



Both chambers are in session next week.

June 15, 2018

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Drug Shortage Crisis: Congress and the FDA Respond

ACEP members have asked members of Congress to sign on to a [bipartisan letter urging FDA Commissioner Scott Gottlieb to convene the FDA's Drug Shortage Task Force](#) to identify the root causes of drug shortages and develop recommendations to address them. The letter for the House of Representatives closed earlier this week with 102 signatories. The Senate letter closes today, and 31 Senators have signed onto it. That means a quarter of Congress has directly responded to your advocacy! A special thanks to 911 Legislative Network members and LAC 2018 attendees who advocated on this critical issue – your dedicated advocacy efforts are making a difference!

Opioids: ALTO and POWER Acts Pass the House

Earlier this year, ACEP worked to introduce two bills that expand ways for emergency medicine to address the opioid crisis through both prevention and treatment. This week, both of these bills were voted on and passed by the full House of Representatives demonstrating the specialty's value.

[The Alternatives to Opioids \(ALTO\) in the Emergency Department Act \(H.R. 5197\)](#), introduced by Rep. Bill Pascrell (D-NJ) and Rep. David McKinley (R-WV) will provide grants to help emergency departments and hospitals implement non-opioid, evidence-based pain management protocols, based on the successful and proven ALTO program developed at St. Joseph's in Paterson, New Jersey by ACEP emergency physician Mark Rosenberg, DO, FACEP.

[The Preventing Overdoses While in Emergency Rooms \(POWER\) Act \(H.R. 5176\)](#), introduced by Rep. David McKinley (R-WV) and Rep. Michael Doyle (D-PA), provides grants to establish policies and procedures for initiating Medication-Assisted Treatment (MAT) in the emergency department, and to develop best practices to provide a "warm handoff" to appropriate community resources and providers to keep patients engaged in treatment.

House Committee Advances Labor-HHS Spending Bill

Earlier today, the House Labor-HHS-Education Appropriations Subcommittee approved its FY 2019 funding bill by voice vote. The vote broke along party lines but a recorded vote wasn't requested. Although the total amount of funding in the bill is about the same as last year (\$177 billion), it provides \$89.2 billion for HHS (\$2.4 billion more than what the White House requested) and a \$1.25 billion

increase

for

NIH.

It wasn't included in the subcommittee bill, but ACEP continues to work with more than 80 other medical, public health, and research organizations to seek to seek \$50 million in funding for CDC to conduct public health research into firearm morbidity and mortality prevention.

The full House Appropriations Committee is scheduled to consider the bill next week, although it is expected to be contentious.

Senate Committee Reviews Drug Prices

On Tuesday, the Senate Health, Education, Labor, & Pensions (HELP) held a hearing to examine President Trump's initiative to lower drug prices – "American Patients First." HHS Secretary Alex Azar was the only witness and while he indicated several drug companies were looking at making substantial reductions in drug prices, he did not say which companies were considering cuts. Secretary Azar's testimony only served to lower expectations that drug companies would soon announce price reductions.

To view the hearing, click [here](#).

Check out the latest ACEP Capital Minute

Here's a new edition of ACEP's Capital Minute for the second week of June, 2018: <https://www.youtube.com/watch?v=xv2rI0QPUY4>.



MedPAC Officially Releases Emergency Department Recommendations

On June 15, the Medicare Payment Advisory Commission (MedPAC) released its *June 2018 Report to the Congress: Medicare and the Health Care Delivery System*. As part of its mandate from Congress, each June, MedPAC reports on issues affecting Medicare. This year's report includes a chapter dedicated to the issue of payment for hospital emergency department services. It reiterates two recommendations that MedPAC had previously voted on that impact urban and rural freestanding emergency departments that are owned by hospitals (off-campus freestanding emergency departments). With respect to urban off-campus freestanding emergency departments that are open 24 hours a day, seven days a week (Type A facilities), MedPAC recommends that Congress reduce payments by 30 percent for those facilities that are within six miles of an on-campus hospital emergency department. MedPAC also recommends that Congress allow isolated rural stand-alone emergency department (more than 35 miles away from another emergency department) to bill standard outpatient prospective payment system facility fees. These rural emergency departments should also receive annual payments to assist

with fixed costs. The full MedPAC report can be found [here](#) and the emergency department chapter [here](#). It is important to note that MedPAC's recommendations are not binding and do not have to be considered by Congress.



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