Federal Policy

On March 19 Congressional leaders announced a bipartisan, bicameral deal, H.R. 1470, to permanently repeal Medicare’s loathed sustainable growth-rate formula for paying doctors. The deal comes just two weeks before deadline for ending the current patch. Bills containing terms of the deal were introduced in both chambers of Congress. The deal was negotiated by House Speaker John Boehner and Minority Leader Nancy Pelosi in recent weeks behind closed doors. But key committee members have signed on as sponsors of the legislation including Rep. Paul Ryan (R-Wisc.), chair of the House Ways and Means Committee, Sen. Orrin Hatch (R-Utah), chair of the Senate Finance Committee, and the ranking Democratic members of each of those committees. Boehner and Pelosi negotiated a $213 billion deal that would also extend funding for CHIP by two years. The additional spending would be partially offset by $70 billion in spending reductions. Those are split roughly in half between reductions to Medicare benefits and cuts to provider payments. The bill is scheduled for a vote on March 26 in the full House of Representatives.

Senate democratic leaders including Ron Wyden and Harry Reid are resistant to the bill. One major point of contention is that the deal is only expected to include two years of funding for the Children’s Health Insurance Program, which covers children from low-income families that aren’t poor enough to qualify for Medicaid. Democrats want four more years of funding for CHIP, which is set to expire Sept. 30.

The ACP is working with the AMA and other physician organizations across the country in urging doctors nationwide to participate in a National Call to Action for all members to call their congressmen to urge them to support H.R. 1470.

Medicaid Parity and the Tobacco Tax in Georgia

The GA ACP HPPC launched a campaign advocating state support for full Medicaid Parity and for an increase in the tobacco tax to help pay for it.

1. Letter on GA ACP letterhead was sent to all key leaders by name with fact sheets on Parity and the Tobacco Tax.
2. Email was sent to all GA ACP members requesting them to contact their state legislators identifying them by openstates.org.
3. Len Lichtenfeld released an Op-Ed from the American Cancer Society on the Tobacco Tax
4. Jacqueline Fincher released on Op-Ed on the issue which was published in the AJC on March 16th.
5. Andy Lord, the contract lobbyist for our chapter and other Georgia medical organizations including has lead a strong effort to get the state tax on tobacco
raised from the current $0.37 a pack to $1.23 a pack, which is the mean tax among the fifty states. We have been active and engaged with a broader coalition of proponents including ACS, AHA, ALA Georgians for a Healthy Future and others in making this push for $1.23. If passed, the tax would immediately raise over $500 million a year in new revenue. Only $60 million is needed for Georgia to implement full Medicaid parity with Medicare.

As of March 11, the Senate Health and Human Services committee put $19.5 M into their budget for Medicaid reimbursement to primary care physicians and ob-gyns. The Senate Appropriations Committee passed a budget that awards $5.9 million in state funds for a Medicaid pay raise to ob-gyns, and $13.6 million to internists, pediatricians and family medicine physicians. The state funds would be matched by federal money.

As of March 20, 51 of the 56 Georgia Senators supported a tobacco tax increase of at least $1.00 and the majority of the members of the Georgia House supported raising the tobacco tax. Lieutenant Governor Casey Cagle vehemently opposed it. Then Governor Nathan Deal pulled the legislation off the floor and killed the bill.

**Pharmacy Bill, HB 504**

This bill allows pharmacists to administer Minactra, Pneumovax, and Zostavax. This was a bill put forward based on a compromise by MAG and the Pharmaceutical Association.

While the GA ACP was supportive of Pneumovax and Minactra in the bill, we strongly advocated for the removal of Zostavac, a live vaccine, from the bill. Our Governor sent a letter to Chairperson Cooper stating our position:

Zostavax, a live vaccine, is contraindicated in immunosuppressed or immunodeficient individuals including those with a history of primary or acquired immunodeficiency states, leukemia, lymphoma or other malignant neoplasms affecting the bone marrow or lymphatic system, AIDS or other clinical manifestations of infection with human immunodeficiency viruses, and those on immunosuppressive therapy. For their own protection, people who have damaged or weakened immune systems should not be given any live vaccines.

