



**June 22, 2018**

Both chambers are in session next week. The House is expected to take up a compromise GOP immigration bill. The Senate is expected to vote on Monday on a three-bill spending package.

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### **House Passes Final Sections of Opioid Package this Week**

This week, the House of Representatives wrapped up its work on bills to help address the opioid epidemic, the culmination of months of legislative hearings and markups in a number of different committees. With the passage of this week's slate of bills, the focus now moves to the Senate, where the specifics on the path forward remain uncertain.

Among the bills successfully passed on the House floor this week was ACEP-supported legislation to align a federal law (42 CFR Part 2) regarding the sharing of substance use disorder treatment records with HIPAA, ensuring that physicians have appropriate access to patient records while also ensuring strong privacy protections for patients. Also included was H.R. 6, the SUPPORT for Patients and Communities Act, a collection of bills serving as the underlying legislative "vehicle" for most of the opioid bills that now head to the Senate.

As a reminder, last week the House passed the Alternatives to Opioids (ALTO) in the Emergency Department Act (H.R. 5197) and the Preventing Overdoses While in Emergency Rooms (POWER) Act (H.R. 5176). Thanks to continued ACEP advocacy, both bills passed by voice vote and now await further action in the Senate.

### **ACEP Leaders Discuss Mental Health with Lawmakers**

As part of ACEP's continuing Leader Visit Program, Drs. Jay Kaplan (University Medical Center– New Orleans), Abhi Mehrotra (University of North Carolina), and Scott Zeller (Vituity) met with several key members of the House and Senate on Tuesday to discuss innovative approaches to treating patients with emergency mental health conditions.



Among the issues discussed were ED programs supplemented by additional support services and personnel, the Behavioral Health Emergency Room (BHER), and the Emergency Psychiatric Assessment Treatment and Healing (EmPATH) Unit. These programs provide access to more timely, appropriate care for emergency psychiatric patients and have been shown to reduce psychiatric boarding times in the ED, as well as hospital inpatient stays.



The Members of Congress and congressional offices that Drs. Kaplan, Mehrotra, and Zeller spoke to included: Rep. Mike Burgess (R-TX); Rep. Janet Napolitano (D-CA); Sen. Lamar Alexander (R-TN), pictured top left; Dr. Raul Ruiz (D-CA), pictured below left; Sen. Bill Cassidy (R-LA), pictured right; and Sen. Thom Tillis (R-NC).

### **ACEP Responds to DHS Family Separations**

On Tuesday, ACEP issued a statement opposing the Department of Homeland Security (DHS) practice of separating children from their families at the border. While acknowledging the right of the U.S. to secure its borders, ACEP opposes these actions due to the cruelty and harm it inflicts on children, both in terms of mental and physical health. ACEP joined several other

professional medical organizations in opposing the practice and called for the Administration to immediately change this policy and end the practice of family separations.

On Wednesday, President Trump signed an executive order reversing the family separation policy for immigrants crossing the border unlawfully, stating that the Administration's policy is to "maintain family unity." Meanwhile, the House of Representatives continues to debate its path forward on immigration reform legislation as moderate and conservative Republicans attempt to strike a deal.

Read ACEP's full statement [here](#).

### **Department of Labor Releases Association Health Plans (AHPs) Final Rule**

On June 19, the Department of Labor released a final rule that loosens some of the current restrictions on Association Health Plans (AHPs) and allows these plans to be part of the large group market. According to the rule, by gaining access to the large group market, these plans would avoid some of the requirements imposed on plans in the individual and small group markets, thereby making health coverage more affordable. All non-grandfathered health plans in the individual and small group markets must cover the ten categories of essential health benefits (EHBs), one of which is emergency services. Plans in the large group market are not subject to this requirement.

ACEP had submitted comments on the proposed rule in which we had expressed concern over the fact that AHPs do not need to cover all ten EHBs. Without guaranteed coverage, consumers can be left with a narrow set of benefits that do not ensure them access to the items and services they need to manage their health conditions. We had urged the Department of Labor to reconsider its proposal and require AHPs to cover emergency services and the other nine EHBs. In the final rule, the Department of does not directly respond to our comment, but reiterates that AHPs are not subject to all requirements imposed on the individual and small group markets. We also urged the Department of Labor in our proposed rule comments to at least confirm that AHPs cannot impose any annual or lifetime dollar limits on essential health benefits--a requirement that plans in the large group market are subject to. The Department of Labor was silent on this issue in the proposed rule. In the final rule, the Department of Labor clarifies that AHPs must meet this requirement.

### **Request for Information on Physician Self-Referral Law**

On June 20, CMS released a request for information on how the current physician self-referral law (Stark Law) can be modified to help support care coordination activities and alternative payment models. Comments on the request for information are due on August 24, 2018.

### **Trump Administration Releases Plan to Reorganize the Government**

On June 21, the Trump Administration released a comprehensive plan to reorganize the government, called the Delivering Government Solutions in the 21st Century: Reform Plan and Reorganization Recommendations. As part of the wide-sweeping plan, the Administration

recommends moving all “welfare programs” including the food stamp program (known as SNAP) into the Department of Health and Human Services (HHS). HHS would in turn be renamed the Department of Health and Public Welfare. The proposal would also merge the Departments of Education and Labor. These large structural changes cannot be implemented without Congressional approval. However, the plan also includes some smaller recommendations and proposed changes that could be done administratively.



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