Capitol Briefs

Senate Committee Recommends Changes to Medicare RAC Program
The Senate Special Committee on Aging is focusing attention on the federal government's efforts to identify and recover improper Medicare payments. A Jul. 9 committee roundtable spotlighted the Medicare Recovery Audit Contractor (RAC) program's impact on health care providers, including administrative burdens and delayed payments. In a report critical of the program, the Committee recommends that the Centers for Medicare & Medicaid Services (CMS) adopt a proactive focus on prevention rather than a "pay and chase" model. The report suggests that CMS should consider incentivizing RACs to reduce future improper payments not just recoup past improper payments. Read more from Fox Business.

President Updates National Drug Control Strategy
On Jul. 9, the White House Office of National Drug Control Policy released President Obama's 2014 National Drug Control Strategy. The blueprint largely mirrors previous versions, though it includes a greater emphasis on the nation's growing problem of opioid abuse and the related surge in heroin abuse. In unveiling the plan, acting director Michael Botticelli stressed the importance of recognizing addiction as disease and not simply addressing prescription drug abuse from a law enforcement perspective. Read more in The Christian Science Monitor.

Bill Would Ease Readmission Penalties for Hospitals Serving the Poor
Under the Affordable Care Act, hospitals must reduce readmissions or face a penalty. Hospitals that treat a disproportionate number of low-income patients say that puts them at a disadvantage, and now some lawmakers agree. The bipartisan Hospital Readmission Accuracy and Accountability Act (S. 2501) introduced last month would require CMS to consider patient socio-economic status when calculating risk-adjusted readmissions penalties. Supporters of the bill say it's important to account for the fact that low-income patients may lack the resources to fill prescriptions and that issues such as illiteracy, homelessness, and a lack of social supports can complicate follow-up care. The legislation is endorsed by the American Hospital Association, American Medical Association, Association of American Medical Colleges, American College of Emergency Physicians, and the National Rural Health Association, among others. Read more from Becker's Hospital Review, and access a press release from cosponsor U.S. Sen. Joe Manchin (D-WV).
AAHPM Weighs In

AAHPM Submits Comments on CMS Hospice Proposed Rule

On Jul. 1, AAHPM submitted comments on the Centers for Medicare & Medicaid Services (CMS) proposed rule addressing hospice payment and quality reporting for FY 2015. In its letter to the agency, the Academy took issue with CMS redefining “terminal illness” and “related conditions” and urged CMS to avoid establishing broad payment policies in response to bad behavior by a minority of hospices. The comments also lay out concerns about the agency’s guidance regarding Part D payment for drugs for Medicare beneficiaries on hospice and proposed updates to the hospice quality reporting program.

Appropriations Statement Urging Palliative Care Research Requested by AAHPM

AAHPM, with the Patient Quality of Life Coalition, successfully requested federal appropriators’ support for expanded research in palliative care. In its draft report on FY 2015 funding for the Departments of Labor, Health and Human Services, and Education, the Senate Appropriations Committee urges the National Institutes of Health “to develop a trans-Institute strategy for increasing research in palliative care for persons living with chronic and serious illness.” See p. 121 of the report for more detail.

AAHPM Joins Call to Pause Medical Staff Rules

Because a final rule revising Medicare’s conditions of participation for hospitals could impact physicians’ role in hospital governance and patient care activities, AAHPM joined more than 80 other medical associations in signing on to a Jul. letter that calls on CMS to halt implementation and re-think it’s proposals.

News from HHS

CMS Revises Hospice Part D Guidance

In response to vigorous advocacy by stakeholders -- including AAHPM -- the Centers for Medicare & Medicaid Services (CMS) on Jul. 18 issued revised guidance regarding Part D payment for drugs for Medicare beneficiaries enrolled in hospice. The memorandum to Part D sponsors and hospices modifies the Mar. 10 guidance that directed sponsors to require prior authorization for all drugs for hospice beneficiaries. Now, prior authorization will be only be necessary for medications that fall within the four categories of drugs that a 2012 report from the Department of Health & Human Services Office of Inspector General found to nearly always be covered under the hospice benefit. These include analgesics, antiinuseants, laxatives, and antianxiety drugs. A new form has also been created for hospices’ use in providing information generally requested by Medicare Part D sponsors.

