Federal Activity

SGR Repeal and Medicare Provider Payment Modernization Act (H.R. 4015/S. 2000)

Despite the unprecedented bipartisan support for this legislation and including the endorsement of nearly every physician organization in the country, neither the House nor the Senate has yet agreed to bring the legislation to the floor for the vote. The ACP through its Advocates for Internal Medicine Network has an extremely efficient and effective political campaign to support this bill. Through its emails it takes only minutes for ACP members to send an email, letter, or make a call to their respective senators and congressman.

If you have not yet advocated for the SGR repeal, do so today. Go to: http://capwiz.com/acponline/home/ where in 5 minutes you can send an email or letter to your congressman and our two senators.

“Key Improvements over Current Law”
Prepared by the ACP Division of Governmental Affairs and Public Policy

1. After 11 years, 16 patches, and $154 billion wasted. It is time to pass SGR-repeal now!
2. The bill establishes stable positive updates of 0.5% for the first 5 years (with rates then remaining stable from 2018-2013). The alternative is a nearly 24 percent cut in 2014, followed at best by a freeze in payments, but more likely deeper cuts.
3. The existing Medicare quality reporting/incentive programs (PQRS, VBM, and MU) vary significantly in terms of measures, data submission options, and payment timelines—which results in significant confusion and hassles for physicians. The new Merit-based Incentive Program (MIPS) program would unify these programs.
4. This legislation keeps the money from physician quality incentive program penalties (in 2018 and beyond) in the physician payment pool; therefore, significantly increasing the total funds available to pay physicians. This money would be lost if the current system remains in place.
5. The new MIPS composite score would allow physicians to more clearly determine their eligibility for incentive payments. In essence, it empowers physicians to set their own individual conversion factor, rather than having it determined by a flawed formula or other external approach. Physicians will be able to proactively review their data in order to set their performance goals. The current Medicare reporting programs are not at all clear, transparent, or aligned in
terms of performance thresholds that must be met.

6. In the current Medicare reporting/incentive programs, physicians receive little to no incentive payment for engaging in clinical improvement activities. And there is currently no ability for physicians to get credit for transforming to a PCMH under the current programs. The MIPS program would change that and give credit for overall improvement from year to year, as well as for engaging in specific clinical improvement activities.

7. Under current law, in 2018, physicians are faced with:
   a. 2 percent penalty for failure to report PQRS quality measures;
   b. 4 percent (increasing to 5 percent in 2019) penalty for failure to meet EHR MU requirements; and
   c. Additional negative adjustments under the VBM program

   All of which could add up to 6-8 percent cuts as early as 2018 and 7-10 percent cuts in 2019. However, the new MIPS program aligns all of those incentive payments and caps them at more reasonable limits in the early years (4 percent in 2018), which gradually increase over time.

8. On top of the base positive incentive payments that high performing physicians would receive in the MIPS program, they can also receive additional payment. In aggregate, this additional payment would be up to $500 million per year from 2018 to 2023. This new money does not exist within the current Medicare reporting/incentive programs.

9. Additional new money is also allocated specifically to help small practices ($40 million). There is currently no funding assistance available for the Medicare reporting programs and very limited assistance available for Alternative Payment Model (APM) transition (mostly limited to practices participating in CMS Innovation Center projects).

10. Those physicians participating in APMs would also receive a 5 percent bonus—this is entirely new funding and is on top of any current payment structures that are part of their APM (e.g., prospective care coordination fees, shared savings, etc.).

11. Through its incentives for APMs, this bill would allow for a more rapid and robust expansion of the PCMH and PCMH specialty practices (and other evidence-based models) throughout all of Medicare.

12. Additionally, current law does not require payment for the management of individuals with chronic conditions. CMS recently finalized via rulemaking that they will be paying for a similar code starting in 2015; however, the details of how that code will be implemented have not been finalized. This bill would put the weight of law behind paying for a chronic care management code (or codes) and would ensure that PCMHs and PCMH specialty practices could bill for them.

President Obama Seeks Billions in FY15 Budget to Improve Access to Primary Care

The budget proposal, released in early March, would do the following regarding primary care:
• Extends Medicaid parity by one year, at a cost of nearly $5.44 billion. Set to expire by the end of 2014, the program guarantees that primary care doctors are paid for services under Medicaid at the same rate they're paid under Medicare.

