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ACEP Witness Testifies Before Congress on Opioid Proposals

Yesterday, ACEP Board member Mark Rosenberg, DO, MBA, FACEP, FAAHPM, testified before the House Energy and Commerce Health Subcommittee about combatting the nation's opioid epidemic. Dr. Rosenberg participated on behalf of ACEP in a two-day hearing entitled: "Combating the Opioid Crisis: Prevention and Public Health Solutions." He specifically urged lawmakers to support two innovative emergency department programs to help slow this epidemic – the "Alternatives to Opioids (ALTO) in the Emergency Department Act" (H.R. 5197) and the "Preventing Overdoses While in Emergency Rooms (POWER) Act" (H.R. 5176) – both of which ACEP helped draft.



H.R. 5197, sponsored by Reps. Bill Pascrell (D-NJ), David McKinley (R-WV), Diana DeGette (D-CO), and Scott Tipton (R-CO), would provide \$30 million over three years to help establish a demonstration program to test alternative pain management protocols to limit the use of opioids in the ED. The Senate companion bill (S. 2516) was introduced by Sens. Cory Booker (D-NJ), Shelley Moore Capito (R-WV), Mike Bennet (D-CO), and Cory Gardner (R-CO).

H.R. 5176, sponsored by Reps. David McKinley (R-WV) and Mike Doyle (D-PA) would provide \$50 million over five years to establish policies and procedures for initiating Medication-Assisted Treatment (MAT) in the ED. One of the key elements of this program would be the requirement that the health care site have agreements in place with a sufficient number of community providers to ensure the “warm hand-off” from the ED can be established. The Senate companion bill (S.2610) was introduced yesterday by Sens. Shelley Moore Capito (R-WV) and Chris Murphy (D-CT).

ACEP will continue to work with lawmakers to ensure these two bills are incorporated into legislation being developed by Congress, the “Comprehensive Addiction and Recovery Act 2.0,” which is expected to be advanced this spring. To view the hearing, click [here](#).

Congress Clears Omnibus Spending Bill

This week, Congress approved a \$1.3 trillion, 2,200-plus page spending bill to fund federal agencies and programs for the remainder of fiscal year (FY) 2018, which ends on Sept. 30. The House passed the bill (H.R. 1625) yesterday afternoon by a

vote of 256 to 167 and the Senate cleared it early this morning by a vote of 65 to 32.

The omnibus appropriations package includes a \$3 billion increase for the National Institutes of Health (NIH), bringing its budget to \$37 billion for FY18; a \$10 billion increase for the Department of Health and Human Services (HHS), for a total of \$78 billion in FY 18; and \$4 billion to address the opioid epidemic. As part of the new opioid funding, \$1 billion is designated for treatment and prevention grants to states and tribal groups, \$476 million to the Centers for Disease Control and Prevention (CDC) for opioid overdose monitoring, and \$500 million to NIH for research on addiction support. In addition, lawmakers allocated \$1.5 billion for mental health programs at the Substance Abuse and Mental Health Services Administration (SAMHSA), \$185 million of which would go to increase funding for opioid programs.

Among the measures that were left out of the omnibus bill was a proposal to stabilize the health care exchanges through funding for Cost Sharing Reduction (CSR) payments and reinsurance pools. These programs were intended to address potential rate hikes and disruptions to the markets due to the repeal of the ACA's individual mandate that was included in the tax reform bill enacted last year. However, the deal collapsed over efforts to expand the scope of the Hyde Amendment, which bars federal funds from being used for abortion services.

ACEP Comments on MACRA Implementation

ACEP submitted a written statement for the record in response to a hearing before the House Ways and Means Health Subcommittee called "Implementation of MACRA's Physician Payment Policies." The hearing, which featured Demetrios Kouzoukas and Kate Goodrich from the Centers for Medicare & Medicaid Services (CMS) as witnesses, took place on Wednesday. In ACEP's written statement, we lay out some issues that our members are dealing with participating in the Merit-based Incentive Payment System (MIPS), including understanding all the reporting requirements related to the Advancing Care Information category of MIPS. Furthermore, we highlight key policies that we hope CMS will address in the next round of rulemaking on the program. Finally, we note that there are limited opportunities for emergency physicians to meaningfully participate in Advanced Alternative Payment Models (APMs) in order to receive a five percent bonus under MACRA. Under current law, the bonus expires in 2024 (based on participation in an Advanced APM in 2022). We therefore urge Congress to think about ways to continue incentivizing our physicians to join Advanced APMs beyond 2024. Our full written statement is found [here](#).

New Advocacy Sessions Announced for LAC18. Register Now: May 20-23, 2018 in Washington, DC!

The Leadership & Advocacy Conference will celebrate emergency medicine’s accomplishments and attendees will advocate for improvements in the practice environment for our specialty and access for our patients. First-timers will receive special training on how to meet and educate your Members of Congress while seasoned participants will build upon valuable Congressional connections.

Confirmed Speakers Include:

- HHS Assistant Secretary for Preparedness and Response Bill Kadlec, MD will be presenting during the Public Policy Town Hall on Emergency Preparedness.
- Dr. David K. Rehr from George Mason University will address “How to Effectively Communicate with Legislators and Staff.”
- Amy Walter, National Editor for The Cook Political Report, will offer her predictions for the mid-term elections.
- Senator Bill Cassidy, MD (R-LA)
- Representative Kyrsten Sinema (D-AZ)

To register or for more information, click [here](#).

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