Review/Dispute Open Payments Data by Aug. 27
Under the Sunshine Act, data reported by industry relating to financial interactions with physicians will be made public on Sept. 30, 2014. Through Aug. 27, physicians may review and dispute the information before it’s made widely available. One must register in the CMS Enterprise Portal and the Open Payments system to do so. Learn more from CMS. The American Medical Association (AMA) also offers a comprehensive guide to aid physician understanding of the Sunshine Act and walk providers through the registration, review and dispute process.

CMS Proposed Rule Addresses Physician Payment, Quality Reporting; Comment by Sept. 2

CMS has issued a proposed rule updating the Medicare Physician Fee Schedule for 2015. Proposals address chronic care management services, more transparent processes for establishing physician payment rates to allow greater public input, and changes to physician quality reporting initiatives. Access a CMS Fact Sheet and a detailed summary of the proposed rule prepared for AAHPM by Hart Health Strategies, the Academy’s consulting and lobbying firm. Submit comments online by Sept. 2.

Learn Your Options for Participation in MU

A new online tool from CMS helps providers determine their options for participating in the Meaningful Use (MU) incentive program. Under a new proposal, providers can meet requirements for Stage 1 or Stage 2 of MU with electronic health records (EHR) certified to the 2011 or 2014 edition criteria, or a combination of both. The tool provides users who supply information about their current participation in MU and EHR certification with corresponding attestation options for 2014. In 2015, all eligible providers will be required to report using a 2014 edition of certified EHR technology.

In the States

Agreement Would Streamline Multistate Medical Licensure

The Federation of State Medical Boards is nearing completion of an interstate compact that would usher in a new, “single stop” mechanism for multistate physician licensure. The compact would not replace or preempt the current system of state licensure, but would instead make portability of a medical license easier for board-certified physicians. Under the proposal, a physician’s state of principal licensure would review his or her application for a multistate license against credentials set forth in the compact. If approved, no further review will be required by other states participating in the compact. Observers expect such a system would benefit the practice of telemedicine and help improve access to care in rural and underserved areas. Read more at MedPage Today and in the New York Times.

Missouri Law Creating “Assistant Physician” Position Draws Fire

A new Missouri law that creates the position of “assistant physician” is facing sharp criticism. Under SB 716 and SB 754, following 30 days of direct supervision by a physician, medical school graduates who have not completed a residency will be allowed to provide primary care in medically underserved areas and to prescribe Schedule III, IV and V drugs. The American Medical Association House of Delegates, the Accreditation Council for Graduate Medical Education, the American Academy of Physician Assistants, and the Missouri Academy of Physician Assistants all oppose the new role,
citing serious concerns about care quality and patient safety. The bills’ authors and the Missouri State Medical Association argue that the severity of the state’s health care provider shortage necessitates such a bold move. Read more in the Springfield News-Leader and at Medscape (requires free subscription).

Massachusetts’ Legal Battle Over Zohydro Continues

After a judicial ruling that struck down Massachusetts’ ban of Zohydro -- a long-acting opioid that critics contend is too easy to abuse -- the state looked to impose restrictions on prescribing. However, on Jul. 9, a U.S. District Court judge suspended the state’s requirement (pending the outcome of a constitutional challenge) that a Zohydro prescription be accompanied by letter of medical necessity, which would include diagnoses, a treatment plan and certification that other painkillers had not worked. A requirement that only pharmacists -- and not their technicians or other staff -- be permitted to handle or dispense the drug was allowed to stand. Read more in the Boston Business Journal and from the Associated Press.

New York Legislation Targets Opioid Abuse

On Jun. 24, the state of New York enacted several laws designed to stem rising opioid abuse. The legislation creates a new crime for instances in which a person misrepresents themselves or the validity of a prescription in order to obtain a controlled substance or a prescription for a controlled substance; makes it easier for law enforcement to secure eavesdropping warrants targeting pill mills; grants the state Department of Health’s Bureau of Narcotic Enforcement greater access to the criminal histories of prescribers and dispensers; and increases to a class C felony the criminal sale of a controlled substance by a pharmacist or practitioner. The measure also grants “Good Samaritan” protections to individuals who administer an opioid antagonist like naloxone. Read more in this press release from the office of New York Governor Andrew Cuomo.

