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**Senate Approves Opioid Bill, Goes to President On Wednesday**

The U.S. Senate overwhelmingly passed, 98 to 1, the final version of a comprehensive opioids package (H.R. 6) clearing the way for President Trump's signature into law. The U.S. House of Representatives approved the bill last week by a vote of 393 to 8. Two ED-specific provisions are included in H.R. 6 that 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. During the ACEP Leadership and Advocacy Conference last May, hundreds of ACEP members advocated for these provisions during the Capitol Hill visits with legislator and staff. Even more ACEP members in the 911 Network contacted their legislators about these bills by responding to action alerts over the past months.

Enactment of this law will be a significant victory for emergency medicine and the patients and families affected by the opioid crisis. To read ACEP's press release on Senate passage of the bill, [click here](#).

**ACEP and Other Stakeholders Discuss MAT Barriers with Administration**

On Thursday, ACEP participated in a meeting along with 10 other provider groups to discuss with senior officials of the Trump Administration challenges they have had with providing buprenorphine as Medication Assisted Treatment (MAT). In attendance were the Surgeon General, VADM Jerome Adams, MD, MPH; DEA Assistant Administrator John J. Martin; White House ONDCP Acting Director James Carroll; HHS Assistant Secretary for Health ADM Brett Giroir, MD; Assistant Secretary for Mental Health and Substance Abuse Eleanor McCance-Katz, MD, PhD; and Chief Medical Officer for the Office of the

Assistant Secretary for Health, Vanila Singh, MD, MACM. ACEP member Reuben Strayer, MD, and DC staff participated on behalf of ACEP.

The provider groups shared the barriers they faced in prescribing buprenorphine, including those brought by the X-waiver and training process, and offered suggestions for regulatory solutions. The senior administration officials were particularly interested in discussing the 72-hour rule that allows emergency physicians to administer buprenorphine without being waived themselves, but requires patients to return to the ED for each 24-hour dosage, up to a maximum of three days. The officials concluded the meeting with commitments to examine potential regulatory approaches to add flexibility to the 72-hour rule, as well as to provide DEA agents with additional training to ensure their enforcement efforts are appropriate and sensitive to patient needs.



Administration officials engage stakeholders on 72-hour buprenorphine rule.



Dr. Reuben Strayer and Surgeon General Dr. Jerome Adams.

### **MedPAC Discusses ED Coding**

On Thursday, October 4 and Friday, October 5, the Medicare Payment Advisory Commission (MedPAC) held a public meeting to discuss a variety of Medicare payment issues. One of the sessions at the meeting was dedicated to examining issues related to non-urgent and emergency care. During this session, MedPAC Commissioners discussed current and historical trends in hospital ED coding and the increased use of urgent care centers to treat non-emergent cases.

With respect to ED coding, MedPAC staff presented data to the Commissioners indicating that the percent of ED visits coded at a level 4 or 5 has increased over time. According to staff, this was due to higher patient severity and upcoding. Staff discussed potential options to address upcoding including creating a single code for all ED or creating national guidelines for coding. The Centers for Medicare & Medicaid Services (CMS) has considered both options previously and has received input from external stakeholders, including ACEP. However, due to the complexity of modifying the current coding structure, CMS has not adopted any changes.

Based on the data presented at the meeting, the MedPAC Commissioners did NOT recommend the creation of a single code for the ED setting or any other payment changes at this time. They asked to see more data examining ED coding trends, particularly in different geographic regions. It is important to note that MedPAC only provides recommendations to Congress and the Administration regarding Medicare payment. None of the recommendations or findings from MedPAC are binding.

### **Save the Date: 11/30 – 12/1 Specialty Physician and Dentist Candidate Workshop**

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](mailto:jslade@acep.org) for more information.



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