



**ACEP 911 Network Weekly Update
May 19, 2017**

The House and Senate are in session next week. Both chambers will be out the following week for the Memorial Day recess period.

In this issue:

- **Possible, but Unlikely, Re-Vote in House on AHCA**
- **Senate Marks Up Chronic Care Legislation**
- **Rural Emergency Acute Care Hospital Act Re-introduced**
- **Good Samaritan Bill Reviewed by House Committee**
- **Congressional Hearings**

Possible, but Unlikely, Re-Vote in House on AHCA

When House Republicans narrowly (217 to 213) approved the “American Health Care Act” (H.R. 1628) on May 4, they did so before receiving an updated score (cost and impact analysis) from the Congressional Budget Office (CBO). If the revised CBO score -- expected on May 24 -- shows the House bill doesn’t reduce the federal deficit by at least \$2 billion or does not provide savings after a decade, Senate Republicans would not be able to use the House-approved bill as the base text for its own health care reform effort, which is dependent on using budget reconciliation rules for expedited consideration and a simple majority approval. For this reason, the House has not sent H.R. 1628 to the Senate for its consideration yet.

This re-vote scenario is doubtful given the original bill was projected to reduce the deficit by \$150 billion over 10 years. However, the amendment that was finalized in the final days before the May 4 vote does allow states to pursue broad waivers that add many variables and this has led to more uncertainty about the fiscal implications of the plan. For example, if CBO predicts more people will purchase health insurance (because premiums are lower due to less generous benefits and coverage), more individuals will be eligible for the AHCA’s tax credits thus increasing federal cost.

If the AHCA doesn’t meet the budget reconciliation requirements, then the House would be forced to make additional modifications and vote on the revised package. Given the complicated negotiations that led to a narrow victory previously, House leadership wants to avoid a re-vote, if possible.

Meanwhile, ACEP continued to meet with key members of the Senate this week who are engaged in developing that chamber’s version of ACA repeal and replace. Since the end of

last week, ACEP staff has discussed our Emergency Medicine Health Care Reform Principles with Sens. Lamar Alexander (R-TN), Chairman of the Senate HELP Committee; Orrin Hatch (R-UT), Chairman of the Senate Finance Committee; Cory Gardner (R-CO); Dr. Bill Cassidy (R-LA); Johnny Isakson (R-GA); Shelley Moore Capito (R-WV); Dr. John Barrasso (R-WY); John Thune (R-SD), Republican Conference Chair; and Ted Cruz (R-TX). We are also working with ACEP President Rebecca Parker, MD, FACEP, to schedule additional meetings with senators following the Memorial Day recess.

Senate Marks Up Chronic Care Legislation

The Senate Finance Committee on Thursday voted unanimously to approve the “CHRONIC Care Act” (S. 870). This legislation is intended to improve care management, coordination and outcomes for Medicare beneficiaries with chronic conditions. Among other provisions, the bill would extend the Independence at Home demonstration; provide certain flexibilities for Medicare Advantage (MA) plans; give MA plans and certain accountable care organizations (ACOs) greater flexibility to offer additional telehealth services; and expand access to telehealth for home dialysis and stroke assessments. ACEP has commented on the bill provisions, but continues to advocate for more comprehensive Medicare coverage and payment policies for telehealth services, especially for emergency departments that serve vulnerable rural and urban communities. It's unclear at this time when the bill will be considered on the Senate floor or how the House will address the matter.

Rural Emergency Acute Care Hospital Act Re-introduced

An ACEP-supported bill was introduced this week, the "Rural Emergency Acute Care Hospital (REACH) Act" (S. 1130), sponsored by Sens. Chuck Grassley (R-IA), Cory Gardner (R-CO) and Amy Klobuchar (D-MN). S. 1130 would help rural Critical Access Hospitals convert to a newly created category for "Rural Emergency Hospitals" (REHs). These hospitals would voluntarily have the option to become a REH if they eliminate all inpatient services, maintain 24-hour emergency medical care, and observation that doesn't exceed 24 hours (or one midnight), among other things. The Medicare payment structure for REHs would be 105% of reasonable costs, as opposed to the 101% of reasonable costs for CAHs.

The legislation is similar to last Congress and maintains the language that would expand the Public Health Service Corps loan forgiveness program to emergency physicians who work at an REH and remove the current financial disincentive for emergency medicine residents to do rotations at rural hospitals.

Good Samaritan Bill Reviewed by House Committee

On Wednesday, the House Energy and Commerce Health Subcommittee held a hearing to examine several public health bills. Of interest was a discussion on the ACEP-supported, bipartisan “Good Samaritan Health Professionals Act” (H.R. 1876), sponsored by Rep. Marsha Blackburn (R-TN). This legislation would shield health care professionals who volunteer during a federally-declared disaster from liability. Although the “Volunteer Protection Act” was enacted into law in 1997, it only covers providers who join nonprofits or government entities during emergencies. H.R. 1876 protects those who volunteer on their own.

The committee also discussed legislation that would help train health care professionals on how to identify and treat human trafficking victims (H.R. 767), establish a CDC registry to collect data related to the incidence of cancer in firefighters (H.R. 931), and reauthorize the CDC oral health promotion and disease prevention programs.

Hearings

On Wednesday, the House Appropriations Labor-HHS-Education Subcommittee held a [hearing](#) on biomedical research with NIH Director Dr. Francis Collins.

Also on Wednesday, the Senate Veterans Affairs Committee held a [hearing](#) on S. 23, the “Biological Implant Tracking and Veteran Safety Act.”

On Thursday, the House Ways and Means Health Subcommittee held a [hearing](#) to discuss the Medicare program with Mark Miller, Executive Director of the Medicare Payment Advisory Commission (MedPAC).



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