Massachusetts Ramps Up Oversight of Compounding Pharmacies

On Jul. 10, Massachusetts enacted legislation that will increase scrutiny of compounding pharmacies like the one that was responsible for a deadly outbreak of meningitis in 2012. Historically, compounding pharmacies have been lightly regulated, but the new law enhances the oversight role of the state’s Board of Registration in Pharmacy. The Board will be required to participate in national reporting systems and allowed to conduct unannounced inspections at compounding pharmacies in order to ensure that new standards are being met. Pharmacies that fall short could face steep fines. Read more from Reuters and at the Associated Press.

State Lawmakers Expand Guidelines for Curbing Opioid Abuse

During its recent Summer Meeting, the National Conference of Insurance Legislators (NCOIL) expanded its Best Practices to Address Opioid Abuse, Misuse and Diversion for states undertaking reforms aimed at stemming opioid abuse. This updated draft retains everything in the previous version of the guidelines, including input that AAHPM submitted in 2013. The Academy’s comments and follow-up letter encouraged NCOIL to consider how recommendations might impact patients with serious illness.
Reports & Resources

CDC Examines State Variation in Opioid Prescribing

A July Vital Signs report released by the Centers for Disease Control and Prevention tracks the variation in opioid prescribing by state, considers the dangers of prescription drug overdose, and spotlights how efforts in Florida reversed that state’s overdose trend. Health care providers wrote 259 million prescriptions for pain medications in 2012, with 10 of the highest prescribing states located in the South. The report notes that health status does not account for the difference in prescribing across states.

WHO Passes Palliative Care Resolution

Ministers of health from around the globe supported a May resolution at the World Health Organization’s 67th World Health Assembly which urges the United Nations member states and Director-General to do more to support palliative care. The resolution calls for the integration of palliative services throughout the continuum of care; adequate financial and human resource allocation in support of palliative care; greater support for caregivers; a deeper focus on palliative care in continuing medical education; and improved access to prescription painkillers and other essential medicines in palliative care.

AAHPM, Consumer Reports Partner on Palliative Care Brochure

As part of the Choosing Wisely® campaign, Consumer Reports worked with AAHPM to develop a new plain-language, consumer-focused brochure explaining palliative care. Brochures are also available on two of the Academy’s Choosing Wisely recommendations: “Implanted Heart Devices at the End of Life” and “Feeding Tubes for People With Alzheimer’s.”

Groups Recommend Policies to Achieve Medicare Drug Savings

Two advocacy groups, the Medicare Rights Center and Social Security Works, have released a joint issue brief laying out four recommendations for securing Medicare prescription drug savings. The groups call on Congress to restore Medicare prescription drug rebates and allow Medicare to negotiate drug prices for a public Part D option. They suggest that policymakers could also secure better discounts from drug manufacturers to close the Part D “doughnut hole” sooner and promote cost-effective prescribing for Part B prescription drugs. Read more from Kaiser Health News.

AAHPM Resources for Effective Advocacy

Make sure you are taking advantage of the variety of advocacy resources available to Academy members!

- Use the AAHPM Legislative Action Center to communicate with elected officials and advance legislation that benefits your patients and the field.
- Join AAHPM’s State Health Policy Listserve to communicate with colleagues about the issues
impacting your state, ask advice, and share state advocacy resources and best practices (requires member login).

- Help shape the policy process through opportunities to provide comment on proposed federal regulations and recommendations by advisory bodies like the Institute of Medicine or MedPAC.

To ensure that you always receive these e-mails from the Academy please add info@aahpm.org and advocacy@aahpm.org to your list of accepted e-mail addresses and make sure your member record is up-to-date with your most current contact information. To update your information, click here, call Member Services at 847.375.4712, or send an e-mail to info@aahpm.org.

Have you received Health Policy and Advocacy Update from a colleague, but are not yet a member of the American Academy of Hospice and Palliative Medicine? To learn more about the benefits of membership in AAHPM click here.