), Senator John Barrasso, MD (R-WY), Senator Chuck Grassley (R-IA), Senator Tim Scott (R-SC), Senator Marco Rubio (R-FL), Senator Tom Coburn, MD (R-OK), Senator Bob Corker (R-TN), Senator Lamar Alexander (R-TN), Senator Dean Heller (R-NV), and Senator Roy Blunt (R-MO).

This high level of engagement allowed AAEM to work with sponsors of legislation supported by the Academy, such as the School Access to Emergency Epinephrine Act which became law in 2013. AAEM also worked with members of congressional leadership and sponsors of other AAEM-endorsed bills, such as the Good Samaritan Health Professionals Act and the Training Tomorrow's Doctors Today Act.

In 2013, AAEM also had several meetings with the Department of Health and Human Services (HHS) and the Center for Medicare/Medicaid Services (CMS), to discuss due process and the corporate practice of medicine. Additionally, AAEM has taken the opportunity to submit comments on proposals such as CMS' plan to release Medicare physician data. AAEM has submitted numerous comments to congressional stakeholders on issues that include repeal of the Medicare Sustainable Growth Rate and complimentary reforms, due process, and medical liability reform.

Finally, AAEM participated in a number of small group and private events throughout the year with Senators and Representatives, several of whom served as physicians prior to joining Congress. AAEM's level of political engagement sharply increased in 2013, as the Academy and its leadership developed relationships with champions and prospective champions of emergency medicine.

We look forward to another productive year in 2014. ■



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Having the support of physicians from many specialties can help us resolve some of EM's most important problems. Currently, AAEM has no seats in the American Medical Association (AMA) House of Delegates (HOD). Help us reach our goal of 50% of AAEM members also holding membership in the AMA so we can add our voice to the deliberations with a seat in the HOD.

Help advocate for the medical profession, your specialty, and your patients by joining the AMA. For membership information, visit www.ama-assn.org.

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