



Health Policy Briefing

April 25, 2016

Budget Chairmen Promise Budget Process Overhaul

Budget Committee chairmen Tom Price (R-Ga.) and Michael B. Enzi (R-Wyo.) have both begun efforts to rewrite the federal budget process. In the House, Chairman Price has said that he plans to hold several hearings before July 15 to examine ways to revise the 1974 budget law that created the modern appropriations process. He hopes to complete the overhaul this year. The Senate Budget Committee held a hearing last week on a possible overhaul, and Chairman Enzi has indicated that he is in the process of drafting an overhaul bill that could be released as early as May of this year. This bill would move from an annual budget and appropriations process to one that takes place every two years. Another proposal from Chairman Enzi would allow Congress to take up half of the 12 appropriations bills in one year, and the other half of the bills the next year. Rep. Price has appeared open to this idea.

House and Senate Take Steps to Address Opioid Abuse Epidemic

Both the House and the Senate have made progress in advancing a number of measures aimed at reducing the rate of heroin and prescription drug abuse across the nation. Last week, the Senate Appropriations Committee unanimously advanced the fiscal year (FY) 2017 Commerce-Justice-Science spending bill, which includes \$132 million to address the growing abuse of heroin and prescription drugs. The House Energy and Commerce Subcommittee on Health also approved 12 opioid-related bills. The Subcommittee approved the Nurturing and Supporting Healthy Babies Act (H.R. 4978), the Co-Prescribing to Reduce Overdoses Act of 2015 (H.R. 3680), the Improving Treatment for Pregnant and Postpartum Women Act of 2015 (H.R. 3691), the Veteran Emergency Medical Technician Support Act of 2015 (H.R. 1818), the DXM Abuse Prevention Act of 2015 (H.R. 3250), the John Thomas Decker Act (H.R. 4969), Lali's Law (H.R. 4586), the Reducing Unused Medications Act of 2016 (H.R. 4599), the Opioid Review Modernization Act (H.R. 4976), the Examining Opioid Treatment Infrastructure Act of 2016, the Opioid Use Disorder Treatment Expansion and Modernization Act, and legislation to provide for the establishment of an inter-agency task force to

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review, modify, and update best practices for pain management and prescribing pain medication. The legislation will be taken up by the full committee on Tuesday. Bipartisan leadership on the House Ways and Means Committee have **written** to Acting Administrator of the Centers for Medicare and Medicaid Services (CMS) Andy Slavitt requesting that his agency improve the transparency of mental and behavioral health data. While CMS has a standard list of chronic conditions used for data releases, the congressmen believe that the information relating to mental health conditions needs to be more granular in order to be meaningful. “With the growing opioid epidemic in the U.S., it is important to provide more robust data for analysis,” the lawmakers write. The letter was signed by Chairman Kevin Brady (R-Texas), Ranking Member Sander Levin (D-Mich.), Health Subcommittee Chairman Pat Tiberi (R-Ohio), and Subcommittee Ranking Member Jim McDermott (D-Wash.). This week, the House Judiciary Committee will consider a version of Senate legislation to combat opioid abuse that easily passed the chamber last month. The House version of the Comprehensive Addiction and Recovery Act (CARA) has a narrower scope focusing on Justice Department grants for states to enhance addiction treatment and prevention efforts. The House Energy and Commerce Committee will separately mark up the provisions related to the U.S. Department of Health and Human Services (HHS) from the Senate-passed CARA this week. The House Judiciary Committee plans to mark up its own set of bills this month, and a full package of bills is expected to be brought to the floor in May.

House Conservatives Release Health Policy Recommendations

On Friday, the House Republican Study Committee (RSC) released the conservative caucus’ recommendations for the six task forces established earlier this year by Speaker Paul Ryan (R-Wis.). The Health Care Reform Task Force is chaired by Budget Committee Chairman Tom Price (R-Ga.), Education and the Workforce Committee Chairman John Kline (R-Minn.), Energy and Commerce Committee Chairman Fred Upton (R-Mich.), and Ways and Means Committee Chairman Kevin Brady (R-Texas). The task force’s goal is to repeal and replace Obamacare with a patient-centered system that gives patients more choice and control, increase quality, and reduces costs. The RSC policy recommendations submitted last week to the House Republican Health Care Reform Task Force draw on the RSC’s American Health Care Reform Act (H.R. 2653) and includes leveling the playing field between individuals and employers by creating a standard, portable tax deduction and allowing individuals to purchase health insurance across state lines. An overview of the American Health Care Reform Act is attached.

