



ACEP 911 Network Weekly Update June 23, 2017

Both the House and Senate will be in session next week. Both chambers will be in recess from June 30 – July 10 for the July 4th Holiday.

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ACEP Opposes Draft Senate Health Care Reform Bill

On Thursday, the draft Senate health care reform [bill](#), the “Better Care Reconciliation Act of 2017” (BCRA), was released. Unfortunately, this proposal is as bad, and in some cases, worse than the House-approved “American Health Care Act” (AHCA), which ACEP opposed. As ACEP President Rebecca Parker, MD, FACEP, stated in our [press release](#): “Without significant improvements, ACEP cannot support this bill and urges members to vote ‘no’ on the BCRA.”

We must emphasize that this document was intended to be a discussion draft to gauge support/opposition by individual Senate Republicans (as Democrats will likely be united in their opposition) and the bill must garner the support of at least 50 Republicans (tie broken by Vice President Pence). We still expect it to change based on those members’ concerns, what provisions may not qualify for inclusion (based on the reconciliation structure they are using to expedite its consideration) and how the Congressional Budget Office (CBO) projects these measures will impact health insurance coverage and cost. The CBO is expected to deliver its score of the bill early next week.

Some key provisions of BCRA include:

- Repeals most ACA taxes and delays “Cadillac tax” until 2025.
- Ends the individual and employer mandates to obtain/provide health insurance.
- Keeps protections for individuals with pre-existing conditions and allows children to stay on their parents’ health plan up to age 26.

- Adjusts the current 3:1 age-band ratio for cost of coverage to 5:1 and allows states flexibility to set their own ratio.
- Maintains ACA-level support for Medicaid expansion through 2020, phases-down federal support through 2022 and then completely ends support for the expansion populations in 2023. If states choose to continue covering the expansion population, it would be at the normal federal match rate, but the requirement that their coverage include the 10 Essential Health Benefits (EHBs), which includes emergency services, would no longer apply.
- For the regular Medicaid program, states would have to choose between per-capita reimbursement or a block grant in 2020. Beginning in 2025, the update for federal Medicaid payments would be tied to a slower rate of growth than is currently used (or that was included in the AHCA), shifting more of the financial burden to states with the expected result that states would be forced to significantly reduce benefits or the number of individuals covered.
 - Maintains ACA insurance Exchanges, but subsidy payments by the federal government to help individuals purchase health insurance would be modified. The ACA currently provides subsidies to individuals who earn between 100% - 400% of the Federal Poverty Level (FPL). BCRA would cap that coverage at 350% FPL in 2020, but allow it to cover anyone below that level who is not eligible for Medicaid. Furthermore, the plans available on the Exchanges would not be benchmarked to the Silver level plan, but to the median cost benchmark plan (effectively 58% actuarial value). BCRA also provides incentives for states to adopt their own coverage rules using an ACA (Section 1332) waiver program with an expedited approval process. While the ACA had strict conditions for these waivers, BCRA would ease these restrictions allowing states to determine coverage of EHBs, actuarial value and what is considered a “qualified health plan.”
- Provides \$2 billion to states in 2018 to help address the opioid epidemic.
- Partially eliminates the Medicaid exclusion for adults seeking care at Institutions of Mental Disease (IMD). Provides 50% Federal Medical Assistance Percentage (FMAP) payments for individuals (ages 21 to 64) receiving treatment at qualified inpatient psychiatric hospitals that does not exceed 30 consecutive days in a month or 90 days in a year. However, the state must maintain a minimum number of licensed beds and a minimum level of funding to qualify.
- Ends the federal medical loss ratio (MLR) that determines how much premium revenue insurance companies may spend on administrative services rather than patient care in 2018.
 - Allows states to make their own MLR determination.

Please stay tuned for a 911 Action Alert on Monday that will provide options for you to contact your Senators regarding the draft legislation.

ACEP Discusses Physician Resiliency with Congressional Doctors Caucus

On Friday, at the invitation of the Congressional Doctors Caucus, ACEP President Rebecca Parker discussed the reasons emergency physicians are so heavily impacted by stress and fatigue. She noted the specialty of emergency medicine is particularly vulnerable to these resiliency issues because they provide front-line medical care 24/7 to some of the sickest and neediest patients. Emergency physicians, and the entire team they work with, must contend with burdensome regulations and reporting, overcrowded conditions, high exposure to medical liability, lack of adequate resources (staffing, access to on-call specialists, etc.), shift-work and workplace violence. In addition to citing some of ACEP's efforts to help emergency physicians, Dr. Parker promoted some federal solutions as well, such as enacting liability reform generally and for EMTALA-related care specifically and seeking ways to lessen paperwork requirements so that emergency physicians could spend more time on direct patient care.



Dr. Phil Roe (R-TN), Chair of the Congressional Doctors Caucus and Dr. Rebecca Parker

ACEP Member Testifies on Ethical Responsibilities of Attorney Advertising

On Friday June 23, the House Judiciary Committee Subcommittee on the Constitution and Civil Justice held a hearing entitled "Examining Ethical Responsibilities Regarding Attorney Advertising." The hearing focused on misleading advertisements by trial lawyers that are frightening patients off their medications. Dr. Frank Peacock, MD, FACEP, FACC, Professor of Emergency Medicine and Associate Chair and Research Director of Baylor College of Medicine, submitted a written statement for the record that was extensively quoted by Judiciary Committee Chairman Goodlatte (R-VA) at the beginning of the hearing. In the statement, Dr. Peacock described his experience with a patient with atrial fibrillation who ceased taking her anticoagulant due to an alarming advertisement by an attorney. Additional information is available [here](#).

Rep. Raul Ruiz Holds Press Conference to Examine Health Reform Efforts

Emergency physician and U.S. Congressman Raul Ruiz (D-CA) hosted a "White Coat" press

conference with health care providers and House Democratic leaders outside the U.S. Capitol last Thursday, June 22. At the event, Dr. Ruiz urged his colleagues to think about how health care reform policies under consideration by this Congress impact patients. He was joined by House Minority Leader Nancy Pelosi (D-CA) Majority Whip Steny Hoyer (D-MD), Rep. Ami Bera (D-CA), a physician, and others.



Additional information can be found [here](#).



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