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ACEP-Supported House Legislation to Address Surprise Bills Reaches Important Milestone

This week, the House legislation sponsored by Reps. Raul Ruiz (D-CA) and Phil Roe (R-TN), which is based on the successful surprise medical bill reforms established in New York State, attained 100 bipartisan co-sponsors. The bill, “Protecting People From Surprise Medical Bills Act” (H.R. 3502), now has more support than any other pending surprise medical bill legislation in the House of Representatives. The legislation has been strongly supported by ACEP and a number of hospital-based medical specialty societies. The bill would establish robust patient protections, make it easier for patients to understand the limits of their insurance coverage, safeguard access to emergency care, encourage health plan transparency, and establish a fair and efficient independent dispute resolution (IDR) process between physicians and insurers (with no patient involvement).

Also this week, an AMA-led coalition of medical organizations and state societies, including ACEP, sent letters to the House and Senate leadership reminding them of our commitment to seek a balanced legislative solution to surprise medical bills that includes a timely upfront, commercially reasonable payment for out-of-network services and an efficient IDR process. Furthermore, it should encourage health insurers and providers to contract for in-network care to avoid adverse market distortions and patient access problems.

ACEP Participates in Congressional Firearms Safety Research Roundtable

On Wednesday, Megan Ranney, MD, MPH, FACEP, participated in a congressional roundtable on firearms safety research hosted by emergency physician Rep. Raul Ruiz, MD (D-CA). Speaker of the House Nancy Pelosi (D-CA) kicked off the roundtable, and Rep. Mike Thompson (D-CA), Chairman of the House Gun Violence Prevention Task Force, also helped lead the panel.

In addition to Dr. Ranney, the roundtable featured a group of other physician experts from the American College of Surgeons, the American Psychological Association, the American Academy of Pediatrics, the American College of Physicians, the American Public Health Association, as well as Emmy Betz, MD, an emergency physician participating on behalf of the University of Colorado School of Medicine.

The panelists shared their experiences as researchers and experts in the field of firearms safety and injury prevention and answered questions from the many Members of Congress who attended the discussion. Dr. Ranney focused on the need to provide federal funding to promote necessary research, the need for non-partisan approaches to address firearms safety and injury prevention as a public health issue, and how organizations like AFFIRM and ACEP have worked to fill in the gaps in the body of research used to inform more effective interventions and clinical practice.
House Speaker Pelosi, Dr. Ruiz, and Rep. Thompson begin the congressional roundtable on firearms safety research while Dr. Ranney and her colleagues prepare the public health issue of firearms safety and injury prevention.

**Prescription Drug Pricing Legislation Advances in House**
On Thursday, the House Energy and Commerce Committee approved an updated version of House Speaker Pelosi’s comprehensive drug pricing reform package by a party-line vote of 30 to 22 after a mark-up that lasted more than eight hours. Republicans filed more than 70 amendments but debated fewer than two dozen and none were adopted.

The House Education and Labor Committee approved H.R. 3 on a 27 to 21 party-line vote earlier in the day. The House Ways and Means Committee is expected to mark-up the package next week.

**Regs & Eggs: Regulatory Affairs Blog**
ACEP has a blog focused on federal regulatory affairs, “Regs & Eggs.” Every Thursday morning, while you’re eating your breakfast, ACEP’s Director of Regulatory Affairs, Jeffrey Davis, provides a weekly update on major federal regulations impacting emergency medicine.

This week’s blog post focuses on finding the right balance between addressing the opioid crisis and ensuring that patients have access to the medications they need. The Trump Administration has taken numerous actions to address the opioid crisis. While ACEP supports many of the efforts currently underway—including potentially having Medicare cover medication-assisted treatment (MAT) in the emergency department—others may have unintended consequences, including exacerbating America’s drug shortages problem. Recently, the Drug Enforcement Administration (DEA) issued a proposed regulation reducing the amount of five Schedule II opioid controlled substances that can be manufactured in the U.S. Read more about the issue and ACEP’s response to the proposed regulation.

**ACEP Launches Website to Promote Emergency Medicine-Specific Alternative Payment Models**
ACEP has launched a new website dedicated to alternative payment models (APMs): [www.acep.org/apm](http://www.acep.org/apm).

As Medicare and other payers move away from fee-for-service toward more value-based care, ACEP has taken a leading role in putting emergency physicians in the driver’s seat to help manage this transition by developing the first, and only, emergency medicine-specific alternative APM, the Acute Unscheduled Care Model (AUCM). In September 2019, HHS Secretary Alex Azar responded to a
federal advisory committee’s report on the AUCM stating that he believes the core concepts of the model should be incorporated into the APMs that the Centers for Medicare & Medicaid Services (CMS)’ Innovation Center (CMMI) is developing. For ACEP’s press release on this response, please go here. You can also read the highlights of the response here.

While this is exciting news and an important step in the process of getting an emergency medicine-focused APM like AUCM implemented, it’s now up to CMMI to conduct the work to carry out the HHS Secretary’s request. Since it is unknown how long it will take for CMMI to begin incorporating the AUCM into the Medicare APMs it is developing, ACEP has started our own initiative to promote participation in emergency medicine-focused APMs being offered by other payers like Medicaid and private insurers. Please visit the new website to learn more about ACEP’s initiative. We have also put together a list of frequently asked questions (FAQs) to explain various aspects of APMs and how participating in one could impact you.

What You Need to Know About President Trump’s Executive Order on Medicare

On October 3, 2019, President Trump signed an Executive Order on Medicare, directing the HHS Secretary to take a series of actions to “protect and improve the Medicare program by enhancing its fiscal sustainability.”

HHS must issue regulations to effectuate any of the policies in the executive order. While we wait to see the details in those future regulations, there are a few actions the executive order calls for that you may want to know about in case you get asked at a cocktail party or even ACEP19 what this could mean for emergency physicians. Read more.

HHS Releases Proposed Rules Reforming Stark & Anti-Kickback Regulations

On October 9, HHS released companion proposed rules to reform the physician-self referral prohibitions ("Stark Law"), as well as the Medicare and Medicaid Anti-Kickback Statute ("AKS").

If finalized, these rules would remove legal barriers that have impeded care coordination but are likely to primarily benefit larger organizations that have the infrastructure to implement these types of value-based programs.

Click here for the Stark Law fact sheet, and here for the proposed rule. Click here for the AKS fact sheet, and here for the proposed rule.