



Health Policy Briefing

December 14, 2015

Continuing Resolution Funds Government Through December 16

On Friday, the President signed a continuing resolution (CR) to keep the federal government open for an additional five days, through December 16. The bill passed both the House and the Senate by voice vote earlier in the week. The CR is a short-term stopgap spending measure that effectively prevented a government shutdown when funding for the federal government expired on December 11. The CR was passed to allow Congress additional time to negotiate and draft the \$1.1 trillion fiscal year (FY) 2016 omnibus legislation. The additional negotiation time is needed in order to bring about compromise on the inclusion of potentially contentious policy riders. The GOP initially pushed for provisions to dismantle the Dodd-Frank Wall Street reform law, and to toughen screenings for Syrian refugees, but these were rejected by Democrats. Debate continues over a number of other policy riders, including a provision to offer a legal path for health providers and organizations to sue a government entity that punishes them for refusing to provide access to abortion-related services. There is also the question of combining the omnibus legislation with a package of permanent tax extenders, of which Republicans are in favor and Democrats are opposed. Congress is scheduled to be in session through December 18, and House leadership has indicated that they hope to introduce the final text of omnibus legislation later today (Monday). Another short-term CR may be necessary given the December 16 deadline and Speaker of the House Paul Ryan's (R-Wis.) pledge to give members three days to review the legislation once it is unveiled.

Brady Offers Two-Year Tax Breaks Bill

While negotiations continue on a larger deal to permanently extend expired and expiring tax breaks, House Ways and Means Committee Chairman Kevin Brady (R-Texas) has offered legislation that would act as a back-up in the case that a deal cannot be reached. The \$108.4 billion legislation would renew through 2016 dozens of tax

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provisions that expired at the end of 2014, including the research and development tax credit. Chairman Brady has said that the House will consider the two-year bill before the chamber adjourns for the year in order to ensure that at least the provisions included in the bill are extended. Agreement on a larger deal between members of Congress and the White House has yet to be reached, as debate continues over inclusion of provisions like repeal of the “Cadillac tax” and medical device tax. Lawmakers are also considering changes to the Affordable Care Act’s (ACA) Health Insurance Tax (HIT) and help for insurers under the risk corridor program as a part of the package. The bill’s \$800 billion cost has also proved to be a sticking point in negotiations. Rep. Brady has said that he is considering adding a delay of the Cadillac tax and medical device tax to the two-year extension bill, though the initial legislation does not include those provisions. While the White House has said that it would strongly oppose efforts to repeal the Cadillac tax and medical device tax, it has not issued a full veto threat. The Senate Finance Committee approved a \$96 billion two-year bill (S. 1946) on the expired tax breaks earlier this year.

Commonwealth Funds Finds Physicians Unprepared to Treat the Mentally, Chronically Ill

More than eight out of 10 family physicians in the U.S. feel that they are not adequately prepared to care for severely mentally ill patients, according to a recent [survey](#) released by the Commonwealth Fund. Only 16 percent of physicians say that their office has the capacity to care for those with serious mental illness. This is the lowest percentage of any other developed country besides Sweden. The survey also found that providers are pessimistic about their ability to care for the sickest patients with chronic illnesses. The U.S. ranked the lowest of the nine countries considered in the survey, with only 16 percent of U.S. doctors saying that their country’s health care system works well.

Rate of Physician Burnout Increasing

Burnout among physicians in the United States is increasing, according to new [research](#) from the Mayo Clinic and the American Medical Association (AMA). Comparing data just three years apart, researchers found higher measures of professional burnout in 2014 than in 2011. More than half of physicians surveyed felt emotionally exhausted and ineffective, while also feeling that their work was less meaningful. In the 2011 survey, 45 percent of doctors met the burnout criteria. In 2014, 54 percent of physicians had at least one symptom of burnout. Researchers note that the findings were present across almost every specialty, with the highest rates occurring within internal medicine, family medicine, and emergency medicine. The survey is based on responses from 6,880 physicians across the United States.

Medicare and Medicaid News

Lawmakers Express Concerns About CMS Medicaid Oversight

House Energy and Commerce Committee Chairman Fred Upton (R-Mich.) and Senate Finance Committee Chairman Orrin Hatch (R-Utah) have [written](#) to Acting Administrator of the Centers for Medicare and Medicaid Services (CMS) Andy Slavitt to express concerns about state implementation of electronic asset verification systems. The lawmakers seek more information about the agency’s oversight in ensuring the accuracy of Medicaid eligibility determinations. “There is good reason to be concerned about the need to further protect taxpayer dollars in Medicaid. According to the Agency Financial Report released by the U.S. Department of Health and Human Services (HHS) on November 16th, in fiscal year 2015, the Medicaid improper payment rate was 9.78 percent overall, and 10.59 percent in fee-for-service Medicaid,” Upton and Hatch write. According to a Government Accountability Office (GAO) report, only two of the 12 states interviewed had implemented an electronic verification system by the end of fiscal year (FY) 2013, despite all states being statutorily required to do so.

