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Capital Minute

Here's a new edition of ACEP's Capital Minute for the second week of December, 2018
<https://www.youtube.com/watch?v=He5a0V7R-yg> or click on the blue box below to view.



Senate Honors ACEP's 50 Years of Service

On Tuesday, the U.S. Senate unanimously approved a resolution (S.Res. 723) commemorating the 50th Anniversary of ACEP, acknowledging the important role and value of emergency physicians in the health care system, and reaffirming their accomplishments, contributions, and service. The resolution was sponsored by Sens. Jack Reed (R-RI) and Bill Cassidy (R-LA). A companion resolution was introduced in the House earlier this year by Dr. Raul Ruiz (D-CA) and Rep. Brad Wenstrup (R-OH). This legislative acknowledgment by the U.S. Congress caps a year-long celebration by ACEP to honor five decades of service by emergency physicians.

Congress Sends Sickle Cell Disease (SCD) Bill to President

Also Tuesday, the U.S. House of Representatives approved the ACEP-supported "Sickle Cell Disease and Other Heritable Blood Disorders Research, Surveillance, Prevention, and Treatment Act of 2018" (S. 2465) by voice vote. This bipartisan legislation, sponsored by Sens. Tim Scott (R-SC) and Cory Booker (D-NJ), helps collect data on the prevalence and distribution of patients with SCD and other blood disorders, as well as reauthorizes a demonstration program to improve the prevention and treatment of SCD. The Senate already approved the bill in October so it was sent to the President for his signature into law.

A similar bill (H.R. 2410) in the House was sponsored by Reps. Danny Davis (D-IL) and Mike Burgess (R-TX).

Senate Approves Emergency Medical Services for Children (EMSC) Bill

This week, the U.S. Senate approved by voice vote the ACEP-supported "Emergency Medical Services for Children Program Reauthorization Act of 2018" (S. 3482), sponsored by Sens. Bob Casey (D-PA), Orrin Hatch (R-UT), and Brian Schatz (D-HI). EMSC is a program operated by HHS' Health Resources and Services Administration (HRSA) that provides competitive demonstration grants or cooperative agreements to state governments and medical schools with the aim of reducing child and youth mortality and morbidity resulting from severe illness or trauma. The bill would extend the program for an additional five years beginning in fiscal year 2020. S. 3482 has been sent to the House, but it is uncertain whether the House will consider the bill with only a few legislative days remaining in the current session. The House companion legislation (H.R. 6748) was introduced in September by Reps. Peter King (R-NY), Kathy Castor (D-FL), Chris Stewart (R-UT), and G.K. Butterfield (D-NC).

House Conducts Oversight Hearing on Data Blocking

Earlier this week, the House Energy and Commerce Health Subcommittee held a hearing on the implementation of the 21st Century Cures Act. Donald Rucker, MD, head of the HHS Office of the National Coordinator (ONC) for Health Information Technology, and an emergency physician, was the only witness. Much of the discussion during the hearing focused on the ACEP-supported ban on data blocking that was included in the law. ONC was tasked with defining what constitutes information blocking and outlining reasonable safe harbors where information may not be transmitted. However, there can be no enforcement of the ban on data blocking until the definition and safe harbors have been established through regulation. The regulations have been under review at the White House Office of Management and Budget (OMB) for over a year and Dr. Rucker had no insight as to when they may be released.

To view the hearing, click [here](#).

Meeting the New Members of the 116th Congress

ACEP is mounting an aggressive push throughout the next two months to meet as many of the new members as possible before or just after they are sworn in. Although we supported quite a few in their election bids, there may be more than 100 new members coming to Congress. We will be setting up local meetings between ACEP 911 Network members and the new members 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. The meetings will most likely be 30 minutes or less and we will provide [tips for hosting](#) ACEP members as well as a [fact sheet](#) for the new member. If you live or work in a congressional district of a new member of congress and are interested in hosting or participating in one of these meetings, please contact [Jeanne Slade](#) or [Caitlin Demchuk](#) in the ACEP Washington DC office for more details.

ACEP Responds to Department of Homeland Security "Public Charge" Proposed Rule

On December 10, ACEP responded to a proposed rule issued by the Department of Homeland Security (DHS) that would implement new restrictions for some legal immigrants to obtain green

cards if they have been dependent on public benefits such as food stamps, public housing, Medicare Part D low-income subsidies (LIS), or non-emergency Medicaid.

