



Health Policy Briefing

June 1, 2015

Ways and Means to Take Up IPAB, Medical Device Tax Repeal

Committee Prepares for Health Legislation Markup

The House Committee on Ways and Means has scheduled a markup to consider several pieces of health legislation on Tuesday of this week. The bills include

- H.R. 160, "Protect Medical Innovation Act of 2015," which would repeal the Affordable Care Act's (ACA) excise tax on medical device manufacturers and importers;
- H.R. 1190, "Protecting Seniors' Access to Medicare Act of 2015," to repeal the ACA's Independent Payment Advisory Board (IPAB);
- S. 984, "Steve Gleason Act of 2015," to allow Medicare coverage as durable medical equipment of any eye tracking and gaze interaction accessories for speech generating devices;
- S. 971, "Medicare Independence at Home Medical Practice Demonstration Improvement Act of 2015," to increase from a three-year to a five-year period the length of an agreement with an independence at home medical practice under the Medicare Independence at Home Medical Practice Demonstration Program;
- H.R. 2580, "LTCH Technical Correction Act of 2015," to provide for a technical change to the Medicare long-term hospital moratorium exception;
- H.R. 2505, "Medicare Advantage Coverage Transparency Act of 2015," which would require annual reporting of enrollment data in Medicare Advantage (MA) plans;
- H.R. 2506, "Seniors' Health Care Plan Protection Act of 2015," which would delay the authority to terminate MA contracts for plans failing to achieve minimum quality ratings under the MA STARS rating system;
- H.R. 2507, "Increasing Regulatory Fairness Act of 2015," which would expand an annual regulatory schedule for MA payment rates;
- H.R. 2579, "Securing Care for Seniors Act of 2015," which would require the Centers for Medicare and Medicaid Services (CMS) to reevaluate the MA risk adjustment model to ensure that it is accurate, evidence-based and transparent; and
- H.R. 2581, "Preservation of Access for Seniors in Medicare Advantage Act of 2015," which would both establish a demonstration program

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to test the use of value-based insurance design methodologies under MA plans and revise the treatment under the Medicare program of infusion drugs furnished through durable medical equipment.

Notably, H.R. 160, H.R. 1190, H.R. 2505, H.R. 2506, H.R. 2507, and H.R. 2579 are scheduled for consideration on the House floor the week of June 15th.

White House Conference on Aging Updates

The date and the theme of the 2015 White House Conference on Aging was announced last week. The Conference will be held on July 13 and will focus on how to best address the changing landscape of aging in the coming decade. So far, the Conference has released four policy **briefs** on the topics of retirement security, healthy aging, long-term services and supports, and elder justice. Comments on the briefs received by June 12 will be considered in the development of a report that will be used during the Conference in July.

Medicare & Medicaid News

Senators Create Chronic Care Working Group

Sen. Mark Warner (D-Va.) and Sen. Johnny Isakson (R-Ga.) have launched a working group to study how to improve health outcomes for Medicare beneficiaries in need of chronic care. The Senators seek stakeholder input from the health care industry on the use of alternative payment models and reforms to the fee-for-service payment system to incentivize care coordination and the use of telemedicine. The deadline to submit comments to chronic_care@finance.senate.gov is Monday, June 22, 2015.

McKinley Introduces BACPAC Bill

Rep. David McKinley (R-W.V.) has introduced H.R. 1458, the Bundling and Coordinating Post-Acute Care (BACPAC) Act, which would reform how Medicare pays for post-acute care by transitioning to a bundled payment system. Organizations known as coordinators would share in the savings that result from the new coordinated care payment approach. The legislation is cosponsored by Rep. Jerry McNerney (D-Calif.) and Rep. Tom Price (R-Ga.). Congressman McKinley estimates the measure could save between \$20 billion and \$50 billion for the Medicare program.

NIH Update

NIH Urges Change in Antiretroviral Treatment Schedule

The National Institutes of Health (NIH) have released new research findings indicating that starting antiretroviral treatment early could lower an HIV-infected patient's risk of developing AIDS and other serious illnesses. This study is the first to reinforce the United States stance on when to start HIV drugs, which are in conflict with the World Health Organization's HIV treatment guidelines recommending that treatment begins only when a patient's white blood cell count drops to a certain level. The findings are a result of the Strategic Timing of AntiRetroviral Treatments (START) study, which enrolled 4,685 HIV-infected people and began in 2011. The study was supposed to run until 2016, but ended early when the data showed a significant difference between those who received treatment before their cell count declined to a certain point, and those who waited. "We now have clear-cut proof that it is of significantly greater health benefit to an HIV-infected person to start antiretroviral therapy sooner rather than later...these findings have global implications for the treatment of HIV," Director of the National Institute of Allergy and Infectious Disease (NIAID) Anthony Fauci stated in a press release. Early therapy can also lower an individual's viral load, reducing the risk they will transmit HIV to others.

