

Summary of ACP's Leadership Day Key Priorities May 22-23, 2018

Expanding Coverage and Stabilizing the Insurance Market

Congress should work to help stabilize the individual health insurance market and expand coverage. Specifically:

- Develop and introduce comprehensive market stabilization legislation that includes reinsurance options to help stabilize the markets.
- Expand cost-sharing assistance eligibility to purchase insurance in the exchanges as well as increase the level of premium tax credits and cost sharing subsidies offered to purchase a qualified health plan.
- Introduce legislation that would block the expansion of access to short-term health plans or Association Health Plans that allow insurers to charge more to individuals with pre-existing conditions and permit them to exclude from coverage essential medical care.
- Support \$690 million in discretionary funding for federal exchanges within CMS' Program Operations as part of the FY2019 Labor, Health and Human Services, and Education Appropriations bill.

Reducing Unnecessary Administrative Tasks on Physicians and Patients

Congress should accelerate its efforts to reduce administrative burdens on clinicians and patients, including:

- Cosponsoring in the House the *Standardizing Electronic Prior Authorization for Safe Prescribing Act* (H.R. 4841), which standardizes electronic prior authorization for prescription drugs under Medicare Part D. Adopt even greater harmonization of such standards across the health care industry. Senators should introduce companion legislation.
- Cosponsoring in the House the CONNECTIONS Act (H.R. 5812) by Reps. Griffith (R-VA) and Pallone (D-NJ) that would authorize CDC grants to state-run PDMPs to improve data collection and integration into physician clinical workflow specifically, of controlled substances overdose prevention and surveillance activities. Senators should introduce companion legislation.
- Urging health care committees in Congress with jurisdiction over Medicare to exercise their oversight authority of CMS' effort to overhaul clinical documentation guidelines with input from practicing clinicians. Ensure that the narrative of the patient's history can be documented, preserved, and accessible within the record.
- Cosponsoring the *Improving Access to Medicare Coverage Act of 2017* (S. 568/H.R. 1421), which deems patients under observation as inpatients for the purposes of satisfying the Medicare 3-day inpatient stay requirement.

Reducing Prescription Drug Costs

Congress should increase transparency and accountability in prescription drug pricing and improve access to lower-cost generic medications by cosponsoring or introducing the following bills and urging their enactment:

- The *Drug Price Transparency in Communications Act* (S. 2157) would require drug companies to disclose the Wholesale Acquisition Cost of an Rx in Direct-to-Consumer Advertising. Representatives should introduce the companion bill.
- The *Creating and Restoring Equal Access to Equivalent Samples (CREATES) Act of 2017* (S. 974/H.R. 2212) would 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.
- The *Medicare Prescription Drug Price Negotiation Act of 2017* (S. 41/H.R. 242) would grant authority to the Secretary of HHS to negotiate prescription drug prices with manufacturers for high-cost drugs and biologics covered under Part D.
- The *Fair Accountability and Innovative Research (FAIR) Pricing Act* (S. 1131/H.R. 2439) would require drug manufacturers to disclose and provide more information about planned drug price increases, including R&D costs.

Funding for Workforce, Medical and Health Services Research, Public Health Initiatives

Congress should ensure funding in FY 2019 for federal programs/initiatives designed to support primary care and reject funding rescissions that would harm children's health coverage or CMS' Innovation Center. Congress should fund:

- **Primary Care and Training Enhancement (PCTE):** Fund the program at \$71 million in order to maintain and expand the pipeline for individuals training in primary care.
- **National Health Service Corps (NHSC):** Fund the NHSC at least at \$415 million in total program funding to fund scholarships and loan repayment to health care professionals to help expand the country's primary care workforce and meet the health care needs of underserved communities.
- **Centers for Disease Control and Prevention (CDC) and Prevention and Public Health Fund (PPHF):** Fund the CDC at \$8.45 billion; including PPHF funding at \$805 million.
- **Agency for Healthcare Research and Quality (AHRQ):** Fund AHRQ at \$454 million, restoring the agency to its FY2010 enacted level adjusting for inflation after cuts in FY2016 and FY2017 and a small increase in FY2018 so it can help clinicians help patients by making evidence-informed decisions, 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):** Fund NIH at \$39 billion so that this nation's biomedical research can continue to fund cures for disease and maintain the U.S.' standing as the world leader in medical and biomedical research.

Promoting Continued Action to Address the Epidemic of Opioid Use

Congress should introduce and pass a comprehensive legislative package this year to improve prevention, education, treatment and recovery for those suffering from opioid-related addictions, including:

- Providing for sufficient and increased funding to address the opioid epidemic, building and expanding upon the \$4.65 billion in the omnibus bill approved by Congress, with at least \$1 billion for programs as authorized by CARA 2.0.
- Expanding access and coverage for medication assisted treatment (methadone, buprenorphine, and naltrexone to prevent opioid and substance use disorders.
- Rejecting any proposal to impose a three day prescribing limit for initial opioid prescriptions to ensure that doctors have appropriate flexibility to determine the proper duration of each opioid prescription.
- Cosponsor the *Comprehensive Addiction and Recovery Act 2.0 of 2018* (S. 2456/H.R. 5311) as a step toward a more comprehensive opioids-related package that is under development.

Reducing Firearms-Related Injury and Death

Congress should introduce, cosponsor, and pass legislation, inclusive of policies that would help reduce firearms-related injury and death by:

- Cosponsoring the *Assault Weapons Ban of 2018* (S. 2095/H.R. 5077), which would ban the sale of high velocity, rapid fire "assault rifles" and large capacity ammunition magazines and bump stocks.
- Cosponsoring the *Brady Background Expansion Act* (S. 2009), to expand background checks to virtually all firearm sales in the United States. House members should introduce the companion bill.
- Cosponsoring the *Stop Illegal Trafficking in Firearms Act of 2017* (S. 1185), and the *Stop Straw Purchases Act* (H.R. 5134). Both would increase penalties for individuals who unlawfully purchase firearms for other persons who are prohibited from possessing firearms (known as straw purchasers).
- Repealing the Dickey amendment restricting firearms-related research by federal agencies and support \$50 million in funding for the CDC to conduct such research. As a good first step, cosponsor S. 834/H.R. 1832 that authorizes funding for the CDC to conduct such research.

Making Graduate Medical Education (GME) Funding More Effective

Congress should develop and introduce legislation to reform GME 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 for specialties facing shortages, including internal medicine, as contained in the Resident Physician Shortage Reduction Act of 2017 (S. 1301/H.R. 2267). Lawmakers should cosponsor these bills in their respective chambers.
- Combine DGME/IME into a single, more functional program; 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.
- Support continued adequate funding for the VHA and its substantial contributions to the ongoing training of the next generation of physicians. Any legislation under consideration by Congress to reform or consolidate care in the VHA should not undermine the VA's ability to continue to provide such medical training.