Summary of ACP's Leadership Day Key Priorities
May 23-24, 2017

ACP recently issued ***A Prescription for a Forward-Looking Agenda for American Health Care*** **(**acponline.org/2017) to make improvements in seven key areas affecting health care. The following priorities for Leadership Day help advance this prescription:

Protecting Affordable Coverage and Consumer Protections
Congress should abandon the American Health Care Act (AHCA) and instead start over to achieve a bipartisan consensus on real reforms that will not rollback coverage and essential consumer protections, as the AHCA would do. Specifically:

- Protect the health care safety net by rejecting policies that would cap, block grant and cut Medicaid; by continuing to provide the higher federal funding for states that have expanded Medicaid or might do so in the future; and by reauthorizing the Children's Health Insurance Program (CHIP) for the long-term.
- Stabilize the insurance market by continuing to fund the cost-sharing reduction payments to health plans that allow them to offer lower deductibles/co-payments to low-income persons as required by law.
- Ensure continuation of premium and cost-sharing subsidies required by current law and ensure that the value of such subsidies is not eroded, especially for older and sicker patients, causing coverage to become unaffordable.
- Maintain patient protections by rejecting proposals to allow states to obtain waivers so that insurers could again deny coverage or increase premiums to those with pre-existing conditions, not cover essential benefits, and impose annual or life-time caps on benefits.

Reducing Unnecessary Administrative Tasks on Physicians and Patients
Congress should take action to reduce administrative tasks that negatively impact physicians and patients, including:

- Encourage the administration to convene a multi-agency task force to identify tasks that could be streamlined or eliminated, based on a new comprehensive framework to assess the intent and impact of administrative tasks on care as proposed in ACP's policy paper, *Putting Patients First by Reducing Administrative Tasks in Health Care.*
- Establish a process to require that CMS and other relevant federal agencies reexamine and replace the existing E/M documentation guidelines with input from practicing clinicians and their professional organizations.
- Call on federal advisory bodies, such as the Medicare Payment Advisory Commission (MedPAC), to research the effect of administrative tasks on patient and family care experience and outcomes.
- Facilitate congressional hearings among government, clinician stakeholders, EHR vendors and suppliers to foster collaboration between parties to recognize their role and responsibility in reducing health IT administrative burdens.

Improving the Care of Patients with Chronic Disease
The Senate should pass S. 870, the CHRONIC Care Act, with the following improvements, and companion legislation should be introduced in the House:

- Eliminate the beneficiary co-pay for chronic care management (CCM) services.
- Require reimbursement and coverage of additional codes for more complex CCM services.

Funding for Workforce, Medical and Health Services Research, Public Health Initiatives
Congress should ensure uninterrupted funding in FY 2018 for federal programs/initiatives designed to support primary care and ensure an adequate physician workforce, including:

- Primary Care and Training Enhancement (PCTE)**:** $71 million to maintain and expand the pipeline for individuals training in primary care.
- National Health Service Corps (NHSC): Mandatory appropriations at $380 million to fund scholarships and loan repayment to health care professionals to help expand the country's primary care workforce.
- Centers for Disease Control and Prevention (CDC) and Prevention and Public Health Fund (PPHF): $7.8 billion; including maintaining PPHF funding at $900 million as the 21st Century Cures law permits.

- Agency for Healthcare Research and Quality (AHRQ): $364 million, restoring the agency to its FY2015 enacted level so it can help physicians help patients by making evidence-informed decisions, and fund research that serves as the evidence engine for much of the private sector's work to keep patients safe.
- National Institutes of Health (NIH)**:** $36 billion so that the country's biomedical research efforts can continue to fund cures for disease and maintain the United States' standing as the world leader in medical and biomedical research.

Making Graduate Medical Education (GME) Funding More Effective

Congress should develop and introduce legislation to reform Graduate Medical Education to prioritize funding toward physician specialties where millions of patients lack access, including internal medicine specialists trained in comprehensive primary care, to:

- Increase the number of GME slots by at least 3,000 per year over five years (approximately 15,000 slots) for specialties facing shortages, including internal medicine, as contained in the Resident Physician Shortage Reduction Act of 2017, H.R. 2267.
- Combine DGME and IME into a single, more functional payment program, and broaden the GME financing structure to include all payers.
- Allocate GME funds transparently and to activities that further the educational mission of teaching and training residents/fellows with input from practicing clinicians and in collaboration with their professional organizations.

Reducing Prescription Drug Costs

Congress should include the following policies as part of the effort to reauthorize the FDA Reauthorization Act, which expires in September, 2017:

- Increase transparency in drug pricing by requiring pharmaceutical manufacturers to publically disclose production costs including research and development investments for specific high-cost drugs as identified by the HHS Secretary through regulation, as contained in the Fair Accountability and Innovative Research (FAIR) Drug Pricing Act.
- Improve patient access to alternative low-cost prescription drugs and biological products by preventing prescription drug manufacturers from misusing the FDA's Risk Evaluation and Mitigation Strategies (REMS) process to make it difficult for competing generics to be brought to the market, as contained in the Creating and Restoring Equal Access to Equivalent Samples (CREATES) Act of 2017, S. 974 and H.R. 2212.
- Grant authority to the Secretary of HHS to negotiate prescription drug prices with manufacturers for high-cost drugs and biologics covered under Part D of the Medicare program, as contained in the Medicare Prescription Drug Price Negotiation Act of 2017, S. 41 and H.R. 242.

Promoting Continued Action to Address the Epidemic of Opioid Use

Congress should continue to fund opioid and substance use treatment programs at levels authorized by previously enacted legislation, as noted below, and oppose any effort to strike current-law protections to treat opioid use.

- Fully fund the $180 million authorized under the Comprehensive Addiction and Recovery Act (CARA) for FY2018, and the additional $500 million for FY2018 as called for under the 21st Century Cures Act.
- Reject allowing states to waive the current-law requirement that Medicaid and insurers cover substance use disorder treatment and that large employers include such coverage, as proposed by the American Health Care Act.

Reforming our Medical Liability System

Congress should enact reforms to our medical liability system to improve patient safety and reduce costs by passing legislation that:

- Allows physicians who document adherence to certain evidence-based clinical-practice guidelines and, when applicable, appropriate use criteria, a safe harbor from medical malpractice litigation, as proposed by the Saving Lives, Saving Cost Act, H.R. 1565.
- Sets a federal limit on the amount of non-economic damages at $250,000 and would enact a fair share rule that specifies that in any health care lawsuit, as contained in the Protecting Access to Care Act, H.R. 1215.
- Authorizes a National Pilot on Health Courts, which would offer patients access to a specialized "no fault" administrative process where judges, experienced in medicine and guided by independent experts determine contested cases of medical negligence without the unpredictability and unfairness of jury trials.

Digital version of this issue brief can be found at: https://www.acpservices.org/leadership-day/policy-priority-issues