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Capital Minute

Here's a new edition of ACEP's Capital Minute <https://youtu.be/yLi9Dgwum5U> or click on the blue box below to view.



ACEP President Vidor Friedman Visits Capitol Hill

On Tuesday, as part of ACEP's Leader Visit Program, ACEP President Vidor Friedman, MD, FACEP, and ACEP Executive Director Dean Wilkerson met with legislators on Capitol Hill to address ongoing discussions on out of network billing and other issues critical to emergency medicine, including drug shortages and access to emergency care. Dr. Friedman met with Senator Bill Cassidy of Louisiana, Representative Raul Ruiz, MD, of California, and Representative Richard Hudson of North Carolina, to share ACEP's message. Throughout the busy day on the Hill, Dr. Friedman and Mr. Wilkerson also spoke with Representatives Kenny Marchant (R-TX), Brett Guthrie (R-KY), Gus Bilirakis (R-FL), and Bill Flores (R-TX).



Sen. Bill Cassidy, MD

The discussion with Sen. Cassidy was positive and focused largely on the Senate Bipartisan Price Transparency Working Group's continued efforts to address out of network billing and patients' surprise lack of insurance coverage. ACEP has been actively engaged with Sen. Cassidy's office on this issue over the past several months and continues to work closely with the Senator and his staff to advocate on behalf of emergency physicians, especially as legislation on this matter is expected from the Senate in the very near future.



Rep. Raul Ruiz, MD

ACEP's Leader Visit Program is an integral part of ACEP's comprehensive federal advocacy strategy, directly connecting emergency physician leaders with legislators and staff on key issues throughout the year.



Rep. Richard Hudson

Senate Clears Bipartisan Medicaid Extenders Package, Bill Awaits President's Signature

On Thursday, the Senate cleared a bipartisan package of Medicaid-related provisions that had passed the House of Representatives last week. The House and Senate had attempted to resolve their differences on these bills late last year, but were unable to complete the process before the end of the 116th Congress.

The bill makes appropriations for the "Money Follows the Person Rebalancing Demonstration Program" that helps state Medicaid programs transition elderly individuals and those with disabilities or chronic health issues back into their own homes and communities, includes a three-month extension of spousal impoverishment rules related to Medicaid eligibility, and reduces the federal medical assistance percentage (FMAP) for states that have not yet implemented asset-verification programs for determining eligibility.

Partial Shutdown Continues with No End in Sight

As the partial federal government shutdown enters its 28th day, there is still no clear path toward any resolution and no indication that it will be resolved any time soon. Both sides appear dug in, with the President refusing to budge until explicit border wall funding is included in an appropriations deal, and Democrats refusing to budge on their opposition to the wall.

The shutdown is now the longest in U.S. history, and this week several agencies have begun recalling thousands of furloughed workers to work without pay to carry out essential duties, such as Food and Drug Administration (FDA) food safety inspection efforts, Transportation Security Administration (TSA) security services, and Internal Revenue Service (IRS) tax processing duties as tax filing season approaches.

Both the House and Senate cancelled their planned District Work Periods for the week of January 21, instead remaining in session as the shutdown drags on. ACEP will continue to update members on this issue as information becomes available.

CMS Releases Proposed Notice on ACA Exchanges for 2020

On Thursday, the Centers for Medicare & Medicaid Services issued the proposed annual [Notice of Benefit and Payment Parameters](#) for the 2020 benefit year. This rule proposes regulatory and

financial parameters that affect qualified health plans (QHPs) on the Affordable Care Act (ACA) Exchanges, plans in the individual, small group, and large group markets, and self-funded group health plans.

The rule does not propose any major regulatory changes. Rather, the changes proposed in the rule are targeted to further the Administration's goals of lowering premiums, enhancing the consumer experience, increasing market stability, and reducing regulatory burdens. Of note, there is a request for comments related to price transparency. CMS is exploring ways to improve consumers' access to information about health care costs, including requiring health insurers to disclose a consumer's anticipated costs for particular services upon request within a certain timeframe.

ACEP will respond to the proposed notice in the next few weeks.

CMS Announces New Model to Lower Drug Prices in Medicare Part D and Updates to Existing Model for Medicare Advantage (Part C)

On Friday, the CMS Innovation Center (CMMI) announced a new payment model and made significant changes to a current model. The model for Medicare Advantage plans is an update to the Medicare Advantage (MA) Value-Based Insurance Design or "VBID" model that CMS first launched in 2017. The model for Part D plans is called the Part D Payment Modernization model. These are both voluntary models— meaning certain Medicare Advantage and Part D plans can choose to participate, and patients can choose to enroll in participating plans.

One of the major changes to the MA VBID model is that starting in 2020, participating plans may propose using telehealth services in lieu of in-person visits to meet network adequacy requirements. Organizations must ensure that patient choice is preserved and that patient access to an in-person visit, if that is the patient's preference and choice, is maintained. CMMI expects that this will provide MA plans with an opportunity to enter into underserved markets, including rural areas where there may be few to no MA plan choices.

The Part D Payment Modernization model, which would begin in 2020, would test the impact of a modernized Part D payment structure that creates new incentives for plans, patients, and providers to choose drugs with lower list prices.

For more information on the MA VBID Model click [here](#).

For more information on the Part D Payment Modernization Model click [here](#).



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