

November 10, 2017

On the Horizon ...

* November 15, Senate Health, Education, Labor, Pensions (HELP) Committee hearing on healthy communities with the U.S. Surgeon General.

TAKE ACTION

1. AAFP Speak Out – Urge Your Senators to Reauthorize CHIP

On Monday, November 6, 2017, AAFP posted a Speak Out asking members to write their Senators to reauthorize funding for the [Children's Health Insurance Program \(CHIP\)](#), which ran out September 30, 2017. The House passed its legislation renewing funding for CHIP on Friday, November 3. It is now up to the Senate to pass their own version of this legislation. It is important to continue bipartisan negotiations to identify alternative financing as the legislative process proceeds, so go to the [Speak Out page](#) to send a message to your Senators today.

U.S. CONGRESS

1. AAFP Weighs on the House E&C Committee's MACRA Implementation Hearing

The AAFP submitted its [principles](#) for the *Medicare Access and CHIP Reauthorization Act* (MACRA) value-based payment system during a November 8 House Energy and Commerce Committee, Subcommittee on Health [hearing](#) titled, *MACRA and Alternative Payment Models: Developing Options for Value-based Care (PTAC)*. The hearing included representatives from the Physician-Focused Payment Model Technical Advisory Committee, medical societies, and health systems. The AAFP's statement for the record emphasized the need to make primary care coordination a central element of new value-based models. It also warned about the potential for supporting alternative payment models that maintain fragmentation, instead of eliminating it. During the hearing, PTAC witnesses shared favorable comments about the Comprehensive Primary Care model and raised an in-home care program as a model program. Committees recommended additional MACRA oversight hearings.

2. AAFP Shared Recommendations for Reducing Health IT Burdens

This week, the AAFP wrote a [letter](#) to Senator Lamar Alexander, chair of the Senate Health, Education, Labor, and Pensions (HELP) Committee recommending specific benchmarks for achieving health information and administrative reduction requirements. The letter responded to an October 31 Senate HELP Committee [hearing](#) titled, *Implementing the 21st Century Cures Act: Achieving the Promise of Health Information Technology*. The hearing focused on the law's provisions under [Title IV](#) that addressed interoperability by addressing information blocking, documentation reductions, and issues, like patient matching. The AAFP submitted [recommendations](#) for the 21st Century Cures Act's health technology provisions and past president, Dr. Bob Wergin, [testified](#) before the HELP committee regarding health IT and administrative burdens.

CENTERING ON THE STATES

1. Save the Date – 2018 State Legislative Conference

Missed the 2017 State Legislative Conference? Check out highlights [here](#) and join us for the 2018 State Legislative Conference in Ft. Lauderdale, FL October 25-27!

2. 32 states and the District of Columbia have now expanded Medicaid

On November 7, Maine voted via ballot referendum to expand Medicaid. The ballot question won 59% of the vote. Governor Paul LePage (R) said he will not implement the new expansion until it's fully funded by the state Legislature. Idaho and Utah have also announced that they will pursue future ballot initiatives on Medicaid expansion.

3. CMS guidance on Section 1115 waivers.

CMS has released an [informational bulletin](#) on how they plan to provide Section 1115 Demonstration process improvements. These policies include provisions that will allow states to request approval for certain 1115 demonstrations for up to 10 years, pursue "fast track" federal review, reducing certain 1115 reporting requirements, and more.

EXECUTIVE BRANCH

1. Review the AAFP's summary of the 2018 Quality Payment Program regulation

On November 2, 2017, CMS released an [interim final rule with comment period](#) regarding the 2018 Quality Payment Program. Further comments on certain sections of this 1653-paged regulation are due to CMS by January 2, 2018. The AAFP is currently analyzing the regulation but is generally pleased with steps CMS took to improve the ability of family physicians to participate successfully in payment reforms envisioned by the bipartisan *Medicare Access and CHIP Reauthorization Act* of 2015. The AAFP will provide CMS with further comments that urge the agency to strengthen primary care for Medicare beneficiaries and to support the ability for more physicians to participate in Advanced Alternative Payment Models. To begin preparing members, the AAFP created an [executive summary](#) of the final rule with comment period.

2. 2018 final Medicare physician fee schedule released and related AAFP summary

On November 2, 2017, the CMS released a [final rule](#) that changes the Medicare physician fee schedule and other Medicare Part B payment policies for calendar year 2018. The policies are effective on January 1, 2018. The AAFP prepared an [executive summary](#) of this final rule.

3. AAFP reacts to VA proposed rule on telehealth services

On October 31, the AAFP sent a [letter](#) to the VA in response to a proposed rule titled, "Authority of Health Care Providers to Practice Telehealth." The AAFP offered qualified support to the proposed rule while stating the strong belief that veterans are best served by having access to comprehensive primary care services provided by well-trained family physicians and other appropriate primary care physicians. The AAFP told the VA that telehealth services can be an adjunct in certain situations but cannot replace a meaningful relationship with a personal primary care physician. Finally, the letter stated the AAFP's ongoing position to support state-based licensure and the regulation of physicians as well as the states' ability to regulate the practice of telehealth in their state.

4. AAFP Signs Brief Opposing the Transgender Armed Forces Ban

The AAFP signed an amicus curiae [brief](#) in the *Stockman v. Trump* case opposing the Trump administration's decision to ban transgender individuals from serving the military. The brief includes 11 medical and health organizations, including the American Academy of Pediatrics, American College of Physicians, American Nursing Association, and National Association of Social Workers. A federal judge blocked the transgender military ban on October 30, but four lawsuits are pending.