



Health Policy Briefing

October 26, 2015

House Passes Reconciliation Bill

The House has approved a budget reconciliation bill by a vote of 240-189 that would partially repeal the Affordable Care Act (ACA) and defund Planned Parenthood for the coming year. The bill would reduce the deficit by \$130 billion over the next decade. Rep. Ken Buck (R-Col.), Rep. Bob Dold (R-Ill.), Rep. Richard Hanna (R-N.Y.), Rep. Walter Jones (R-N.C.), Rep. Mark Meadows (R-N.C.), and Rep. Matt Salmon (R-Ariz.) were the only Republicans to vote against the bill, and Rep. Colin Peterson (D-Minn.) was the only Democrat to support the measure. The bill would repeal the individual and employer mandates, the “Cadillac tax” on high cost employer sponsored health plans, and the 2.3 percent medical device tax. It would also eliminate the ACA’s Prevention and Public Health Fund, and the law’s requirement for larger employers to begin automatically enrolling new full-time employees in coverage. The bill would redirect funds for Planned Parenthood to community health centers for one year. Under the Senate’s rules of reconciliation, legislation can be advanced by only a simple majority, as compared to the 60 votes usually required to overcome a filibuster. While Senate Majority Leader Mitch McConnell (R-Ky.) has said he would take up the bill once the House passes it, it is unclear how the bill will fare in the Senate. Three Senate conservatives, Sen. Ted Cruz (R-Texas), Sen. Mike Lee (R-Utah), and Sen. Marco Rubio (R-Fla.) are on record in opposition to the bill because it does not fully repeal the ACA. Additionally, several moderate Republican members have expressed concerns about the Planned Parenthood provision. With a 54 member Republican majority, only three members can vote against the legislation to secure the 51 votes necessary for passage. The White House has said that the President will veto the package should it reach his desk.

Paul Ryan to Run for Speaker of the House

Following intense pressure from backers inside and outside of the Capitol, Chairman of the House Ways and Means Committee Paul Ryan (R-Wis.) announced that he would run for Speaker of the House. Rep. Ryan was seen as one of the only people who would be able to unite and lead the Republican party through upcoming debates on raising the debt

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ceiling and negotiating a long-term budget deal. Rep. Daniel Webster (R-Fla.) is the only other candidate for the position. Rep. Jason Chaffetz (R-Utah) dropped his bid and endorsed Ryan following his announcement last week. Ryan agreed to run after stipulating that his candidacy would be conditional on the endorsement of every Republican caucus – the hard line Freedom Caucus, the centrist Tuesday Group, and the conservative Republican Study Committee. He received early endorsements from the Tuesday Group and the Republican Study Committee, but only garnered a backing from a supermajority of the Freedom Caucus. Ryan has expressed interest in increasing the threshold number of votes necessary for a motion to vacate the chair – a process through which members can force a vote to remove the Speaker of the House. Republicans will hold an internal election to nominate a new Speaker on October 28. If the conference picks a nominee, a formal floor vote will take place on October 29. Current Speaker of the House John Boehner (R-Ohio) had planned to resign from office on October 30, but has indicated that he will stay until a successor is decided upon. If Ryan is chosen as the next Speaker of the House, the top spot on the Ways and Means Committee will be vacant. Health Subcommittee Chairman Kevin Brady (R-Texas), Rep. Pat Tiberi (R-Ohio) and Rep. Devin Nunes (R-Calif.) have entered the race for the Chairman position. Ways and Means is the tax-writing committee of the House of Representatives and has jurisdiction over revenue-related aspects of Medicare and social services programs.

SAMHSA Awards Excellence in Mental Health Planning Grants

Last week, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded \$23 million in planning grants to 24 states. The awards are funded through the Excellence in Mental Health Act, authored by Sen. Debbie Stabenow (D-Mich.) and Sen. Roy Blunt (R-Mo.), which was signed into law last year. The funds will go towards the preparation of applications for a community mental health clinic trial. Eight states will be chosen for the two-year pilot program to test a prospective payment system for mental health care providers. The goal of the pilot is to improve Medicare reimbursement for mental health care services and to increase access to mental health and substance abuse treatment.

