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Drug Shortages Task Force Convened: Thank your lawmaker today!

A big win for patients on the issue of drug shortages and how emergency physicians made it happen:

During the Hill visits at Leadership and Advocacy Conference 2018, and later by email back at home-you and your fellow ACEP members asked lawmakers to sign the ACEP-developed bipartisan letter, led by Reps. Brett Guthrie and Mike Doyle and Senators Bill Cassidy and Chris Murphy, urging the FDA to convene a task force to address ongoing, persistent drug shortages affecting emergency medicine and other specialties. The bipartisan letter was signed by 107 members of the House and 31 Senators and was clearly effective. Last week, FDA Commissioner Scott Gottlieb, MD, [announced](#) the creation of a new Drug Shortages Task Force charged with identifying and addressing the root causes of drug shortages affecting the health care system.

Members of Congress rarely hear thank you– [click here](#) to thank your lawmaker today!

House Committee Advances Emergency Preparedness Bill

On Wednesday, the House Energy and Commerce Committee approved the ACEP-supported “Pandemic and All-Hazards Preparedness and Advancing Innovation Act” (H.R. 6378) by voice vote. This marked the culmination of several months of negotiations between lawmakers, ACEP, and other stakeholders on how best to reauthorize the Pandemic and All-Hazards Preparedness Act (PAHPA) and the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR).

Several key provisions promoted by ACEP, including those advocated for by ACEP members during the 2018 Leadership and Advocacy Conference, were included in the bill, such as an emphasis on regionalized emergency preparedness and response systems, inclusion of the MISSION ZERO Act’s provisions to facilitate the use of military trauma teams in civilian trauma centers, and the addition of Good Samaritan liability protections for health care professionals who volunteer during federally-declared disasters.

In addition, H.R. 6378 contains many other measures that are important to emergency medicine, including National Disaster Medical System (NDMS) improvements, expanded public health surveillance, a study on Disaster Medical Assistance Team (DMAT) readiness capabilities, and federal funding

program enhancements, among others. The full House of Representatives is expected to consider and approve the bill next week.

The Senate Health, Education, Labor & Pensions (HELP) Committee approved its version of the emergency preparedness legislation (S. 2852) on June 18.

To read ACEP's letter of support for H.R. 6378, click [here](#).

Congressional Committees Continue Hearings on Health Care Costs

On Tuesday, the Senate HELP Committee held its second [hearing](#) on ways to reduce health care costs in the United States. The hearing focused on ways to eliminate excess health care spending while still improving quality and value for patients. Chairman Lamar Alexander (R-TN) discussed improvements in care coordination that would help eliminate "wasteful spending," which he put into two categories: spending derived from unnecessary tests and services and spending resulting from a lack of preventative care for maintenance of chronic conditions. Ranking Member Patty Murray (D-WA) focused her remarks on prescription drug costs, rising health care insurance premiums, and surprise medical bills. ACEP expects the committee to conduct at least one, if not two, more hearings on this topic.

At the conclusion of the hearing, Senator Bill Cassidy (R-LA) raised the issue of policies concerning out-of-network bills for emergency care, including how provisions like the "Greatest of Three" standard from the Affordable Care Act (ACA) could help prevent patients from being burdened by surprise bills. While the panelists did not have specific answers to Sen. Cassidy's questions, one of the witnesses, Dr. Steven Safyer, MD, indicated positive movement using a similar standard in New York.

Also on Tuesday, the House Energy and Commerce Oversight and Investigations Subcommittee held a [hearing](#) on state efforts to improve transparency of health care costs for consumers. Members of the committee discussed the difficulties and impediments consumers face in obtaining accurate cost information for health care services and drugs, especially due to geographic price variances and complex bills. Subcommittee Chairman Gregg Harper (R-MS) acknowledged that there is a delicate balance between beneficial price transparency and transparency that ultimately harms competition and consumers. Earlier this year, the subcommittee held related hearings on the 340(b) drug program and consolidation in the health care marketplace.

Emergency Physician Due Process Bill Introduced in House

Last Friday, legislation was introduced in the House of Representatives that would protect due process rights for emergency physicians if they are employed by a third-party contractor. The bipartisan bill, H.R. 6372, was introduced by Representatives Chris Collins (R-NY) and Raul Ruiz, MD (D-CA), and would preserve the ability for emergency physicians to strongly advocate for patients by avoiding the mandatory waiver of due process rights which many emergency physicians are forced to comply with as a condition of employment.

ACEP was directly involved with the drafting of the legislation, an effort that also coincides with a [letter](#) sent in June urging the Centers for Medicare and Medicaid Services to protect due process rights for emergency physicians, signed by ACEP and other leading emergency medicine groups: the American Academy of Emergency Medicine, the American College of Osteopathic Emergency Physicians, the American Osteopathic Association, the American College of Medical Toxicology, the Council of Emergency Medicine Residency Directors, the Emergency Medicine Residency Association and the Society for Academic Emergency Medicine.

Administration Continues Work on Drug Pricing

The Trump Administration continues to push forward on its efforts to address the problem of high costs

for prescription drugs, including meeting with pharmaceutical company executives and working with companies to lower the prices of certain drugs.

Also among these efforts is a proposed rule that is now awaiting final review by the Office of Management and Budget (OMB) – the final step before proposed rules are published – that calls for the removal of safe harbor protections for drug rebates paid to insurers and pharmacy benefit managers. Though narrowly focused, this policy was initially proposed as part of the Administration’s [“American Patients First”](#) blueprint that was released in May 2018.

ACEP continues to closely monitor the Administration’s work on the issue of drug prices and will provide further updates as the relevant agencies take action and issue proposals.

CMS Hosts Panels and Listening Sessions to Promote the Physician Fee Schedule and Quality Payment Program Proposed Rule

This week, CMS hosted multiple events, including a [live panel](#) on Administrator Seema Verma’s twitter page, to discuss proposed policies included in the Calendar Year (CY) 2019 Physician Fee Schedule (PFS) and Quality Payment Program (QPP) Proposed Rule. The proposed rule, which was released last Thursday, July 12, includes a number of large-scale proposals impacting Medicare physician payments, including one that would streamline documentation requirement for outpatient/office Evaluation and Management (E/M) visits and create one payment level for levels 2 through 5. The rule also proposes numerous policies that would apply to the third year of the QPP, including revising the low-volume threshold, increasing the performance threshold from 15 points to 30 points and the exceptional performance threshold from 70 points to 80 points, and creating a new “facility-based” scoring option. ACEP has produced a [summary](#) of the rule and is continuing to work on a formal response.



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