In line with the [public statement](#) ACEP released immediately following the release of the rule, ACEP asks DHS in our formal regulatory comments to **rescind** the rule. ACEP believes that if finalized, the rule would cause rampant fear and confusion, causing millions of Americans to disenroll from essential programs and stop receiving benefits for which they are eligible. The loss of Medicaid coverage especially would result in poorer health and health outcomes for affected individuals. It also could drive up ED use, uncompensated care costs, maternal and infant health risks, and transmission of infectious diseases. Simply put, we believe that it is a dangerous proposed policy that would have adverse effects for all in our country.

ACEP's full response to the rule can be found [here](#).

ACEP Responds to FCC Request for Comments on the Implementation of the National Suicide Hotline Improvement Act of 2018

On December 10, ACEP responded to a request for comments from the Federal Communications Commission (FCC) related to the National Suicide Hotline Improvement Act of 2018. This Act requires the FCC to conduct a study that examines the feasibility of designating a simple, easy-to-remember, 3-digit dialing code (such as an N11 code) that would be used for a national suicide prevention and mental health crisis hotline system.

ACEP supports the creation of a new 3-digit dialing code for mental health emergencies, as it would improve access to appropriate care and could reduce the prevalence of psychiatric boarding. However, we believe that in addition to the new number, there must be adequate resources and services in the community that can provide feasible and safe alternatives to patients seeking care in the ED.

ACEP's full response to the rule can be found [here](#).

HRSA Issues a Report on the Behavioral Health Workforce

On December 10, the Health Resources & Services Administration (HRSA) issued a [report](#) that includes nation-wide behavioral health workforce estimates for a variety of associated occupations for 2016 through 2030. HRSA stated that this analysis of the behavioral health care workforce was essential to combatting the ongoing opioid crisis and noted that these findings aim to provide information on trends within the mental health and substance use disorder provider workforce.

In the report, HRSA emphasizes that certain areas of the country have few or no behavioral health providers available and the shortage of a qualified behavioral health workforce is exacerbated by high turnover rates, a lack of professionals, aging workers, and low compensation. HRSA also states that it is important to align efforts to build the behavioral health workforce with other work to address social determinants of health and improve delivery of mental health and substance abuse treatments services. Finally, HRSA explains that the following factors could help increase access to behavioral health services: (1) the use of health information technology; (2) elevation of prevention and recovery-oriented systems; (3) strengthening the quality of care and services delivered; (4) easing administrative burdens for physicians; (5) facilitating shifts in health care delivery models towards team-based care; (6) fully embracing telemedicine modalities; and (7) focusing attention on the value of using peers and paraprofessionals in behavioral health care delivery.

HHS Releases Request for Information on HIPAA

On December 12, the Office of Civil Rights (OCR) for the Department of Health and Human Services (HHS) released a request for information (RFI) on how the current Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules may impede the transformation to coordinated,

value-based health care. HHS asks for comments on how the rules could be revised to promote these goals, while preserving and protecting the privacy and security of such information and individuals' rights with respect to it. In addition to requesting broad input on the HIPAA rules, the RFI has a specific focus on the HIPAA Privacy Rule, including:

- Encouraging information-sharing for treatment and care coordination;
- Facilitating parental involvement in care;
- Addressing the opioid crisis and serious mental illness;
- Accounting for disclosures of PHI for treatment, payment, and health care operations (TPO) as required by the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 (HITECH Act); and
- Changing the current requirement for certain providers to make a good faith effort to obtain an acknowledgment of receipt of the Notice of Privacy Practices.

ACEP will be drafting a response to this RFI over the next several weeks.

ACEP Responds to FDA Request for Input on the Community Use of Naloxone

On December 14, ACEP responded to a request for input from the Food and Drug Administration (FDA) on appropriate strategies to increase the availability of naloxone products intended for use in the community. ACEP strongly supports the wide utilization of naloxone, and in our comments, we emphasize our positions on a number of important issues: 1) guidelines for prescribing naloxone; 2) education and training; and 3) cost.

ACEP's full response can be found [here](#).



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