Congress Approaches Final Days to Raise the Debt Limit

Congress must bring up legislation to raise the \$18.1 trillion debt ceiling by November 3 in order for the U.S. government to meet its financial obligations and avoid the disruption in the global stock markets that would result from credit default. The White House has said that it will only sign a clean bill, and that it will not negotiate on increasing the ceiling. If a clean bill were brought to the House floor with the support of the entire House Democratic Caucus, it would need 30 Republican votes for passage. Senate Majority Leader Mitch McConnell (R-Ky.) has consistently indicated that any legislation to raise the debt ceiling will originate in the House. The conservative House Republican Study Committee proposed to raise the borrowing ceiling by \$1.5 trillion through March 2017, paired with spending limitations, regulatory overhauls, and budget process reforms. The plan was quickly shelved, however, after it failed to garner enough support. The House did advance legislation to instruct the Treasury to prioritize certain payments in the event that the debt limit is breached. H.R. 692 was passed by a vote of 235-194, and would require the Treasury to prioritize the payment of the principal and interest on public debt and the Social Security trust funds should the debt limit not be raised by the November 3 deadline. The Senate has also readied a debt prioritization bill. The measures are strongly opposed by Democrats, and have already received a veto threat from the White House. A debt limit increase is expected to be advanced by the House in the form of a clean debt limit suspension through 2017 this week.

White House Issues Memorandum on Opioid Abuse Epidemic

The White House released a memorandum outlining steps to curb prescription drug and heroin abuse last week. Federal agencies will be required to train providers who work for government agencies that deliver health care on how to properly prescribe opioid medications in order to reduce overprescribing practices. Agencies will also be required to identify and address barriers to the access of medication-assisted treatment for those with drug addictions. Additionally, the U.S. Department of Health and Human Services (HHS) will review how pain management is evaluated through patient satisfaction surveys used by Medicare. The Drug Enforcement Administration (DEA) will continue its National Prescription Drug Take-Back Day program in the coming year, which provides patients a safe way to dispose of their unused prescription medications. While Congress has been examining the issue of prescription drug abuse through a series of hearings, a legislative solution has yet to be agreed upon. But the White House's announcement drew praise from members of congress from both sides of the aisle. The administration hopes that private providers will use the measures as a model for their own sector. More than 40 health care groups have already pledged to implement opioid prescriber training, and to double the number of providers that can prescribe naloxone, an anti-overdose drug, and buprenorphine, an opioid use disorder drug, over the next three years. Media companies have also pledged to contribute ad space for public service announcements on prescription drug abuse. According to the Centers for Disease Control and Prevention (CDC), which is currently working on guidelines to reduce opioid overprescribing, deaths from prescription painkillers have quadrupled since 1999, and more people now die from drug overdoses than from car accidents every year.

Number of Medical School Students Increases

The number of students enrolled in medical school has reached an all time high, according to new **data** from the Association of American Medical Colleges (AAMC). Enrollment in medical school has risen 25 percent since 2002. This fall, 20,630 students will be enrolled in medical school. The diversity of the student population also increased in 2015, with increasing enrollment in nearly every racial and ethnic category. AAMC noted that these overall enrollment increases have taken place while federal funding for graduate medical education has essentially remained frozen for nearly two decades. Physician shortages could result should students be unable to complete residency-training programs following graduation from medical school.

Medicare and Medicaid News

Democrats Urge CMS to Pay for End of Life Discussions

Ten Democratic members of the House of Representatives have **written** to the Centers for Medicare and Medicaid Services (CMS) urging the administration to allow the Medicare program to pay for end of life discussions. The lawmakers call on CMS to finalize a provision in its 2016 Physician Fee Schedule (PFS) proposed rule to include advance care planning (ACP) codes, which would reimburse doctors for conversing with patients about the medical care they receive at the end of life. "All individuals should have the opportunity to participate actively in their health care decision-making, yet most people lack knowledge about end of life care choices," the letter says. "Recognizing that these choices can be very difficult to make, and that choices and options could change over time, patients and families must have the opportunity to have meaningful conversations with providers throughout the care continuum." The letter was signed by Reps. Earl Blumenauer (D-Ore.), Sander M. Levin (D-Mich.), Ron Kind (D-Wis.), John Lewis (D-Ga.), Bill Pascrell, Jr. (D-N.J.), Mike Thompson (D-Calif.), Jim McDermott (D-Wash.), John B. Larson (D-Conn.), Charles Rangel (D-N.Y.), and Linda T. Sánchez (D-Calif.).

