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Congress Breaks for April Recess

Both the House and Senate are headed back to their respective districts and states for a two-week district work period, with the legislative calendar set to resume on April 29.

The chambers recessed with little fanfare compared to previous long breaks, with several significant priorities faltering this week. House Democrats had sought to pass a two-year budget deal that would raise budget caps and prevent automatic cuts of \$126 billion that are set for the beginning of the new fiscal year on October 1, 2019, but the Majority was unable to garner enough support. Both the House and Senate have begun negotiations to raise the budget caps, but President Trump has indicated he is inclined to let the cuts take effect, leaving a potential compromise in doubt.

Meanwhile, the Senate failed to pass a disaster aid bill that would provide assistance to Puerto Rico and parts of the Midwest and Southeast that have been ravaged by storms in recent months. Negotiations are expected to continue during the recess, but the breakdown reflects the heightened tensions in the Senate as Republicans and Democrats are increasingly at odds on bills that have been traditionally more bipartisan efforts.

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 preventing and stopping 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 Submits Comments to Congressional Telehealth Caucus

Last week, ACEP submitted a response to a request for information (RFI) from the bipartisan Congressional Telehealth Caucus, offering the perspective of emergency telehealth and providing several recommendations for upcoming telehealth legislation.

In the response, ACEP pointed to several specific points that the legislation should include:

- 1) Modify Section 1834(m) of the Social Security Act to include emergency medical services;
- 2) Provide funding for telehealth research in emergency medicine;
- 3) Provide assistance to encourage adoption of telehealth services and ensure appropriate reimbursement for emergency telehealth; and
- 4) Use real-world examples of successful emergency telehealth models to inform legislation and promote greater uptake.

The bipartisan caucus intends to use the responses to build upon some of the successful efforts that were included in 2018's Bipartisan Budget Act agreement, including ACEP-supported provisions that removed restrictions on geographic location and originating site restrictions for the purpose of stroke telehealth services. In the meantime, ACEP continues working to advance emergency telehealth services at the federal level and will update members on the efforts of the Congressional Telehealth Caucus.

To read the response, [click here](#).

CMS Expands the Use of Telehealth in Medicare Advantage Plans

Last Friday, April 5, CMS released a final regulation that makes policy and technical changes to Medicare Advantage, the Medicare Part D Program, Programs for All-Inclusive Care for the Elderly (PACE), Medicaid fee-for-service, and Medicaid Managed Care Programs. Notably, the rule allows Medicare Advantage plans to offer telehealth services as a basic benefit to their enrollees. The rule waives many of the telehealth restrictions that currently exist under traditional Medicare, so that Medicare Advantage beneficiaries can receive these services in both rural and urban areas and from places like their homes, rather than being required to go to a healthcare facility.

Other policies included in the rule are:

- Improving the Medicare Advantage and Medicare Part D Star Ratings methodology to enhance stability and predictability for plans, and adjust how the ratings are set in the event of extreme and uncontrollable events such as hurricanes;
- Improving the quality of care for beneficiaries dually eligible for Medicare and Medicaid who participate in Dual Eligible Special Needs Plans (D-SNPs);
- Creating one appeals process across Medicare and Medicaid; and
- Requiring plans to more seamlessly integrate Medicare and Medicaid benefits across the two programs.

NEMPAC in Action

The 2018 mid-term elections were record breaking in turnout and campaign dollars raised and spent. ACEP's political action committee, the National Emergency Medicine PAC was right there in the action, making the collective voice of emergency medicine stronger in the process.

[Click here](#) to view the NEMPAC 2018 Election Cycle Report to see all that we have accomplished and the ACEP members who stepped up to the plate to help.

Please consider getting involved today to continue NEMPAC's success and make an even greater impact for the future of our specialty. [Click here](#) to donate and find out more.



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