• Adds $5.23 billion over 10 years to support graduate medical education for 13,000 primary care residents.

• Adds $3.95 billion over the next six years in funding for the National Health Service Corps to support growth of the program from 8,900 primary care physicians and other providers last year to at least 15,000 annually starting in 2015.

State Activity

Fewer bills were considered this year because lawmakers wished to end the session early to begin fundraising for the May primary elections. The year the elections are scheduled two months earlier this year than in years past. Mary Daniels, our outstanding executive, deserves our tremendous thanks for her many days of hard and excellent work on our behalf at the Capital during this rapid legislative session.

Bills Supported by HPPC

Medical marijuana/Cannibis Oil Act  HB 885
Summary: This bill relates to the experimental use of cannabis for treatment of cancer and glaucoma, so as to provide for continuing research into the benefits of medical cannabis to treat certain conditions; to provide for the continuation of the Controlled Substances Therapeutic Research Program; to provide for selection of academic medical centers to conduct the research

HPPC Assessment and Actions: HPPC, MAG, and CHOA all support the bill.

Status: Did not pass probably due to fact that the Autism Bill was attached as an amendment. A Senate resolution to establish a study committee on the medical cannabis did pass.

Preceptor Tax Credit  HB 992
Summary: This was a major recommendation from the 2013 Primary Care Summit and is intended to provide tax credits for community based faculty who precept GEORGIA medical, PA, and NP students. This is in lieu of direct payment for these valuable services and a direct response to the movement of off shore and out of state medical schools who pay for sites in Georgia.
HPPC Assessment and Actions: We have been strongly in favor of this bill sponsored by Representative Ben Harkin. Letters sent requesting support to members of Ways & Means. Letter sent to Senate Finance Committee.

Status: Bill passed in the final 5 minutes of the session as an amendment to the TriCare Bill SB 391.

Loan Forgiveness Program in FY15 Budget for Medical Graduates Working in Georgia
Summary: Graduate medical education (GME) Loan Forgiveness Awards by adding 15 additional awards are administered by the Georgia Board for Physician Workforce.
- Currently the Board has funding for 16 awards at the $20,000 level, for a total budget of $330,000.
- The House added $260,000 to the program to add 13 awards at the $20,000 level to the existing number of awards for a total of 29 awards at the $20,000 level and a total budget of $590,000.
- The Senate added $300,000 to the program to add 15 awards at the $20,000 level to the existing number of awards for a total of 31 at the $20,000 and a total budget of $630,000.

HPPC Assessment and Actions: Letters of chapter support for this funding were delivered to committee members. Discussion with committee chair, Tim Golden assured his full support of this increase if budget process allows.

Status: Provision was passed in the budget with an increase of 10 more awards at the $20,000 level of loan forgiveness.

AHEC Funding in FY15 Budget
Summary: The AHEC Program is the primary entity providing housing for health professions students in community-based sites remote from their host campus. Research has demonstrated that the location of training is highly correlated to eventual practice location choice. For an enrolled medical student, the chance to receive training off campus is perceived negatively without adequate supports in place for them. From FY 2008 – FY 2013, AHEC supported 22,336 rotations; approximately 38% of which were medical student rotations (for FY 12-FY13 that percentage increased to 58%). Between FY 08-FY13, AHEC supported 5,404 rotations with housing; of these rotations, 62% (3,351) were medical students. This percentage of housing resources allocated to medical students rose to 70% in FY 13.

HPPC Assesment and Actions: We support support the current Senate Budget that provides $370,000 for increased travel and support. If feasible consider raising that to $600,000 in the Health Access and Improvement Programs in the FY 15 DCH House budget. With the additional funding, a minimum of 100 new “beds” will be opened,
which would support approximately 800 new 4-6 week rotations. These would be located at approximately 25 new “sites” across the state.

- Currently the House Budget provides $300,000
- Currently the Senate Budget provides $370,000

Status: Provision for an increase of $300,000 in funding was passed in the FY2015 budget.