Bipartisan Bill to Aid Rural ACOs Introduced

Sen. Maria Cantwell (D-Wash.), Sen. Patty Murray (D-Wash.) and Sen. John Thune (R-S.D.) have introduced legislation to improve care in rural areas and increase the coordinated, cost-effective care offered through Accountable Care Organizations (ACOs). The Rural ACO Improvement Act of 2015 would allow an ACO to include patients who receive their primary care services from a nurse practitioner, physician assistant, or Federally Qualified Health Center (FQHC) because they live in a rural area with a shortage of primary care physicians.

GAO Report on ACO Quality of Care Released

There is no evidence that beneficiary care has been compromised in Pioneer ACOs, according to a new **report** from the Government Accountability Office (GAO). The 23 ACOs that participated in the Pioneer Model in 2012 and 2013 improved their quality scores during their second year, and scored highly for measures in each of the quality domains. “Based on its monitoring efforts, CMS has no substantiated evidence suggesting that beneficiary care has been compromised, as of February 2015,” the report noted.

Upcoming Congressional Meetings and Hearings

House Veterans’ Affairs Oversight and Investigations (O&I) Subcommittee: hearing titled “Circumvention of Contracts in the Provision of Non-VA Healthcare;” 4:00 p.m., 334 Cannon Bldg.; June 1

House Energy and Commerce Oversight and Investigations Subcommittee: hearing titled “Medicaid Program Integrity: Screening Out Errors, Fraud, and Abuse;” 10:15 a.m., 2322 Rayburn Bldg.; June 2

House Ways and Means Committee: markup of H.R. 160, “Protect Medical Innovation Act of 2015;” H.R. 1190, “Protecting Seniors’ Access to Medicare Act of 2015;” S. 984, “Steve Gleason Act of 2015;” S. 971, “Medicare Independence at Home Medical Practice Demonstration Improvement Act of 2015;” H.R. 2580, “LTCH Technical Correction Act of 2015;” H.R. 2505, “Medicare Advantage Coverage Transparency Act of 2015;” H.R. 2506, “Seniors’ Health Care Plan Protection Act of 2015;” H.R. 2507, “Increasing Regulatory Fairness Act of 2015;” H.R. 2579, “Securing Care for Seniors Act of 2015;” and H.R. 2581, “Preservation of Access for Seniors in Medicare Advantage Act of 2015;” 10:15 a.m., 1100 Longworth Bldg.; June 2

House Energy and Commerce Committee: markup of the Toxic Substances Control Act (TSCA) Modernization Act (opening statements only on Tuesday, the Committee will reconvene on Wednesday morning to consider the bill); 5:00 p.m. on June 2 and 10:00 a.m. on June 3, 2123 Rayburn Bldg.

House Veterans’ Affairs Health Subcommittee: hearing titled “Assessing VA’s [Veterans Affairs] Ability to Promptly Pay Non-VA Providers;” 10:00 a.m., 334 Cannon Bldg.; June 3

House Budget Committee: hearing titled “The Congressional Budget Office: Oversight;” 10:00 a.m., 210 Cannon Bldg.; June 3. Witness will be Keith Hall, Director, CBO

House Energy and Commerce Health Subcommittee: hearing titled “Examining H.R. 2017, the Common Sense Nutrition Disclosure Act of 2015;” 10:00 a.m., 2123 Rayburn Bldg.; June 4

Health Legislation Recently Introduced

H.R. 2576 (TSCA), to modernize the Toxic Substances Control Act, and for other purposes; SHIMKUS; to the Committee on Energy and Commerce; May 26

H.R. 2579 (MA), to amend title XVIII of the Social Security Act to improve the risk adjustment under the Medicare Advantage program, and for other purposes; BLACK; jointly, to the committees on Ways and Means and Energy and Commerce; May 29

H.R. 2580 (LTCH), to provide for a technical change to the Medicare long-term care hospital moratorium exception, and for other purposes; BOUSTANY; to the Committee on Ways and Means; May 29

H.R. 2581 (MA), to amend title XVIII of the Social Security Act to establish a 3-year demonstration program to test the use of value-based insurance design methodologies under eligible Medicare Advantage plans, to preserve Medicare beneficiary choice under Medicare Advantage, to revise the treatment under the Medicare program of infusion drugs furnished through durable medical equipment, and for other purposes; BRADY; jointly, to the committees on Ways and Means and Energy and Commerce; May 29

H.R. 2582 (MA), to amend title XVIII of the Social Security Act to improve the risk adjustment under the Medicare Advantage program, to delay the authority to terminate Medicare Advantage contracts for MA plans failing to achieve minimum quality ratings, and for other purposes; BUCHANAN; jointly, to the committees on Ways and Means and Energy and Commerce; May 29