



**ACEP 911 Network Weekly Update:
March 17, 2017**

Washington, D.C. was a flurry of activity this week with more than just snow, temperatures and budgets dropping. Over 600 emergency physicians, including 150 + residents were in town for ACEP's annual Leadership and Advocacy Conference.

Both the House and Senate will be in session next week. In this issue:

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CMS Administrator Confirmed and Joint Letter from HHS/CMS to Governors

On Monday evening, the Senate voted 55-43 to approve Seema Verma as Administrator of the Centers for Medicare & Medicaid Services (CMS). As president and founder of health care consulting company SVC Inc., Verma worked with the state of Indiana to design its Healthy Indiana Plan for low-income uninsured adults and on Medicaid reform projects in other states.

Also this week HHS Secretary Price and newly confirmed CMS Administrator Verma cosigned [a letter](#) to the nation's governors outlining plans to expand state flexibility under the Medicaid program. *Their letter lists several initiatives states may take such as: developing alternative benefit plans and expanded options to design emergency room copayments to encourage the use of primary and other non-emergency providers for non-emergency medical care.*

Budget Impact of American Health Care Act (AHCA)

On Monday, the Congressional Budget Office (CBO) and the Joint Committee on Taxation (JCT) released an estimate of the effects on health coverage of the American Health Care Act (AHCA), the legislative package recently approved by the House Ways and Means, Energy and Commerce and Budget Committees (see below) to repeal and replace parts of the Affordable Care Act. The estimate states that 14 million more people would be uninsured next year alone if the legislation were enacted as compared to current law. Overall, the report estimates that nearly 24 million people would lose coverage over 10 years. CBO and JCT estimate that the legislation would reduce federal deficits by \$337 billion over the 2017-2026 period and the largest savings would come from reductions in outlays for Medicaid and from

the elimination of the ACA's subsidies for non-group health insurance.

Repeal Effort Moving Quickly Through House

On Thursday, the House Budget Committee completed action on the AHCA legislation its responsible for under the Budget Act by reporting out a final vote of 19-17. Reps. Dave Brat (R-VA), Mark Sanford (R-SC) and Gary Palmer (R-AL) voted against the bill. Otherwise, the vote was along party lines. As reported in previous 911 Updates, the repeal and replace proposal was also recently approved by the House Ways and Means and Energy and Commerce Committees. The rules of budget reconciliation have been written to strictly limit, and in many cases prevent, amendments throughout the committee process. The recent and swift committee actions are part of the three-phase effort laid out by GOP leadership and the Trump Administration to garner enough support to get the bill through Congress.

Today the White House announced support for two significant changes to the proposed bill by agreeing to give states the option to impose work requirements on Medicaid recipients and to block grant Medicaid instead of the cap system in the bill. *The AHCA is expected in the House Rules committee next Wednesday with a potential full House floor vote on Thursday.*

In conjunction to the AHCA, the House continues to consider several other health care bills related to association health plans, medical liability reform, insurance anti-trust and self-insurance. These bills contain health care policy changes favored by Republicans, but they could not be included in the AHCA due to how the Senate handles budget reconciliation legislation.

While lawmakers discuss and debate legislation, the Department of Health and Human Services (HHS) Secretary Tom Price, MD, and his office are reviewing a number of reforms that can be accomplished through regulatory change. The ACA provided the Secretary broad authority to implement the law, with more than 1,000 "the Secretary shall" or "the Secretary may" directives. Dr. Tom Price and his staff are combing the law for these references to determine where regulatory changes could be made to advance the Administration's goals of patient-centered, lower-cost health care. Potential reforms where the Secretary has authority to implement reforms include addressing problems and minimizing penalties associated with value-based purchasing programs that predated the Medicare Access and CHIP Reauthorization Act (MACRA), including the Physician Quality Reporting System (PQRS) and the Value Based Payment Modifier (VM), and providing flexibility to states associated with Medicaid waivers and demonstrations. *ACEP Federal Affairs Director, Barbara Tomar in conjunction with members of the Federal Government Affairs Committee has established a working group to review regulations that ACEP believes maybe eligible for review under the Secretary of HHS.*

ACEP continues to work with members from both parties in the Legislative and Executive branches to ensure the final health care reform package adheres to [ACEP's Emergency Medicine Health Care Reform Principles](#). This document has been widely distributed on Capitol Hill and reaffirmed by ACEP members this week during their meetings with lawmakers as part of the Leadership and Advocacy Conference.

President's Budget Blueprint Released

The President's [FY 2018 budget blueprint](#) was released Thursday morning with a plan to release further details in the coming months. The \$1.1 trillion budget proposal known as the "skinny" budget focusses on discretionary spending levels for fiscal year 2018, including a \$54 billion increase in base defense spending paid for with large spending reductions and regulatory roll-backs to the Departments of State, Education, and Health and Human Services, along with other specific cuts in domestic discretionary spending. The budget also proposes supplemental funding for the current fiscal year. While the proposal only addresses discretionary spending and won't include cuts to Medicare and Social Security, the President's proposal requests \$69 billion for the Department of Health and Human Services (HHS), an 18 percent decrease from FY2017, a 20 percent cut to NIH along with a major reorganization of NIH's 27 institutes and centers, including further cuts to the Agency for Healthcare Research and Quality that has jurisdiction over many health information technology programs. Meanwhile, other areas could get a funding hike such as creating a new federal emergency response fund to deal with public health emergencies like Zika and increasing money for opioid misuse prevention efforts and treatment for addiction.

ACEP Board Members Host News Conference

As part of ACEP's ongoing battle against the insurance industry for fair coverage of emergency care, ACEP President Rebecca Parker and ACEP Board member Jon Mark Hirshon held a telephone news conference on March 16th announcing the results of a survey assessing public opinion on health insurance coverage of emergency medical treatment. The key findings of the survey are that 95 percent of American voters say health insurance companies should cover emergency medical care and 83 percent support the Prudent Layperson Standard. In addition, ninety percent of the public would like insurance companies to tell them how they calculate coverage for emergency care. Media stories have already appeared in FierceHealthcare and WHYY radio station in Philadelphia. To learn more about the latest phase of ACEP's ongoing Fair Coverage campaign, visit www.faircoverage.org.

Medicare Payment Advisory Commission (MedPAC) Releases Report on Medicare Payment Policy

The Commission made a number of recommendations in its [March 15 report](#) including that Congress should increase payment rates for physicians and other health professional services by the amount specified in current law for calendar year 2018. Click here for [accompanying fact sheet](#).



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