June 29, 2018

Both chambers will be in recess next week for the July 4th holiday.

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Check out the latest ACEP Capital Minute
Here's a new edition of ACEP's Capital Minute for the last week of June, 2018: https://www.youtube.com/watch?v=qaEjteA0RsE.

ACEP President-Elect Resigns; Interim Chosen
In an election run by the Council officers in accordance with the College Bylaws and Council Standing Rules, the ACEP Board selected Vidor E. Friedman, MD, FACEP, on Thursday to serve as President-Elect. Dr. John Rogers resigned his President-Elect position on Tuesday, despite the Board's attempts to refuse his resignation. The ACEP Council will have the option to ratify this decision at their 2018 annual meeting, or they can have a new election for a new immediate President.

House Committee Considers Emergency Preparedness Legislation
On Wednesday, the House Energy and Commerce Health Subcommittee marked-up its latest draft to reauthorize the Pandemic and All-Hazards Preparedness Act (PAHPA). Development of the bill has been

led by Reps. Susan Brooks (R-IN) and Anna Eshoo (D-CA). The amended bill was approved by voice vote and we expect the full Energy and Commerce Committee to consider the legislation next month. While the bill does emphasize regionalization of emergency services, ACEP continues to work with lawmakers to ensure two other ACEP priorities – allowing military trauma teams to provide services at civilian trauma centers and providing liability protections for Good Samaritans who volunteer during a federally-declared disaster – are included in the bill before it is presented to the full House for a vote.

To view the subcommittee mark-up, click here.

Senate Committee Advances HHS Funding Bill
On Thursday, the Senate Appropriations Committee overwhelmingly approved, by a vote of 30 to 1, its FY 2019 Labor-HHS-Education Appropriations Act. The bill would set HHS' discretionary budget at $90.1 billion, which includes $39 billion for NIH ($2 billion more than in previous years); $3.7 billion for initiatives to combat the opioid epidemic; $1.6 billion for mental health programs at SAMHSA; $3.5 billion for public health and medical disasters; $325 million for Children's Hospitals Graduate Medical Education (CHGME); $318 million for rural health programs ($25 million of which is designated for Telehealth programs); and $27 million for victims of human trafficking.

The Senate Appropriations Committee has completed action on all 12 annual appropriations bills, but they must still be considered by the full Senate before they can be reconciled with their House counterparts.

The House Appropriations Committee was supposed to take-up its version of the Labor-HHS-Education bill already, but the mark-up was delayed twice during the past couple of weeks, mainly due to issues that may have been raised relating to immigration.

Senate Committee Holds Hearing to Examine Health Care Costs
The Senate Health, Education, Labor, & Pensions (HELP) Committee held a hearing on Wednesday titled "How to Reduce Health Care Costs: Understanding the Cost of Health Care in America," which covered issues such as unexpected out-of-network bills, price transparency, and administrative burden. The hearing witnesses included Melinda Buntin, PhD (Vanderbilt University School of Medicine), Ashish Jha, MD, MPH (Harvard School of Public Health and Professor of Medicine), Niall Brennan, MPP (Health Care Cost Institute), and David Hyman, MD, JD (Georgetown University Law Center).

Senators used several examples of patients who received care at an in-network facility, but out-of-network bills from the physicians, including one anecdote presented by Chairman Lamar Alexander (R-TN) of an $1,800 bill from an out-of-network emergency physician. During Ranking Member Patty Murray's (D-WA) Q&A with the witnesses, Dr. Jha acknowledged third-party contracting groups are more commonplace than they have been and this has led to an increase in out-of-network providers and balance billing, but he also discussed how reckless it is that some insurers are trying to retrospectively deny patients' emergency care claims.

Chairman Alexander and Ranking Member Murray have stated they intend to conduct several additional hearings on reducing health care costs over the coming months.

To view the hearing, click here.

ACEP Submits Comments to CMS on Price Transparency
On June 25, ACEP, along with a coalition of eleven other medical associations and organizations, submitted a comment letter to the Centers for Medicare & Medicaid Services (CMS) responding to a request for information (RFI) on price transparency that was included in an annual Medicare hospital payment regulation. The regulation discusses current hospital requirements around making standard

charges available to the public, and states that CMS remains concerned that patients are "being surprised by out-of-network bills for physicians, such as anesthesiologists and radiologists, who provide services at in-network hospitals, and patients being surprised by facility fees and physician fees for emergency room visits." The RFI seeks comment on what role providers should play in making prices available to their patients. In our comment letter, we state that it is the responsibility of payers, including CMS, to clearly provide information to consumers about the potential costs of seeking care under their coverage. While providers and hospitals may be able to provide raw pricing information upfront to patients, without accompanying information from insurers concerning the manner and methodology the insurer has utilized to adjudicate the patient's benefits, little can actually be achieved in the form of true transparency. We also address issues related to EMTALA, including the EMTALA stipulation that hospitals cannot place any signs in the emergency department (ED) related to costs, since this could potentially dissuade patients from coming to the ED. Finally, we call on insurance companies to use open and independent databases, such as FAIRHealth, to make information on usual and customary physician charges available to the public.

ACEP also submitted its own comment letter on the hospital payment regulation, which addressed this issue as well as others that impact emergency physicians and the patients we serve. Other pertinent issues included: proposed changes to ED measures in hospital quality reporting programs; proposed changes to the "Meaningful Use" Program for hospitals, which could be carried over to the Merit-based Incentive Payment System (MIPS) for physicians; and a request for information related to the interoperability of electronic health records.

CMS announces Final MIPS Scores for 2017 Performance Period Affecting Medicare Payments in 2019

Today, CMS announced that physicians can find out their final scores for the first year of the Merit-based Incentive Payment System (MIPS). The final MIPS score will correspond to an upward, downward, or neutral payment adjustment physicians will receive for all services billed under the Medicare physician fee schedule in calendar year 2019. Initial reports are that some of the data may be inaccurate. In fact, CMS has stated that there is a system-wide glitch so it may be wise to check back next week.

To find out your final MIPS score, CMS provides the following instructions:
•Go to the Quality Payment Program website
•Log in using your Enterprise Identity Management (EIDM) credentials; these are the same EIDM credentials that allowed you to submit your MIPS data. If you don't have an EIDM account, refer to this guide and start the process now.

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