The Senate returns Monday to a shortened work week, while the House has begun a weeklong recess. Both chambers return the week of Sept. 25 with a long to-do list. Funding for the CHIP expires Sept. 30 (see below). Health insurers finalize contracts to offer policies on the federal exchanges on Sept. 27, and Senate Health, Education, Labor and Pensions Committee leaders want to advance legislation to stabilize the individual insurance market before then. The week of Sept. 25 is also when an outline of a tax overhaul plan is expected to be released.

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Children’s Health Insurance Program to Be Extended
On Tuesday evening, Senate Finance Committee Chairman Orrin Hatch (R-UT) and Ranking Member Ron Wyden (D-OR) announced an agreement on a five-year extension of the Children’s Health Insurance Program (CHIP), though full details of the deal remain scarce. With the program facing a funding deadline of September 30, the deal is welcome news for states, program administrators, and the 9 million children who depend on this coverage. Legislative text has not yet been released, but the proposal is expected to maintain the 23 percent increase in the federal matching rate that was provided under the Affordable Care Act for an additional two years, phasing it down for 2020, and finally fully eliminating the increase in 2021. However, committee leaders and GOP leadership in the House of Representatives have not indicated if they support this approach. Other unanswered questions remain as to how the bill will be paid for and what other expiring programs may be attached to the legislation to be extended along with CHIP.

ACEP Meets with Lawmakers to Discuss VA Issues
As part of ACEP’s continuing Leader Visit Program, Dr. Chad Kessler participated in several meetings with lawmakers on Wednesday to educate them about issues affecting the delivery of emergency medical care at VA facilities. In addition to thanking these Members of Congress for their work last year to enact flexible scheduling rules for VHA emergency physicians, Dr. Kessler and ACEP staff discussed the idea of establishing several centers of excellence within the VHA to promote emergency medicine research and improve clinical
outcomes. The meetings were with members and staff of the House and Senate Veterans’ Affairs Committees.

ACEP Weighs in On Medicare Proposed Physician Fee Schedule
On Monday, ACEP submitted extensive comments responding to the Centers for Medicare & Medicaid Services (CMS) proposed regulation for the CY 2018 Physician Fee Schedule, which once finalized sets payment rates and other policies for the coming year for the Medicare Part B program. This year’s rule had several items of note for the emergency medicine profession:

• Potential changes to streamline E/M documentation requirements for history & physical – as part of Secretary Price’s efforts to reduce administrative burdens for physicians, CMS is considering simplifying or even removing these requirements.

• Emergency medicine E/M codes proposed as potentially misvalued

• A reduction in the number of measures required to be reported on for 2016 PQRS, in order to help more physicians who had been unable to meet the requirements avoid a penalty in 2018.

• An additional year’s delay and further details on what will be a requirement for ordering physicians of advanced imaging to first consult appropriate use criteria. AUC program for advanced imaging—ACEP once again called for the exemption to this requirement for emergency medical conditions to be clarified and strengthened by CMS to align with what Congress had intended for the program.

Senate Works on Plan to Stabilize Individual Insurance Market
The chairman, Sen. Lamar Alexander (R-TN), and ranking member, Sen. Patty Murray (D-
WA), of the Senate Health, Education, Labor, and Pensions (HELP) Committee are working to draft legislation intended to stabilize the individual insurance market, at least temporarily. This effort follows the four hearings the committee has conducted over the past two weeks with insurance commissioners, governors, policy specialists, and health systems to identify tools that will help provide certainty before the Sept. 27 deadline when insurers must decide whether they will participate in the ACA markets next year. The main provisions being negotiated include guaranteed Cost Sharing Reduction (CSR) payments for two years, creating an option for individuals to purchase catastrophic coverage only, and provide additional flexibility for states to pursue Section 1332 waivers (established in the Affordable Care Act). Sen. Alexander has insisted on structural changes to the ACA that would give states greater flexibility to redesign their markets, but Democrats have warned they won’t support any changes that would dismantle the ACA’s key protections. The Section 1332 waivers require states to ensure their ACA plans meet the same federal benefit, actuarial value and out-of-pocket cost standards, as well as cover a comparable number of enrollees at roughly the same cost.

Senators Introduce Another Bill to Repeal ACA
On Wednesday, Sens. Bill Cassidy (R-LA), Linsey Graham (R-SC), and Dean Heller (R-NV) introduced a new ACA repeal bill. The legislation would repeal the individual and employer coverage purchase mandates, as well as the medical device tax, but keep the other taxes established in the ACA. It would also provide states with block grants instead of the ACA tax credits, Medicaid expansion and cost-sharing payments. The Senate parliamentarian has ruled that if the Senate wants to pursue ACA repeal under the budget reconciliation process (the only way to be able to pass repeal with a simple majority of 51, rather than 60, votes), it must do so by the end of the month. It’s unclear if the Congressional Budget Office (CBO) would even have enough time to “score” the bill by this deadline. Already, some conservative Republicans have expressed concern that this proposal doesn’t do enough to repeal the ACA taxes or undo the law. Senate Majority Leader Mitch McConnell (R-KY) has not indicated whether he will pursue the Cassidy-Graham-Heller bill, the (yet to be drafted) bi-partisan proposal by Sens. Alexander and Murray (see story above), or either before the Sept. 30 deadline.