Upcoming Congressional Meetings and Hearings

House Veterans' Affairs Subcommittee on Oversight & Investigations & House Oversight and Government Reform Subcommittee on Information Technology hearing titled "VA and DOD IT: Electronic Health Records Interoperability;" 2:00 p.m., 2154 Rayburn Bldg.; October 27

House Energy and Commerce Health Subcommittee hearing titled "Examining the Regulation of Diagnostic Tests and Laboratory Operations;" 10:00 a.m., 2123 Rayburn Bldg.; October 29

Senate Health, Education, Labor, and Pensions Committee hearing titled "Mental Health and Substance Use Disorders in America: Priorities, Challenges, and Opportunities;" 10:00 a.m., 430 Dirksen Bldg.; October 29

House Veterans Affairs Committee hearing titled "Choice Consolidation: Assessing VA's Plan to Improve Care in the Community;" 10:30 a.m., 334 Cannon Bldg.; November 3

Health Legislation Recently Introduced

*H.R. 3770 (introduced by Rep. Doggett): A bill to amend title XVIII of the Social Security Act to **prevent surprise billing practices**, and for other purposes; to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned; October 20*

*H.R. 3780 (introduced by Rep. King): A bill to amend title XVIII of the Social Security Act to **sunset certain penalties relating to meaningful electronic health records use by Medicare eligible professionals and hospitals**, and for other purposes; to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned; October 21*

*H.R. 3796 (introduced by Rep. Walker): A bill to amend section 232 of the National Housing Act to **provide that nursing homes receiving low ratings for purposes of the Medicare or Medicaid programs are ineligible for mortgage insurance under such section**, and for other purposes; to the Committee on Financial Services; October 21*

*H. Res. 487 (introduced by Rep. Jenkins of Kansas): A resolution **recognizing the importance of cancer program accreditation in ensuring comprehensive, high quality, patient-centered cancer care**; to the Committee on Energy and Commerce; October 22*

*H.R.3821 (introduced by Rep. Chris Collins): A bill to amend title XIX to **require the publication of a provider directory in the case of States providing for medical assistance on a fee-for-service basis or through a primary care case-management system**, and for other purposes; to the House Committee on Energy and Commerce; October 23*

*S. 2185 (introduced by Sen. Heitkamp): A bill to require the Secretary of the Treasury to **mint coins in recognition of the fight against breast cancer**; to the Committee on Banking, Housing, and Urban Affairs; October 20*

*S. 2187 (introduced by Sen. Donnelly): A bill to **establish a third-party quality system assessment program**; to the Committee on Health, Education, Labor, and Pensions; October 21*

*S. 2188 (introduced by Sen. Gardner): A bill to **amend the Federal Food, Drug, and Cosmetic Act with respect to the humanitarian device exemption**; to the Committee on Health, Education, Labor, and Pensions; October 21*

Health Legislation Recently Introduced cont.

S. 2196 (introduced by Sen. Casey): A bill to amend title XVIII of the Social Security Act to provide for the non-application of Medicare competitive acquisition rates to complex rehabilitative wheelchairs and accessories; to the Committee on Finance; October 22

S. 2197 (introduced by Sen. Crapo): A bill to amend title XVIII of the Social Security Act to improve the risk adjustment under the Medicare Advantage program, and for other purposes; to the Committee on Finance; October 22

S. 2204 (introduced by Sen. Boxer): A bill to respect the Constitutional entitlement to liberty by recognizing the right of an individual to have personal control over the medical assistance and treatment necessary to alleviate intolerable physical suffering; to the Committee on Health, Education, Labor, and Pensions; October 22