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President Trump Announces Deal to Reopen Government

Today, President Trump announced that he had worked out a deal to temporarily reopen the federal government after a 35-day partial government shutdown. The government will remain open for a three-week period (through February 15), during which time negotiations on funding for border security and the southern border wall will continue. If a bipartisan agreement on border security does not occur before the end of the three weeks, the President said that the government would shut down again or he would declare a national emergency to secure the border.

Senate leaders said they expect the bill to reopen the government to clear the chamber by unanimous consent later today. The House plans to move swiftly to consider the bill after it passes the Senate. The President will then most likely sign the bill this evening. Federal workers, who have gone weeks without pay, are expected to be paid in the next few days.

White House Hosts Roundtable Discussion on Fair and Honest Pricing in Healthcare

On Wednesday, President Trump hosted a discussion on health care prices and transparency. He was joined by patients who have received high, unexpected medical bills, as well as top Administration officials, including the Secretary of the Department of Health and Human Services (HHS), Alex Azar, and the Secretary of Labor, Alex Acosta.

During the roundtable, the President framed the issue of price transparency by stating that the "healthcare system too often harms people with unfair surprises..." and that "the pricing is hurting patients, and we've stopped a lot of it, and we're going to stop all of it. It is very important to me." Labor Secretary Acosta talked about the use of association health plans as a way that businesses can provide more flexible, and cheaper insurance options to their employees. HHS Secretary Azar discussed efforts the Administration has already taken to promote transparency, such as requiring hospitals to post their prices online in a machine-readable format and proposing to require drug companies to disclose the list prices of drugs in TV ads. Finally, each patient who attended was given the opportunity to share their individual story of receiving an unexpected bill.

To review a partial transcript of the discussion, please click [here](#).

ACEP Responds to a CMS Proposed Rule on the Medicare Advantage and Medicare Part D Programs

On Thursday, ACEP responded to a proposed rule issued by the Centers for Medicare & Medicare

Services (CMS) that would make changes to the Medicare Advantage (Part C) and Medicare Part D Prescription Drug Programs.

In ACEP's response, we specifically oppose a proposal in the rule that would change the current formulary requirements for the six protected classes under Part D. Currently, plans are required to include on their formularies all drugs in six categories or classes: (1) antidepressants; (2) antipsychotics; (3) anticonvulsants; (4) immunosuppressants for treatment of transplant rejection; (5) antiretrovirals; and (6) antineoplastic. Under CMS' proposal, plans could implement broader use of prior authorization and step therapy for protected class drugs and exclude a protected class drug from a formulary under certain circumstances. ACEP believes that any modifications to the protected classes requirements could pose significant risks to patients. While we oppose the changes overall, we believe that at the bare minimum, CMS should exempt prescriptions that originate in the emergency department from these proposed restrictions. Plans must be required to cover all protected class drugs on their formularies without exception in an emergency situation.

ACEP's full comment letter can be found [here](#).

ACEP Responds to the ONC Draft Strategy on Reducing Administrative Burden Regarding the Use of Health IT

Today, ACEP responded to the Office of the National Coordinator for Health Information Technology's (ONC's) [draft strategy](#) on ways to reduce burden for providers using health information technology (IT) and electronic health records (EHRs). In general, ACEP supports the main recommendations included in the draft strategy and appreciates the efforts the Administration has already taken to reduce provider burden and to improve the usability and exchange of information. We also describe ways that CMS can further reduce provider reporting burden under the Merit-based Incentive Payment System (MIPS). Lastly, we express our disappointment that the draft strategy does not at all address the effectiveness of qualified clinical data registries (QCDRs) or what the Administration can do to continue to encourage these as a way of reporting quality measures.

ACEP's full comment letter can be found [here](#).



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