



March 29, 2019

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We need YOU.... To advocate at LAC! Register today.

Not sure if you should come to LAC? Check out this video for more reasons why your voice makes a difference on Capitol Hill - <https://www.youtube.com/watch?v=nF5CqhjIcdM>.



If you want to make a difference or aspire to be a leader in emergency medicine, this is a must-attend conference with something for everyone. The 2019 Leadership and Advocacy Conference is May 5-8 in Washington, DC. Attendees will have many opportunities to interact with elected officials and policymakers, and network with emergency medicine's top leaders.

This conference will highlight reimbursement issues in EM and how we can work with Congress to improve the EM work environment along with combatting insurance company bad behavior and addressing patient access issues.

LAC 2019 will also bring back Wednesday's Solutions Forum, where this year we will present and discuss emergency medicine-led solutions in telemedicine and the mental health crisis.

For more information, please go to <https://www.acep.org/lac/>.

ACEP 911 Legislative Network Members Build Relationships with Freshman Lawmakers at Home

The 116th Congress includes over 100 freshman lawmakers and many of them are not familiar with ACEP or the pressing policy issues facing emergency medicine and our patients. Through the 911 Legislative Network, ACEP has a goal of meeting with all the new Members of Congress to introduce them to emergency medicine and our role in the health care delivery system and to establish a local contact in the health care space. Since January 2019, 43 of the freshman lawmakers have met with ACEP advocates at home. An additional 28 meetings are in the works and the upcoming Leadership and

Advocacy Conference in DC will provide additional opportunities to connect with these new lawmakers.

You can find additional updates from our New Member Coffees on www.twitter.com/ACEPAAdvocacy and on Facebook. If you have a New Member Coffee or ED Tour coming up, be sure to send any photos or feedback to [Jeanne Slade](#) or [Caitlin Demchuk](#) so that we may feature you as well!



Attention Back on the Affordable Care Act (Again)

Eyes are once again back on the Affordable Care Act (ACA), with a busy week of news from the courts and from the Administration.

In a surprise move, the U.S. Department of Justice announced on Monday that it would support a district court's judgment in *Texas v. United States* that ruled the entirety of the ACA unconstitutional. Monday's announcement was an unexpected reversal of the Administration's previous stance that portions of the law could stand and creates new uncertainty about the path forward.

On Tuesday, President Trump told reporters the GOP would be the "party of health care" and is asking Republican senators to come up with another ACA replacement plan. So far, the effort has received a

tepid response from Senate Republicans, with Majority Leader Mitch McConnell deferring back to the Administration to see what plan they come up with. One major sticking point – any repeal bill would have to go through the Democratic majority in the House of Representatives.

The Administration was also dealt new blows this week on efforts to implement Medicaid work requirements and expand Association Health Plans (AHPs). A federal court issued a decision on Wednesday that blocks Arkansas' and Kentucky's efforts to implement Medicaid work requirements under CMS waiver authority. Not only does this decision affect those two states, but some suggest that there are broader implications for other states seeking waivers to add work requirements to Medicaid eligibility. And on Thursday, a federal judge blocked the Administration's final rule to expand access to AHPs, ruling that the effort was deliberately designed to avoid the coverage rules of the ACA.

ACEP continues to monitor these developments, including any potential congressional action on the ACA and related effects on emergency medicine and patients seeking emergency care.

House Committee Advances Drug Pricing and ACA Protection Bills

On Wednesday, the House Energy and Commerce Health Subcommittee considered 12 bills related to drug prices and the Affordable Care Act (ACA). The first half of the mark-up focused on the six drug-pricing bills. The Subcommittee easily approved H.R. 938, which would limit first-approved generic makers' ability to delay other rivals into the market; H.R. 1520 and H.R. 1503, which would provide generic and biosimilar makers more information through FDA databases about the patents on brand name products; and H.R. 1781, which would boost advisory committee access to drug pricing and rebate data.

Republicans expressed concerns with a bill, H.R. 1499, which would ban drug makers from paying generic manufacturers to keep their products off the market for some period of time. This agreement between brand name and generic drug companies is commonly referred to as "pay-for-delay." H.R. 1499 was ultimately approved by voice vote after consideration of several amendments. Another contentious bill, H.R. 965, which would penalize brand-name drug manufacturers for withholding sample products from generic makers (citing safety concerns), was also modified and eventually approved by voice vote.

The latter half of the mark-up relating to the ACA was more contentious, although all six of those bills were ultimately approved (mostly along party-lines). H.R. 1385 would provide \$200 million annually for state-based marketplaces; H.R. 1386 would provide \$100 million to the federal navigator program; H.R. 987 would restore ACA outreach and enrollment funding cut by the Trump Administration; H.R. 986 would revoke the Section 1332 [state innovation waiver] guidance issued by the Trump Administration on October 2018 that could potentially weaken pre-existing condition and essential health benefit protections; and H.R. 1010 would reverse the Administration's expansion of short-term health plans. The final bill, H.R. 1425, would provide \$10 billion annually to states, with the option for states to establish a state reinsurance program or to provide financial assistance for individuals enrolled in qualified health plans by reducing their out-of-pocket costs. It would also require CMS to establish and implement a reinsurance program in states that do not apply for federal funding.

CMS Releases Results from the First Year of the Quality Payment Program

Last week, the Centers for Medicare & Medicaid Services (CMS) released [results](#) from the first year (2017) of the Quality Payment Program (QPP), the major Medicare quality reporting program for physicians. There is also an accompanying [appendix](#) that provides more details.

The QPP includes two tracks: The Merit-based Incentive Payment System (MIPS) and Advanced alternative payment models (APMs). The majority of physicians participate in the first track, MIPS. In 2017, over a million clinicians participated in MIPS, and over 90 percent received a bonus. While the vast majority of clinicians received a bonus (and thus avoided a penalty) the first year, it's important to note that 2017 was "Pick your Pace." In other words, physicians could avoid a penalty by simply reporting on one quality measure on one patient for the entire year. In 2018, the cutoff to avoid a penalty was raised significantly, and this year even more.

With respect to participation in the other QPP track, Advanced APMs, less than 1 in 10 clinicians qualified for this option in 2017. That number may even drop this year since the minimum participation thresholds for the Advanced APM track have increased.

To find out more information about how the QPP and MIPS affect you as emergency physicians, please visit ACEP's website at: <https://www.acep.org/administration/quality/mips/>.



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