AAEM and AAEM/RSA Team Up for Capitol Hill Advocacy Day

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On July 15, AAEM and AAEM/RSA members attended meetings on Capitol Hill with members of Congress, health care policy staff, and committee staff to highlight issues important to the membership. First, participants took part in an informational session about key AAEM issues and learned best practices for Hill meetings. Later that day, participants attended approximately 40 Hill meetings with constituent House and Senate members and staff to advocate for physicians’ right to due process and other issues impacting EDs across the country. Participants also discussed graduate medical education (GME) funding and the Academy’s support of bipartisan legislation (H.R. 1201, Training Tomorrow’s Doctors Today Act) that proposes to create 15,000 new GME positions over the next five years.

Participants enjoyed lunch with Representatives Joe Heck (R-Nevada) and Tim Murphy (R-Pennsylvania). Congressman Heck discussed his experience as an EP and the importance of visiting Capitol Hill. Congressman Murphy, a clinical psychologist, discussed legislation he has introduced entitled, “Helping Families in Mental Crisis Act.” AAEM has endorsed the bill, which includes provisions to increase care for critically mental ill patients at psychiatric facilities, encourage the development of alternatives to long-term inpatient care for chronically mental ill patients with the goal of reducing ED visits and substance abuse, and provide relief from federal tort claims for physicians serving in a voluntary capacity at community mental health clinics and federally-qualified health centers.

Participants also attended several other meetings with physician members of Congress, including Senator John Barrasso (R-Wyoming) and staff of Representative Raul Ruiz (D-California). In addition to raising issues important to the Academy, AAEM and AAEM/RSA participants answered a variety of questions about emergency medicine and topical issues such as ACA implementation, the Medicare Sustainable Growth Rate (SGR), liability reform, and treatment of individuals that overdose on prescription drugs. Finally, participants invited members of Congress to visit their local EDs and offered AAEM as a resource if they have questions related to emergency medicine.

House & Senate Activity Winds Down in Advance of November Elections; Legislative Priorities Uncertain for End of 2014

Legislative activity picked up significantly during June and July, with both chambers in session for seven out of the final eight weeks leading up to the August recess. While the number of bills reaching the President’s desk remains low, Congress was able to clear a landmark bill to reform veterans’ health care at the U.S. Department of Veterans Affairs (VA).

House and Senate negotiators began crafting bipartisan legislation after news broke earlier this year of long wait times for veterans seeking medical treatment and of the deaths of dozens of veterans while waiting to receive care at a Phoenix, AZ, facility. The scandal led to the resignation of VA Secretary Eric Shinseki at the end of May.

The $17 billion agreement passed by an overwhelming margin in the House and Senate, with just five House members and three Senators voting in opposition to the reforms. The bill aims to increase veterans’ access to medical care and includes $5 billion in funding for additional providers and other VA medical staff, as well as investments in the VA’s health care infrastructure. Another section of the bill will increase GME residency positions at VA medical facilities that are experiencing physician shortages and which are located in communities that have been designated as in need of health professionals. Over the next five years, the bill will add up to 1,500 additional GME slots. The legislation gives priority to residency positions in primary care, mental health, and any other specialty deemed appropriate by the VA Secretary.

The bill authorizes the VA to lease 27 new medical facilities across 18 states and Puerto Rico, and $10 billion in funding for the “Veterans Choice Fund,” which will allow eligible veterans including those who have waited more than 30 days for an appointment with the VA or live more than 40 miles from a VA facility to receive health care from a private health care provider, community health center, U.S. Department of Defense health care facility, or an Indian Health Center.

Over the past two months, the House authorizing committee with jurisdiction over health care issues has turned its focus to a new project launched in May, the “21st Century Cures Initiative.” The House Energy and Commerce Committee held nine hearings or forums relating to the initiative, covering topics from digital health care and technology to clinical trials modernization. In July, the committee advanced legislation reauthorizing the Emergency Medical Services for Children (EMSC) Program. The bill would continue the current funding level of $30 million annually over each of the next five fiscal years. The EMSC Program started in 1984 and provides grants to states and higher education institutions for the purposes of advancing pediatric emergency medicine.

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Meanwhile, the Senate Health, Energy, Labor and Pensions (HELP) Committee convened a hearing to examine the topic of preventable deaths and patient safety. Senators and witnesses discussed the need to reduce hospital acquired infections and to impose greater sanctions on hospitals that have extremely high infection rates.

At the end of July, the House and Senate left Washington for a five week recess and are set to return on September 8 for a brief session prior to another break for the November elections. Congress agreed on several “must-pass” measures before the recess, including a measure to temporarily keep the nation’s highway system funded. Congress will return for two to three weeks in September, where they will seek to pass a “continuing resolution” (CR) that will keep the government funded beyond September 30. In 2013, Congress failed to pass a stop-gap measure, resulting in a 16-day partial government shutdown that interrupted administrative services at agencies like the Department of Health and Human Services (HHS), but did not have a significant impact on Medicare or Medicaid reimbursements which are part of the government’s mandatory spending budget. However, last year’s shutdown is unlikely to be repeated given the level of support that has been voiced for a short-term funding measure that will allow Congress to return to the issue following the November elections.

Beyond the issue of government funding and appropriations, the Congressional agenda remains unclear for the remainder of 2014. House Republicans recently elected a new leadership team, following the surprise defeat of the number two House Republican in a June primary election. Representative Kevin McCarthy (R-California) was elected to fill the Majority Leader position behind Speaker John Boehner (R-Ohio) while Representative Steve Scalise (R-Louisiana) was elected as Majority Whip. Leadership changes are possible in the Senate following the November elections, depending on whether Republicans are able to win a narrow majority.

Significant legislation can be passed during a lame duck session, particularly following a “status quo” election where control of the House and Senate remain unchanged. Advocates for a permanent fix to the Medicare Sustainable Growth Rate (SGR) are hopeful that Congress will return to this issue following the elections, although it is not yet clear whether leaders in the House and Senate can agree on how to pay for a permanent fix. Many members of Congress, including Senate Finance Committee Chairman Ron Wyden (D-Oregon), are anxious to enact a permanent fix and they believe that bipartisan agreement on the policy replacement is within reach if the two sides can agree on a way to offset the cost of the measure. Key members of Congress are also aware that the estimated 2015 cost of a permanent SGR fix could increase beyond the current estimate of $120 billion to $180 billion. The existing SGR patch is set to expire in April 2015.

As expected, the U.S. Department of Health and Human Services (HHS) issued a rule in July that requires compliance with the International Classification of Diseases (ICD)-10 beginning October 1, 2015. ICD-10 was scheduled to take effect this year, but Congress included a delay in the compliance date in the “doc fix” legislation passed earlier this year.