Zika Update

Appropriators in the House of Representatives continue to spar with the administration over the President’s request for approximately \$1.9 billion in emergency funding to combat the Zika virus. Last week, the administration prepared an updated request indicating that funding would now largely be used for vaccine research and development. The updated request includes \$235 million more than the original request for the National Institutes of Health (NIH) and the Biomedical Advanced Research and Development Authority (BARDA), through a reduction in the request for a contingency fund and facility improvements for the Centers for Disease Control and Prevention (CDC). But Republican leadership on the House Appropriations Committee maintains that they need a more detailed request, including a breakdown of how much money is needed between fiscal years (FY) 2016 and 2017. Debate over Zika funding also took place during the markup of the FY 2017 Agriculture/FDA spending bill. The House Appropriations Committee adopted an amendment reaffirming the position that the Administration use money originally allocated for Ebola to respond to the Zika virus, and overrode a Democratic amendment to provide the \$1.9 billion in emergency funding. Senate Democrats sent a letter to Majority Leader Mitch McConnell (R-Ky.) and the Senate Appropriations Committee last week urging that action be taken on the President’s emergency funding request to combat Zika. The letter warns of the heightened threat of the virus come warmer summer months. Senate appropriators later confirmed that they are preparing a supplemental appropriations package that will be offered alongside an early spending bill on the Senate floor. McConnell has indicated that ultimately he does not believe there will be opposition to providing new funding to combat the virus. The number of people infected by Zika has risen to 800 people across 40 states and three U.S. territories, with the majority of occurrences in Puerto Rico.

House Appropriators Approve Ag/FDA Spending Bill

The full House Appropriations Committee approved the fiscal year (FY) 2017 Agriculture spending bill, which includes funding for the Food and Drug Administration (FDA). The bill would provide the FDA with \$2.7 billion in discretionary funding. During the markup, the committee debated and ultimately passed an amendment to shield e-cigarette vapor products already on the market from the FDA's pre-market approval process. The amendment includes language that would help keep the products out of the hands of children, such as labeling requirements and restrictions on advertising as well as sales from vending machines.

CMS Unveils Comprehensive Primary Care Plus Model

The Centers for Medicare and Medicaid Services (CMS) recently introduced a new model for primary care aimed at giving providers more flexibility in the practice of medicine. The model is based off of the Comprehensive Primary Care Initiative, launched in 2012. The updated model requires the delivery of preventive care and 24/7 patient access to care. Participants in the model are provided with an upfront incentive payment that they may be able to keep, depending on their performance. The model includes two tracks. Under the first, physicians are paid on a fee-for-service (FFS) basis, plus a monthly per-patient fee, averaging \$15 per beneficiary per month, for managing each patient's care. Under the second track, physicians are paid through a combination of reduced FFS payments and a comprehensive primary care payment (CPCP), based on the provider's expected evaluation and management claims. These practices will also receive a care management fee averaging \$28 per beneficiary per month. The model will begin in January 2017. Applications from practices looking to be a part of the Comprehensive Primary Care Plus model will be accepted between July 15 and September 1, following CMS' announcements of the 20 regions that will participate in the model.

Upcoming Congressional Meetings and Hearings

House Energy and Commerce Committee convenes for opening statements only related to the markup of opioid legislation reported out of the Subcommittee on Health and legislation reported out of the Subcommittee on Communications and Technology; 5:00 p.m., 2123 Rayburn Bldg.; April 26

House Energy and Commerce Committee markup of 12 bills to address opioid abuse; 10:00 a.m., 2123 Rayburn Bldg.; April 27

Senate Special Aging Committee hearing on the committee's investigation into the sudden, aggressive price spikes of decades-old prescription drugs; 3:30 p.m., 216 Hart Bldg.; April 27

Senate Finance Committee hearing on "Mental Health in America: Where Are We Now?" 2:00 p.m., 215 Dirksen Bldg.; April 28

House Veterans' Affairs Health Subcommittee markup of pending legislation; 9:00 a.m., 334 Cannon Bldg.; April 29

Recently Introduced Health Legislation

H.R. 4976 (introduced by Rep. Sean Patrick Maloney of New York): A bill to require the Commissioner of Food and Drugs to seek recommendations from an advisory committee of the Food and Drug Administration before approval of certain new drugs that are opioids without abuse-deterrent properties, and for other purposes; to the Committee on Energy and Commerce; April 18

H.R. 4977 (introduced by Rep. Walorski): A bill to direct the Secretary of Veterans Affairs to ensure that each medical facility of the Department of Veterans Affairs complies with requirements relating to scheduling veterans for health care appointments, to improve the uniform application of directives of the Department, and for other purposes; to the Committee on Veterans' Affairs; April 18

