

## Frequently Asked Questions (FAQs)

Additional Policy Issues of Interest for Leadership Day 2018

May 22-23, 2018

### 1. What is the “rescissions” process and what are the key issues for ACP in the President’s rescissions package?

Under current law, the administration can make a request to Congress to cut already-appropriated funding (e.g. funds already approved by Congress) for any federal program. Congress has 45 days to turn that request into legislation and vote on it, typically referred to as a rescissions package. During those 45 days, that funding is frozen. On May 8, the President sent a request to Congress proposing almost 40 rescissions totaling \$15.4 billion, some of which impact programs where funding might have already expired (and can no longer be spent), or other programs where funding is still available but not yet spent. On May 9, Congress introduced a rescissions package, *the Spending Cuts to Expired and Unnecessary Programs Act* (HR 3), which is based on the President’s request. Reports have indicated that the full House may vote on HR 3 as soon as the week of May 21<sup>st</sup> so Leadership Day attendees may be questioned on ACP’s position on HR 3.

ACP is on record as opposing HR 3 because it would cut \$7 billion from the Children’s Health Insurance Program (**CHIP**), \$800 million from the Center for Medicare and Medicaid Innovation (**CMMI**), and \$252 million from the United States Agency for International Development’s (**USAID**) Ebola response, key programs/initiatives that support children’s health, medical innovation and the public health. View ACP’s [letter](#) to congressional leaders.

The CHIP program is vital to ensuring health coverage to low-income and under-insured children. Earlier this year, Congress passed legislation ensuring funding for CHIP for 10 years, and yet now HR 3 proposes to cut \$7 billion from CHIP including \$1.9 billion from the Child Enrollment Contingency Fund, which ensures federal funds for CHIP if states experience an unexpected increase in enrollment. While White House officials insist that the CHIP cuts would not harm access to care for children and families that is simply not the case. Our nation is facing an increasing number of natural disasters, including a devastating hurricane season that has displaced thousands of children and families and an ongoing disaster in Hawaii. Each catastrophe leaves families more vulnerable and more likely to qualify for CHIP. In addition to natural disasters, the Child Enrollment Contingency Fund provides states needed protection and security should their CHIP enrollment suddenly spike due to an economic recession or a public health crisis.

ACP strongly supports CMMI’s mission to test and expand innovative models of care to better align physician payment to improve quality, cost-effectiveness, and patient-centered care. Rescinding \$800 million of funding, as is called for in HR 3, could severely impact CMMI’s ability to test new models of care, which are a critical component of the bipartisan Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and its Quality Payment Program (QPP).

With respect to USAID, its ability to maintain its existing contingency fund to combat the outbreak of Ebola and other infectious diseases would be greatly diminished by the proposed rescission of \$252 million of USAID funding for Ebola response (International Aid Assistance). With reports of another recent Ebola outbreak in the Congo, now is not the time to cut funding that would hamper USAID’s ability to respond to a public health crisis abroad.

### 2. What is in the president’s recent proposal to reduce prescription drug costs?

On May 11, 2018, the Trump administration unveiled a set of proposals intended to confront the problem of increasing prescription drug prices. The proposal would attempt to address several issues, including: lowering costs for seniors in the Medicare Part D prescription drug program through possible value-based purchasing; getting foreign countries to pay more for prescription drugs in order to lower prices in the United States; requiring the disclosure of drug prices in commercial advertising; possibly permitting pharmacists to advise patients when paying in cash would be less expensive

than using their health insurance; and preventing name-brand drug manufacturers from using the Risk Evaluation Mitigation Strategies (REMS) process to delay generic drugs and biosimilars from coming to market.

ACP appreciates that the administration is attempting to tackle the issue of prescription drug pricing, and we are currently evaluating the proposal, the HHS Blueprint to Lower Drug Prices and Reduce Out-of-Pocket Costs, and its accompanying Request for Information. ACP will be assessing how aligned the proposal is to our own priorities for reducing prescription drug pricing, as outlined in ACP's position paper, [Stemming the Escalating Cost of Prescription Drugs](#).

**3. What is ACP's view of the Patients over Paperwork and Meaningful Measures initiatives launched last year by the Centers for Medicare and Medicaid Services (CMS)?**

ACP is supportive of CMS' [Patients Before Paperwork](#) and [Meaningful Measures](#) initiatives to reduce unnecessary regulatory burdens on physicians to allow them to spend more time to care for patients. The goals of these programs align closely with ACP's [Patients Before Paperwork](#) initiative which provides the foundation for detailed policy recommendations to CMS for revising, streamlining, or removing burdensome administrative tasks. CMS worked closely with ACP and other stakeholders to solicit their guidance on how these goals may be accomplished through a regulatory review and rulemaking process. CMS has also targeted several areas to reduce administrative burdens associated with the use of alternative payment models (APMs), the use of health information technology, and documentation and coding requirements associated with Medicare.

ACP also applauds CMS for the work underway as part of the Meaningful Measures initiative to ensure that quality measures, which are a critical component of paying for value, are streamlined, outcomes based and truly meaningful to physicians and their patients. This initiative applies criteria to evaluate each quality measure to help guide the removal of lower value quality measures while maintaining meaningful measures that have the greatest impact on patient outcomes. We are working closely with CMS in this effort to ensure that measures are continually updated to allow ongoing innovation and learning as well as mitigate any potential unintended consequences such as increasing clinician burdens.

**4. Do you have questions about Leadership Day; what's behind it and why it is so important?**

ACP has developed new Leadership Day Frequently Asked Questions (FAQs) that describe the event, its purpose, how policy priorities are determined, why advocacy is so important, and what members can gain from it. The document can be especially helpful to those who are attending the event for the first time. The FAQs are available on the Leadership Day [webpage](#).