Senator Introduces Single-Payer Bill
Also on Wednesday, Sen. Bernie Sanders (I-VT) introduced legislation that would transform Medicare into a universal health insurance program. The “Medicare for All” proposal, which already has 16 Senate Democrat co-sponsors, would replace nearly all private health insurance plans with a government-run version of Medicare that would guarantee coverage to every American. The bill would grant individuals benefits ranging from surgery to prescription drugs and eliminate all co-payments, relying instead on tax increases to fund the trillions of dollars needed to support the program. It also would not completely eliminate private health insurance (primarily left to cover elective procedures not covered by the government), but it would drastically shrink this system that currently covers more than 170 million Americans through their employers or on the individual market.

House Approves Final FY 2018 Appropriations Bills
On Thursday, the House of Representatives passed a $1.2 trillion spending package for fiscal
year (FY) 2018 that included all twelve annual appropriations bills. The package included four appropriations bills passed earlier this year and eight new bills, with a total of more than 450 amendments considered on the floor throughout the process. House leaders celebrated the achievement with great fanfare, but the package faces certain rejection in the Senate, rendering the effort little more than a theoretical exercise. Additionally, the House has not yet passed a budget and would be required to address the spending caps put in place through sequestration. In reality, Congress will most likely be forced to pass another temporary Continuing Resolution this December to fund the government beyond December 8, 2017.

**Mark-Ups**

On Wednesday, the House Energy and Commerce Health Subcommittee considered and approved several health care-related bills, including: “Furthering Access to Stroke Telemedicine (FAST) Act” (HR 1148); “Steve Gleason Enduring Voices Act” (HR 2465); “Prostate Cancer Misdiagnosis Elimination Act” (HR 2557); a bill “to reduce the volume of future electronic health record-related significant hardship requests” (HR 3120); “Medicare Civil and Criminal Penalties Act” (HR 3245); a bill “to extend the Medicare Independence at Home Medical Practice Demonstration program” (HR 3263); and “Protecting Access to Diabetes Supplies Act” (HR 3271).

HR 1148, the “FAST Act,” would expand the ability of patients presenting at hospitals or at mobile stroke units to receive a Medicare reimbursed neurological consult via telemedicine (currently limited to rural areas). HR 3120 amends the HITECH Act in order to remove a provision that requires the Secretary of HHS to continue to make meaningful use standards more stringent over time. HR 3120 updates both civil and criminal penalties in the Medicare program to combat fraud.

Also on Wednesday, the House Ways and Means Committee held a markup that included legislation to improve Medicare programs and policies, including: the “Stark Administrative Simplification Act of 2017” (HR 3726); the “Comprehensive Operations, Sustainability, and Transport Act of 2017” (HR 3729); and legislation to include additional telehealth services under Medicare Advantage plans (HR 3727). HR 3729, the “COST Act,” extends the ambulance add-on payments to help benefit urban, rural, and super-rural ambulance services. All bills were approved by the committee.

**Rep. Anthony Brown Visits Local Emergency Department**

Congressman Anthony Brown, a freshman member of congress from MD-04, visited Prince Georges Hospital Center on September 8, hosted by ACEP member Dr. Laura Pimentel. Also in the group were the congressman’s chief of staff and two other MD ACEP members, Dr. Brandon Cole and Dr. Doug Mayo. The visit was arranged by ACEP as part of our ongoing 911 Network “ED Visit Program,” which seeks to educate lawmakers about the challenges faced by ACEP members in delivering emergency care to their constituents. For more information, contact Jeanne Slade in the ACEP Washington DC Office.
Advocate for Emergency Medicine at “White Coat Day” on Nov. 1
during ACEP 17

Take advantage of the opportunity to follow up with your legislators since attending the ACEP Leadership and Advocacy Conference in March or start a dialogue with your federal legislators on issues of importance to emergency medicine and patients.

We will start the day with an Advocacy Briefing session and shuttle buses will take
participants directly to Capitol Hill. Transportation back to the hotel is on your own. ACEP staff will schedule your Hill visits in advance with the assistance of Soapbox Consulting. Participants will be matched by your home address to your U.S. Representative and two U.S. Senators. All participants will attend meetings in groups and all members from the same state will meet with their U.S. Senators together. Participants will receive their schedule at the training and will be provided with briefing materials to “leave behind” with legislators and their staff. The materials will highlight the specialty of emergency medicine and issues of concern currently pending in Congress.

• **8:00 am - 9:30 am** - Breakfast with a key Congressional speaker (will be announced soon) and advocacy training

• **9:30 am** - Buses depart to Capitol Hill. Once on the Hill, a group photo will be taken on the lawn of the Capitol. Please bring your white coat for the photo and to wear on your visits.
  • **10:00 am - 3:00 pm** - Hill Visits with Members of Congress.

Although the event is free we are asking participants to register in advance.

Participants can add the White Coat Day to their schedule when they register for ACEP17, or you can log back in to update an existing schedule if already registered. (White Coat Day is located under the Special Events section of the registration site)

You can also attend White Coat Day on Capitol Hill if you are not registered for ACEP17 by signing up here.

More information is also available on the ACEP Advocacy Page.

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