H.R. 4978 (introduced by Rep. Jenkins of West Virginia): A bill to require the Government Accountability Office to submit to Congress a report on neonatal abstinence syndrome (NAS) in the United States and its treatment under Medicaid; to the Committee on Energy and Commerce; April 18

H.R. 4981 (introduced by Rep. Bucshon): A bill to amend the Controlled Substances Act to improve access to opioid use disorder treatment; to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, 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; April 18

H.R. 4982 (introduced by Rep. Foster): A bill to direct the Comptroller General of the United States to evaluate and report on the in-patient and outpatient treatment capacity, availability, and needs of the United States; to the Committee on Energy and Commerce; April 18

H.R. 4983 (introduced by Rep. Griffith): A bill to provide information to prescribers in Federally qualified health centers and facilities of the Indian Health Service on best practices for prescribing naloxone; to the Committee on Energy and Commerce, and in addition to the Committee on Natural Resources, 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; April 18

H.R. 4989 (introduced by Rep. Ros-Lehtinen): A bill to amend title XIX of the Social Security Act to require States to provide cranial prostheses under the Medicaid program when a physician finds such treatment necessary for individuals affected by diseases and medical conditions that cause hair loss; to the Committee on Energy and Commerce; April 18

H.R.4994 (introduced by Rep. Alcee L. Hastings): A bill to amend title 38, United States Code, to exempt reimbursements of certain medical expenses and other payments related to accident, theft, loss, or casualty loss from determinations of annual income with respect to pensions for veterans and surviving spouses and children of veterans, and for other purposes; to the House Committee on Veterans' Affairs; April 19

H.R.5001 (introduced by Rep. Renee L. Ellmers): A bill to continue the use of a 3-month quarter EHR reporting period for health care providers to demonstrate meaningful use for 2016 under the Medicare and Medicaid EHR incentive payment programs, and for other purposes; to House Ways and Means; April 20

H.R.5009 (introduced by Rep. Charles W. Boustany, Jr.): A bill to amend titles XVIII and XIX of the Social Security Act to ensure prompt coverage of breakthrough devices under the Medicare and Medicaid programs, and for other purposes; to House Energy and Commerce; April 20

H.R. 5020 (introduced by Rep. Jeffries): A bill to require the Surgeon General of the Public Health Service to submit to Congress a report on the effects on public health of the increased rate of use of synthetic drugs; to the Committee on Energy and Commerce; April 21

H.R. 5021 (introduced by Rep. Collins of New York): A bill to amend title XI of the Social Security Act to require the Secretary of Health and Human Services to follow rulemaking procedures for costly Medicaid subregulatory policies; to the Committee on Energy and Commerce; April 21

H.R. 5031 (introduced by Rep. Curbelo of Florida): A bill to enhance Federal response and preparedness with respect to Zika virus; to the Committee on Energy and Commerce, and in addition to the Committees on Armed Services, and Foreign Affairs, 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; April 21

H.R. 5036 (introduced by Rep. McCollum): A bill to clarify the application of spousal impoverishment protections for recipients of home and community-based services under Medicaid; to the Committee on Energy and Commerce; April 21

H. Res. 699 (introduced by Rep. Al Green of Texas): A resolution promoting minority health awareness and supporting the goals and ideals of National Minority Health Month in April 2016, which includes bringing attention to the health disparities faced by minority populations of the United States such as American Indians, Alaskan Natives, Asian Americans, African-Americans, Latino Americans, and Native Hawaiians or other Pacific Islanders; to the Committee on Oversight and Government Reform; April 21

S. 2822 (introduced by Sen. Rob Portman): A bill to continue the use of a 3-month quarter EHR reporting period for health care providers to demonstrate meaningful use for 2016 under the Medicare and Medicaid EHR incentive payment programs, and for other purposes; to Committee on Finance; April 20

S. 2832 (introduced by Sen. Isakson): A bill to amend title XVIII of the Social Security Act to ensure fairness in Medicare hospital payments by establishing a floor for the area wage index applied with respect to certain hospitals; to the Committee on Finance; April 21

S. 2836 (introduced by Sen. Franken): A bill to clarify the application of spousal impoverishment protections for recipients of home and community-based services under Medicaid; to the Committee on Finance; April 21

S. 2843 (introduced by Sen. Nelson): A bill to provide emergency supplemental appropriations to address the Zika crisis; to the Committee on Appropriations; April 21