**Economic Credentialing SB 360**
Summary: This is a bill that impacts physicians in hospital based private physician groups. It is economic credentialing of these private physicians by hospitals.

HPPC Assessment and Actions: We support this bill which protects physician’s rights.

Status: Passed out of Senate Health and Human Services Committee on 2/24. Bill did not pass during the session.

**HB 971 Consumer Information and Awareness HB 971**
Summary: All health providers are required to wear an identifier with name and type of license held. MAG sponsored bill.

HPPC Assessment and Actions: We support this bill. Optometrists were in opposition.

Status: Bill not passed.

**Physician Profiling SB 173**
Summary: To regulate and provide for transparency in physician profiling programs.

HPPC Assessment and Actions: We supported this bill that is based on AMA transparency standards.

Status: Did not pass.

**Opioid Antagonist HB 966**
Summary: Extends authorization for prescription and administration of opioid antagonists in emergency services. The bill sponsored by Representative Ben Watson MD and Sharon Cooper RN among others.

HPPC Assessment and Actions: We support this bill.

Status: Bill passed.

**Disclosure of persons’s HIV status to certain health providers SB342**
Summary: this bill sponsored by Senator Dean Burke MD is related to assuring HIV patients receive proper TX and medication.
HPPC Assessment and Actions: We support this bill.

Status: Bill passed.

Cancer Treatment Fairness Bill HB943
Summary: Caps copay on insurance copays for oral anti-cancer medication at $200 for each drug.

HPPC Assessment and Actions: We supported this bill. A $200 cap on all oral cancer medications taken by a patient would have been preferable.

Status: Bill passed.

Maternal Mortality Review Committee SB 273
Summary: Requires the Dept. of Public Health to establish the Maternal Mortality Review Committee to review maternal deaths. This bill was sponsored by Senator Dean Burke, MD who is an OB-GYN.

HPPC Assessment and Actions: HPPC was in favor of this bill. No action was needed because it passed quickly.

Status: Bill passed.

Georgia Adult and Aging Services Agency SB 291
Alzheimer’s Disease Registry SB 292
State Plan for Alzheimers Disease SR 746
Summary: These two senate bills and a senate resolution are companion pieces sponsored by Senator Renee Unterman, a nurse and chair of the Senate Health and Human Services Committee.

HPPC Assessment and Actions: HPPC was in favor of this bill. No action was needed because it passed quickly.

Status: These bills passed.

Tricare Network Bill SB 391
Summary: Each medical facility shall make a good faith application to the southern regional TRICARE network.

HPPC Assessment and Actions: We were in favor of this bill.

Status: Bill passed with the Tax Credit bill attached in the final minutes of the session.

Bills On Which HPPC is Neutral
Safe Carry Protection Act   HB 875
Summary:  Would lift restrictions on guns in churches and bars, allow school boards to arm employees.  It would also lift a ban on licensed owners carrying guns on college campuses by making it no longer a crime.

HPPC Assessment and Actions:  Our HPPC discussed this bill in detail on five conference calls guided by experience and evidenced based studies or the lack thereof.  The second amendment protects the rights of individuals to carry arms.

In the course of its evolution, the bill was revised to:
•  not allow guns to be carried into a bar and
•  to not allow guns to be carried into churches unless approved by the churches, and
•  to not allow guns to carried on college campuses.

HPPC has decided to promote education by physicians on aspects important to public health such as gun safety.  We decided to remain to neutral on the subject.

Status:  Bill passed in final hour of session.

Physician Owned Ambulatory Surgical Centers   HB 279
Summary:  To define and provide for exemptions for physician owned surgical centers.

HPPC Assessment and Actions:  HPPC has taken a neutral stance on this bill.

Status:  Did not pass.

Bills Opposed by HPPC

Patient Injury Act   SB 141/ HB 662
Summary:  This bill would create an alternative medical malpractice litigation system.

HPPC Assessment and Actions:  HPPC opposed this bill last year because it could essentially create a new entitlement system, because the enormous increase in cases could result in a much larger diversion of the time, energy, and focus of physicians away from patient care and onto the greatly increased number of claims from this proposed patient compensation system, and the state would need to create a whole new bureaucracy with increased numbers of employees at a time in this country when our state and the nation is trying to shrink the size of government.  We were concerned that the untested approach would have more harm than benefit.