Upcoming Congressional Meetings and Hearings

Senate Veterans' Affairs Committee field hearing titled: "Keeping the Promise for Arizona Veterans: The VA Choice Card, Management Accountability and Phoenix VA Medical Center;" 11:00 a.m., Gilbert Town Hall, 50 East Civic Center Drive, Gilbert Arizona; December 14

Health Legislation Recently Introduced

H.R. 4185 (introduced by Rep. Price): A bill to make adjustments, including by amending title XVIII of the Social Security Act, relating to competitive bidding program and durable medical equipment under the Medicare program, to amend such title to establish a DMEPOS market pricing program demonstration project, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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; December 8

H. Res. 558 (introduced by Rep. DeGette): A resolution condemning violence that targets healthcare for women; to the Committee on the Judiciary; December 8

H.R.4201 (introduced by Rep. Alcee L. Hastings): A bill to amend titles XVI, XVIII, XIX, and XXI of the Social Security Act to remove limitations on Medicaid, Medicare, SSI, and CHIP benefits for persons in custody pending disposition of charges; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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; December 9

H.R.4207 (introduced by Rep. Janice D. Schakowsky): A bill to amend part D of title XVIII of the Social Security Act to require the Secretary of Health and Human Services to determine, on behalf of Medicare beneficiaries, covered part D drug prices for certain covered part D drugs, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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; December 9

H.R. 4209 (introduced by Rep. Maxine Waters of California): A bill to amend the Public Health Service Act to authorize grants to provide treatment for diabetes in minority communities; to the Committee on Energy and Commerce; December 10

H.R. 4212 (introduced by Rep. Linda T. Sánchez of California): A bill to establish a Community-Based Institutional Special Needs Plan demonstration program to target home and community-based care to eligible Medicare beneficiaries, 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; December 10

H.R. 4217 (introduced by Rep. Bera): A bill to amend the Internal Revenue Code of 1986 to determine eligibility for health insurance subsidies without regard to amounts included in income by reason of conversion to a Roth IRA; to the Committee on Ways and Means; December 10

H.R. 4227 (introduced by Rep. DeLauro): A bill to enhance beneficiary and provider protections and improve transparency in the Medicare Advantage market, 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; December 10

H.R. 4229 (introduced by Rep. Katko): A bill to address the continued threat posed by dangerous synthetic drugs by amending the Controlled Substances Act relating to controlled substance analogues; to the Committee on the Judiciary, 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; December 10

H.R. 4234 (introduced by Rep. Sarbanes): A bill to establish a demonstration program to facilitate physician reentry into clinical practice to provide primary health services; to the Committee on Energy and Commerce; December 10

S. 2364 (introduced by Sen. Cardin): A bill to permit occupational therapists to conduct the initial assessment visit under a Medicare home health plan of care for certain rehabilitation cases; to the Committee on Finance; December 8

S. 2368 (introduced by Sen. Hatch): An original bill to amend title XVIII of the Social Security Act to improve the efficiency of the Medicare appeals process, and for other purposes; from the Committee on Finance; placed on the calendar; December 8

S. 2371 (introduced by Sen. Isakson): A bill to amend the Internal Revenue Code of 1986 to clarify the treatment of locum tenens physicians as independent contractors to help alleviate physician shortages in underserved areas; to the Committee on Finance; December 8

S. 2373 (introduced by Sen. Cantwell): A bill to amend title XVIII of the Social Security Act to provide for Medicare coverage of certain lymphedema compression treatment items as items of durable medical equipment; to the Committee on Finance; December 8

S.2382 (introduced by Sen. Dean Heller): A bill to amend title XVIII of the Social Security Act to strengthen intensive cardiac rehabilitation programs under the Medicare program; to the Committee on Finance; December 9

S. 2388 (introduced by Sen. Cruz): A bill to amend the Federal Food, Drug, and Cosmetic Act to provide for reciprocal marketing approval of certain drugs, biological products, and devices that are authorized to be lawfully marketed abroad, and for other purposes; to the Committee on Health, Education, Labor, and Pensions; December 10

S. 2389 (introduced by Sen. Collins): A bill to amend title XVIII of the Social Security Act to extend the rural add-on payment in the Medicare home health benefit, and for other purposes; to the Committee on Finance; December 10

S. 2392 (introduced by Sen. Brown): A bill to enhance beneficiary and provider protections and improve transparency in the Medicare Advantage market, and for other purposes; to the Committee on Finance; December 10