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House Advances ACEP-Supported Opioid Legislation

After months of negotiations, the House and Senate reached a final agreement this week on comprehensive legislation to address the opioid crisis that includes two ACEP-developed bills to expand ED-focused tools for prevention and treatment of opioid use disorders. The House approved the package (H.R. 6) today by a vote of 393 to 8.

The two ED-specific provisions would authorize grants to expand the Alternatives to Opioids (ALTO) program and the ED-initiated Medication Assisted Treatment (MAT) program that develops best practices for providing a “warm handoff” of opioid use disorder patients to appropriate community resources and providers to keep them engaged in addiction treatment. ACEP worked closely with congressional leadership, House-Senate conferees, and the bill sponsors to ensure these provisions were included in the final package and used the [ACEP-preferred legislative language](#).

Exact timing for final passage in the Senate remains unclear, but is expected within the next few weeks, with President Trump signaling that he will sign the bill into law when he receives it. Successful passage of this law will not only be a significant victory for emergency medicine, but also especially for patients and families affected by the opioid crisis.

House Advances ACEP-Supported Disaster Preparedness Bill

On Tuesday, the House passed by voice vote legislation that would reauthorize HHS to respond to man-made and natural disasters from emerging infectious diseases and storms, as well as chemical, biological, radiological, and nuclear threats. The ACEP supported “Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2018” (H.R. 6378) must still be approved by the Senate and signed by the president. Some of the authorities granted to the Assistant Secretary of Preparedness and Response (ASPR) will technically begin to run out on Sept. 30 if the bill has not become law by then.

Several key provisions promoted by ACEP, including those advocated for by ACEP members during the 2018 Leadership and Advocacy Conference, were included in the bill, such as an emphasis on regionalized emergency preparedness and response systems, inclusion of the MISSION ZERO Act’s provisions to facilitate the use of military trauma teams in civilian trauma centers, and easing requirements for health providers to volunteer during disasters.

The bill reauthorizes the following amounts annually through fiscal year (FY) 2023:

- \$385 million for the Hospital Preparedness Program.
- \$685 million for Public Health Emergency Preparedness cooperative agreements with states.
- \$15 million for MISSION ZERO grants.
- \$57.4 million for the National Disaster Medical System.
- \$11.2 million for the Volunteer Medical Reserve Corps.
- \$161.8 million to support CDC biosurveillance and situational awareness activities.
- \$611.7 million for ASPR's Biomedical Advanced Research and Development Authority (BARDA).
- \$610 million for the strategic national stockpile of medical countermeasures.
- \$100 million for CDC grants to states to prevent and control mosquito-borne diseases.
- \$40 million for the CDC's Epidemiology and Laboratory Capacity grant program, the same amount it received in fiscal 2018.
- \$30.8 million for CDC vaccine tracking and distribution activities.
- \$5 million for an emergency system for advance registration of health professional volunteers.

Congress Sends Health Funding Bill to President

On Thursday, the House passed a massive appropriations bill in a 361-61 vote, which provides fiscal year 2019 funding for the departments of Defense, Labor, Health and Human Services, and Education. The legislation, H.R. 6157, also includes a Continuing Resolution (CR) to maintain funding for any part of the federal government that has not been funded through the regular appropriations process by the Oct. 1 start of FY 19.

With successful passage in both chambers of Congress, the bill now awaits the President's signature. Though the President had raised the possibility of not signing the bill as leverage to secure a commitment for more border wall funding, he is expected to sign the bill into law and prevent a government shutdown that legislators were eager to avoid before the upcoming November elections.

ACEP Meets with National Leaders to Discuss Opioid Epidemic

On Friday, ACEP participated in a meeting with White House officials, federal agencies, and other stakeholders to discuss best practices in combatting the opioid epidemic. The meeting focused on actions the Trump Administration has taken to date, a review of future projects, and policies established at state and local levels that have benefited patients and reduced misuse of opioids. Particular focus was placed on the upcoming [National Take Back Day](#) on Oct. 27 and how meeting participants can help promote these drug collection sites.



Assistant to the President and Senior Counselor Kellyanne Conway addresses meeting participants

CMS Releases the Regulatory Burden Reduction Proposed Rule

On Monday, September 17, the Centers for Medicare & Medicaid Services (CMS) released a proposed rule that reforms Medicare regulations that the agency identified as unnecessary, obsolete, or excessively burdensome on health care providers. Overall, CMS estimates that these proposals would save healthcare providers \$1.1 billion annually. In this 285-page rule, CMS includes a number of proposals that impact emergency physicians and the patients we serve.

ACEP's EM-focused summary of the proposed rule is found [here](#).

ACEP Response to the Annual Medicare Outpatient Hospital Payment Proposed Rule

On September 24, ACEP submitted comments responding to the Calendar Year (CY) 2019 Medicare Outpatient Prospective Payment System (OPPS) proposed rule. This rule included numerous proposed policies that impact hospital outpatient payments under Medicare, including a few proposals that impact emergency medicine:

- Off-campus Emergency Department Modifier— To collect data on the types and severity of services delivered in off-campus EDs, CMS is proposing to create a non-payment-related modifier that must be reported on each claim.
- Pain Communication Questions on HCAHPS Survey—CMS is proposing to update the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey by removing the Communication About Pain questions.
- Non-Opioid Treatments for Pain—CMS is seeking comment to help determine whether the agency should pay separately for non-opioid treatments for pain under the OPPS payment system.

This rule also includes a nearly identical request for information to ones that were found in both the FY 2019 Inpatient Prospective Payment Program Proposed Rule and the CY 2019 Physician Fee Schedule and Quality Payment Program Proposed Rule.

Highlights of ACEP's response to the rule are found [here](#) and our full set of comments is found [here](#).

Save the Date: 11/30 – 12/1 Specialty Physician and Dentist Candidate Workshop in Washington, DC

Are you interested in running for office on the local, state or federal level? We are looking for two active ACEP Members and dedicated 911 Network participants to attend the Specialty Physician and Dentist Candidate Workshop. This exclusive two-day training takes place in Washington, DC and provides best practices and insider knowledge for how to get elected – from physicians who are already in office! The NEMPAC Board will select two ACEP members to attend this workshop. Travel expenses and registration will be covered by ACEP. Questions? Contact Jeanne Slade at jslade@acep.org for more information.



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