



**May 25, 2018**

Stay tuned for a special 911 Update next week with highlights from LAC18--but in the meantime, here's what else happened in DC this week...

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**Emergency Physician Testifies Before Senate Aging Committee Hearing**



On Wednesday afternoon, Charles Pattavina, MD, [testified](#) before the Senate Committee on Aging about the barriers to treating older patients struggling with prescription drug addiction. Dr. Pattavina, an ACEP member and emergency physician at St. Joseph Hospital in Bangor, ME was invited to appear before the committee by Chairman Susan Collins (R-ME).

Dr. Pattavina's testimony highlighted the unique challenges of opioid use disorders (OUD) for older patients, who are more likely to be exposed to opioids for pain treatment, as opposed to the recreational use more common in younger populations. He shared with the committee the need to remove barriers to inpatient residential treatment and medication-assisted treatment (MAT), as well as relieving the shortage of psychiatric services.

Dr. Pattavina is the third emergency physician to appear before Congress in 2018 alone on opioids, highlighting the extraordinarily active presence on Capitol Hill by emergency medicine. Earlier this year, Mark Rosenberg, DO, FACEP, testified before the House Committee on Energy and Commerce on the ALTO program and ED-initiated M.A.T., and Tim Westlake, MD, FACEP, testified before the House Judiciary Committee in a hearing titled "Challenges and Solutions in the Opioid Abuse Crisis."

### **Congressman Raul Ruiz, MD, Offers Resolution Honoring ACEP's 50th Anniversary**

On Monday, Representative Raul Ruiz, MD (D-CA) introduced [House Resolution \(H. Res.\) 906](#), congratulating ACEP on its 50th anniversary. Dr. Ruiz, currently the only emergency physician in Congress, offered the resolution to celebrate the history of ACEP and emergency medicine, recognize the accomplishments and contributions of emergency physicians throughout the country, and reaffirm the value and vital role that emergency physicians serve in ensuring the health and well-being of their patients.

### **Senate Finance Committee Releases 22 New Opioid Bills**

Also on Wednesday, the Senate Finance Committee released 22 bipartisan bills to help tackle the opioid epidemic, with specific focus on the Medicare and Medicaid programs. The bills complement similar recent efforts by the House Committee on Ways and Means, as well as the dozens of other opioid bills that have been considered by several different committees in both chambers.

The topics of the bills range from requiring CMS to issue guidance on expanding Medicaid telehealth treatment for substance use disorder (SUD), encouraging family-focused residential treatment programs for SUD, removing lifetime limits under state Medicaid programs for medication-assisted treatment (MAT), and improving communication to Medicare beneficiaries about the substance use disorders and pain management, among others.

The committee has not yet indicated when or if these bills will be officially marked up, or if they will be packaged together as part of Congress' comprehensive bipartisan, bicameral efforts to address the opioid crisis.

### **Senate Committee Advances Disaster Preparedness Bill**

On Wednesday, the Senate Health, Education, Labor, & Pensions (HELP) Committee overwhelmingly endorsed, by a vote of 22 to 1, renewing programs to respond to natural and man-made disasters. The "Pandemic and All-Hazards Preparedness and Advancing Innovation (PAHPAI) Act of 2018" (S. 2852) would make targeted improvements to the nation's medical response capabilities in response to threats that may result in a public health emergency. S. 2852 focuses on improvements to offices and programs within the PAHPA framework that was enacted in 2006 and reauthorized in 2013, including the Office of the Assistant Secretary for Preparedness and Response (ASPR), the Biomedical Advanced Research and Development Authority (BARDA), the Strategic National Stockpile, the BioShield Special Reserve Fund, and the Hospital Preparedness Program, among other things.

ACEP has been asking the committee to focus on four areas of improvement to the legislation, including: utilizing the Emergency Care Coordination Center's (ECCC's) expertise to implement PAHPAI, enhancing regionalized capabilities and responses to medical emergencies, facilitating the use of military trauma teams in civilian trauma centers (the MISSION ZERO Act), and responding to shortages of essential emergency medications (EEMs). The bill approved by the committee added MISSION ZERO as part of an amendment and does include an emphasis on regional health care emergency preparedness and response systems.

Improving the nation's disaster preparedness medical response was one of ACEP's priorities during the Leadership and Advocacy Conference Hill visits earlier this week. ACEP will continue to work with lawmakers in both the House and Senate to ensure appropriate federal support and resources are made available to strengthen the medical response capabilities needed for proper disaster preparedness.

### **CMS Releases Rule Related to Title X/Family Planning Funding**

On May 22nd, the Department of Health and Human Services (HHS) issued a [proposed rule](#) that would make changes to existing regulations related to funding for Title X services. The rule makes numerous modifications including: prohibiting family planning projects from using Title X funds to provide abortion as a method of family planning; eliminating the requirement that Title X projects provide abortion counseling and referral; and requiring physical and financial separation of Title X activities from those which are prohibited.

Under the rule, a physician may, if asked, provide a list of licensed, qualified, comprehensive health service providers (some of which also provide abortion, in addition to comprehensive prenatal care). Such information related to abortion is permitted only if a woman who is currently pregnant clearly states that she has already decided to have an abortion. The rule does not fundamentally alter the current regulations around emergency services.

Title X projects must refer patients directly to a provider of emergency medical services when such services are medically indicated.

### **ACEP Response to CMMI Request for Information on Direct Provider Contracting**

On May 24th, ACEP submitted comments on a request for information (RFI) issued by the Center for Medicare & Medicaid Innovation (CMMI) on potential direct provider contracting payment (DPC) models. CMMI is considering implementing a DPC model(s) that would allow CMS to contract directly with participating practices, such as primary care practices or larger multi-specialty groups, to establish the practice as the main source of care for beneficiaries that voluntarily elect to enroll with the practice.

Potential goals of the model(s) would be to: 1) enhance access to physicians' services for beneficiaries, 2) reduce administrative burden on providers and suppliers for billing, and/or 3) create a revenue stream (such as capitation) that would give providers and suppliers more flexibility in how and where they care for their patients.

From ACEP's review of the RFI, it appears that potential DPC models would likely exclude emergency physicians from directly participating. However, we stated in our comments that it is still important that any model be designed in a way that will ensure that emergency care is adequately covered, so that patients who experience emergencies have access to high-quality and affordable care.

We also reiterated that there are not any existing opportunities for emergency physicians to participate in alternative payment models and strongly urge CMMI to consider developing models geared towards emergency physicians.

ACEP has developed its own proposed physician-focused payment model that is currently being considered by the Physician-Focused Payment Model Technical Advisory Committee (PTAC), called the Acute Unscheduled Care Model (AUCM). We are willing and eager to discuss this model with CMMI as it continues to go through the PTAC process. Our full set of comments on the RFI is [found here](#).

**Don't miss ACEP's Gun Violence & Injury Prevention Tele-Town Hall on June 5: Register Today!**

ACEP will host a special tele-town hall on Gun Violence and Injury Prevention on June 5th from 6:00-6:30pm EST. Our special guest is Congressman Seth Moulton (D-MA) who will outline the state of Congress and progress with gun violence legislation in the 115th Congress, including H.R.3999 the Bipartisan Bump Stock Ban, and H.R. 5576 the No Fly, No Buy Bill. Congressman Moulton is eager to engage with ACEP members on solutions to gun violence that will keep our communities and families safer.

Please [Register Here](#) to participate in the live phone call. By registering, you will automatically receive a call at the number you provide at approximately 6:00 pm eastern time on Tuesday, June 5th and will be automatically connected to the tele-town hall.



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