Pharmacists do not have access to the patients’ detailed medical records. The decision to prescribe zostavax should be made by each patient’s regular health care provider who has prior experience with the patient and/or immediate access to the patient’s full medical record.

Zostavax is a wonderful vaccine for most patients. But provision of the vaccine to a patient who is immunodeficient can be very harmful. For that
reason, a written prescription by the patient’s personal health care provider should be required before a pharmacist is allowed to administer the vaccine.

Despite the fact that Sharon Cooper, Chair of the House HHS, agreed with our position, the bill was passed unanimously out of the House HHS committee and then the Senate HHS committee. It will become law.

PA Prescribing Schedule II Drugs, HB349 and SB115

During the 2014 Georgia General Assembly SB 268 passed the Senate but was not considered in the House of Representatives. The bill would have allowed a supervising physician to delegate authority to a physician assistant (PA) to prescribe Schedule II medications. The Georgia Composite Medical Board (GCMB) supported SB 268 after the additions limiting PAs to prescribe a 30 day supply and requiring three hours of continuing education specific to schedule II medications.

The Georgia ACP strongly opposed this bill. Our Governor sent a letter on March 6th stating our position:
The Georgia Chapter American College of Physicians opposes HB349 allowing Physician Assistants to prescribe all Schedule II and III drugs. The profile of opioid dependence in the United States is changing. Abuse of prescription opioids is more common than that of illicit opioids: Recent data indicate that approximately 1.6 million persons abuse or are dependent on prescription opioids, The Office of National Drug Control Policy (ONDCP) has deemed prescription drug abuse an epidemic in the United States.

Drug abuse death rates in the United States have more than tripled since 1990. The CDC reports that in 2013 there were 22,767 deaths from pharmaceutical overdoses and 71.3% include opioid analgesics. According to a recent report from the Georgia Bureau of Investigation (GBI) Medical Examiner’s Office, deaths related to prescription drug overdoses continue to rise, accounting for 76% of the accidental drug deaths in the state.1

GA ACP supports prevention of avoidable prescription drug abuse related deaths, and the other negative consequences associated with prescription drug abuse. GA ACP regards highly the Physician Assistant profession and seeks to work further with them on the prescription drug abuse in Georgia.

Senator Ben Watson on March 2nd testified against the bill on the Senate HHS committee stating that there was a 40% decrease in hydrocodone Rxs after the drug was put on Schedule II

The bills did not cross over and therefore the legislation is dead this year.
**Consumer and Provider Protection Act, SB 158**

Medical Association of Georgia (MAG) has dropped Senate Bill 158 for consideration during this legislative session. While the overall bill is extremely important in ensuring additional legislative protection for physicians, the "Consumer Right to Access" section is essential to physicians as payers begin building what they consider to be "narrow networks" which will exclude some providers from participation.

Our Georgia Chapter strongly endorsed this bill. However, in our HPPC discussion we thought the bill should be strengthened further to protect patients from situations in which the patient's procedural MD was a participating physician and then later being responsible for high bills from the anesthesiologists, pathologists, and radiologists who were non-participating. New York recently passed a law addressing this concern and providing other protections to providers and consumers.

SB 158 is being submitted to several subcommittees for review over the summer and may be broken up into several bills. Senator Untermann of the Senate HHS is facilitating this process. Our Georgia ACP has forwarded the New York law to both MAG and to Senator Untermann to assist them in development of the Georgia legislation.

**Biosimilar Bill, SB 51 and HB 195**

Biosimilars, also called follow-on biologics, have been viewed as a potential cost-saving alternative to traditional therapies. Currently a product can be considered biosimilar to a reference product if, based on data derived from analytical studies, animal studies, and a clinical study or studies, the product is shown to be 'highly similar' to the reference product, notwithstanding minor differences in clinically inactive components, and if there are no clinically meaningful differences in terms of safety, purity and potency. In addition, a biosimilar product may be deemed 'interchangeable' if it meets certain higher standards.

Recently the FDA approved the first biosimilar for use in the United States. There are others in the pipeline. The state currently has no legal provision to allow prescriptions of biosimilars.

The Senate version of the bill passed the House on March 20 by unanimous vote.

Respectively submitted,
Emmett Doerr Jr MD FACP
Chair, HPPC