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Check out the latest ACEP Capital Minute
Here's a new edition of ACEP's Capital Minute for the second week of July, 2018:
<https://www.youtube.com/watch?v=vIyMkpw80I>.



Following ACEP's Call to Action, FDA Responds with New Drug Shortage Task Force
On Thursday, Food and Drug Administration (FDA) Commissioner Scott Gottlieb, MD, [announced](#) the creation of a new Drug Shortages Task Force charged with identifying and addressing the root causes of drug shortages affecting the health care system. The announcement comes in response to an ACEP-developed bipartisan letter, led by Reps. Brett Guthrie (R-KY) and Mike Doyle (D-PA) and Senators Bill Cassidy, MD (R-LA) and Chris Murphy (D-CT), urging the FDA to convene a task force to address these ongoing, persistent shortages affecting emergency medicine and other specialties. Thanks to the advocacy of ACEP members, the bipartisan letter was signed by 107 members of the House of Representatives and 31 Senators, and was clearly effective given FDA's response.

In the announcement, Commissioner Gottlieb indicated the task force will consist of the FDA, the Centers for Medicare & Medicaid Services (CMS), and the Department of Veterans Affairs (VA), and will be assigned with taking a comprehensive assessment of the problem. Potential options include the possibility of creating a list of critical and essential drugs as well as changing reimbursement policies

to ensure that manufacturers continue producing low-margin but essential products. As part of this effort, the task force will work with and solicit input from stakeholders such as medical groups, pharmaceutical companies, patient representatives, and Members of Congress and other federal partners. Read more about the effort [here](#).

The creation of the task force highlights the effectiveness of ACEP member advocacy and represents a critical step in finding solutions for patients who need emergency care. ACEP will continue working with our federal partners, members of the task force, policymakers, and all other stakeholders to ensure the needs of emergency physicians and patients are represented throughout the process.

CMS Releases CY 2019 Physician Fee Schedule and Quality Payment Program Proposed Rule

On July 12, the Centers for Medicare & Medicaid Services (CMS) released a [Medicare annual payment rule](#) for calendar year (CY) 2019 that proposes potential changes to Medicare payments for physicians and other health care practitioners. This year, the rule combines proposed policies for the Medicare Part B physician fee schedule (PFS) with those for the Quality Payment Program (QPP)—the performance program established by the Medicare Access and CHIP Reauthorization Act (MACRA). ACEP will be working on a comprehensive response to CMS offering our input to the agency's proposed changes.

ACEP has put together a short [summary](#) highlighting the major proposed policies included in the rule. CMS has also put out fact sheets on the [PFS](#) and the [QPP](#) proposed changes.

ACEP Responds to the HHS Blueprint on Drug Prices

On July 11, ACEP responded to a Blueprint put out by the Department of Health and Human Services (HHS) that included proposals aimed at reducing the cost of prescription drugs as well as a request for information on drug prices. In ACEP's comments, we state that we believe that the issue of high drug prices as a major public health crisis and that it is an all-too-common occurrence for patients to come to the ED with a condition that was in part caused by their inability to take their medications as prescribed by their doctor because they were unable to afford them. We also note that while high drug prices are impeding the ability of our patients to access necessary medicines, another problem we are facing that is also hindering access to life-saving medications is drug shortages. Our full set of comments on the Blueprint is found [here](#).

House Committee Advances Health Care Spending Bill

On Wednesday, the House Appropriations Committee approved its Labor-HHS-Education bill by a vote of 30 to 22. Although the total amount of funding in the bill is about the same as last year (\$177 billion), it provides \$89.2 billion for HHS (\$1 billion more than FY 18); \$38.3 billion for NIH (increase of \$1.25 billion); \$7.6 billion for CDC (decrease of \$663 million); \$5.6 billion for SAMHSA (\$448 million increase); \$6.5 billion for HRSA (\$196 million decrease); and \$334 million for AHRQ (same as last year). Unfortunately, despite the efforts of ACEP and more than 80 other medical, public health, and research organizations, the committee did not earmark specific funding (\$10 million) for CDC to conduct public health research into firearm morbidity and mortality prevention.

The Senate Appropriations Committee approved its version of the bill on June 28. Both bills are now awaiting floor consideration.



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