This year, in line with the national ACP’s position to advocate for demonstration projects regarding alternative malpractice system models, we considered supporting the system in Georgia.  On January 9th, we strongly recommended a Patients’ Compensation System be limited to a demonstration project confined to a limited area of Georgia for a limited number of years.  The demonstration project should measure and collect actual data on the number of claims, the administrative costs of the system, the costs of time and money
to the physicians and health care facilities, and the satisfaction of patients, physicians, and other health care providers with the system. Jacqueline Fincher and Mary Daniels met with chief administrative point man on the bill to discuss this. He rejected a demonstration project as not feasible. Subsequently HPPC this year again opposed this untested system.

Status: Did not pass. The bill was tabled in the Senate Health and Human Services Committee.

**Fireworks Bill  HB 952**  
Summary: The bill relates to regulation of fireworks, so as to provide for the sale of consumer fireworks; to provide for definitions; to provide for licensing and fees; to provide for related matters; to repeal conflicting laws; and for other purposes.

HPPC Assessment and Actions: Georgia Peds & FP oppose this bill and as Coalition members have requested our support in opposing this bill. Stephen Goggins on our HPPC produced several evidenced based studies that are evidence against consumer use of fireworks. Our HPPC opposes the bill and has sign onto the Coalition letter.

Status: Bill did not pass.

**PA Authority to Prescribe Schedule II Drugs SB 268/ HB676**  
Summary: To authorize a physician to delegate to a physician assistant the authority to prescribe Schedule II controlled substances; to require health insurance providers to record the name of a physician assistant providing care and treatment to a patient

HPPC Assessment and Actions: HPPC opposed this bill. There is already enough widespread abuse of controlled prescription drugs in this country. MAG requested PA to meet at April board meeting to discuss further. GAACP Supports this request. HPPC sent a letter to Senator Millar who heads the Professional Subcommittee on Professional Services and the full Senate HHS Committee.


**Medicaid Expansion Requiring Approval by Georgia Assembly HB990**  
Summary: This bill was sponsored by the Speaker of the House. It is seen to provide political cover for Governor Deal doing nothing on Medicaid expansion in this election year.

HPPC Assessment and Actions: Our HPPC and chapter has been strongly in support of Medicaid Expansion for the past three years. Most recently Jacqueline Fincher debated Gov. Deal’s public relations spokesperson on Georgia public television.
Status: Bill passed.

Pharmacist Vaccine Administration Bill SB85
Summary: authorize the administration of vaccines by pharmacists or nurses pursuant to vaccine protocol agreements with physicians

HPPC Assessment and Actions: We opposed this bill last year and again this year.

Status: Did not pass.

Georgia Health Care Freedom Act HB707
Summary: Prevents any employee of any state institution from assisting patients with the PPACA implementation.

HPPC Assessment and Actions: Letter is being drafted to oppose this bill. Bill has major constitutional questions w/ the state trying to supersede federal law. More importantly the potential impact on pts being informed of their insurance options/choices by state employees in the health departments, Georgia Regents University, the UGA Navigator program etc. is unconscionable, unethical, and blatantly unfair to those pts who need information on all options available to them. The other component of this bill is the Insurance Commissioner's office being disallowed from helping any pt who has an insurance issue with a product on the exchange again is again unconscionable. All citizens of Georgia should have access to help with their insurance policies.

Status: Bill passed attached to HB 943, The Cancer Treatment Fairness Bill. Even though the bill passed, GA ACP is writing a letter to Governor Deal outlining why we think he should not support this bill. Even though existing funded programs can continue, the UGA Navigator Program grant will expire in August, 2014. Unless something changes, the program may close after that point.

Revision of GA Code on definitions relating to controlled substances SB 134
Summary: The bill allows sharing of databases within the prescription drug monitoring program. This does not allow others outside of Georgia to prescribe in Georgia. MAG worked with Buddy Carter and GA Drug and Narcotics on the legislation.

HPPC Assessment and Actions: Bill popped up in last 10 days of session with no time for any action by HPPC.

Status: Bill passed.

Emmett Doerr MD, FACP
Chair, Health and Public Policy Committee