

**EDITION:** April 27, 2017

## GOVERNMENT RELATIONS & PUBLIC POLICY

*Your weekly dose of health care policy*

### CONGRESSIONAL

#### House Adds Amendment to ACA Repeal & Replace Bill

On Tuesday, [text](#) of the most recent amendment to the American Health Care Act, legislation to repeal and replace the Affordable Care Act (ACA), was released in an effort to gain support for the legislation. The amendment would uphold the ACA's essential health benefits and protections for pre-existing conditions, but would allow states to apply for waivers to essential health benefits, community rating requirements and how much older Americans are charged for coverage. To apply for a waiver, states would have to attest that the change would reduce premiums, increase enrollment, stabilize the

### MACRA HIGHLIGHTS

CMS has announced it will be sending out notifications to providers in the coming weeks indicating their eligibility for the Merit-based Incentive Payment System (MIPS) for 2017 reporting. See the below article for details!

### UPCOMING HEALTH CARE ACTIVITIES

House Energy and

insurance market, stabilize premiums, or increase choice of health plans in the state. Democrats and Moderate Republicans remain concerned with this amendment upholding protections for individuals with pre-existing conditions. House Republicans are assessing how much support they have with the addition of the amendment and will proceed to a vote when they have 216 members supporting. It is still unclear if they can gain enough support in the House and whether the Senate will be able to take up the measure under reconciliation procedure rules.

### **Senate HELP Committee Confirms FDA Commissioner and Passes Four Public Health Bills**

Earlier today, the Senate Health, Education, Labor, and Pensions (HELP) Committee confirmed Scott Gottlieb as Commissioner of the Food and Drug Administration (FDA) in a 14-9 vote, including the support of two Democrats. His nomination will now go to the full Senate.

Yesterday the committee voted to pass four bipartisan public health bills. These bills now head to the Senate floor.

- [Early Hearing Detection and Intervention Act of 2017 \(H.R. 1539/S. 652\)](#)
- [National Clinical Care Commission Act \(S. 920\)](#)
- [Protecting Patient Access to Emergency Medications Act of 2017 \(S. 916\)](#)
- [Strengthening Mosquito Abatement for Safety and Health Act \(H.R. 1310/S. 849\)](#)

### **House Readies Government Funding Bills**

Congress has until Friday, April 28 to pass legislation to fund the government. As legislators negotiate a longer-term continuing resolution (CR), they have readied a short-term CR to fund the government at current levels through May 5th in order to buy additional time to finalize a longer measure.

#### **Commerce Committee**

5/2 at 10:00am: Health Subcommittee hearing titled; "[Examining Improvements to the Regulation of Medical Technologies](#)".

#### **Senate Special Aging Committee**

5/10 at 2:30pm: Full Committee hearing titled; "[Aging With Community: Building Connections that Last a Lifetime](#)".

#### **WEEKLY FUN FACT**

According to the Supreme Court of the United States, is a tomato a vegetable or a fruit? The answer can be found [here](#).

## ADMINISTRATIVE

### **White House Indicates It will Fund CSR Payments**

Yesterday, the White House indicated it would continue paying Cost-Sharing Reduction (CSR) subsidy payments to plans for 2018. This has been an issue for Republicans who have previously criticized the Obama Administration for providing these payments to insurers without an appropriation from Congress. The President did not indicate, however, how long the Administration is willing to fund the subsidies.

### **MACRA Eligibility Notices Being Sent by CMS**

On Monday, the Centers for Medicare and Medicaid Services (CMS) announced they would be mailing notices to clinicians in April and May regarding their eligibility status for participation in the Merit-based Incentive Payment System (MIPS). The letters sent will indicate the participation status of each MIPS clinician associated with the Taxpayer Identification Number (TIN) in a practice. The eligibility criteria will take into account if a provider bills more than \$30,000 in Medicare Part B allowed charges a year AND provides care for more than 100 Part B-enrolled Medicare beneficiaries a year. These individuals will be expected to [report in 2017](#) which will be reflected in their payments for 2019.

Please note, however, that a separate designation will be made for clinicians who participate in [Advanced Alternative Payment Models](#) (AAPMs) that will be exempt from MIPS and receive a 5 percent bonus payment based on if they meet the threshold criteria of revenue and patients attributed to the AAPM. Clinicians may receive their letters in the coming weeks that they are eligible for MIPS, even if they will be exempt through their AAPM, which further information is forthcoming. A sample of what each clinician will receive and further information can be found on the [Quality Payment Program](#) website under "MIPS Participation Status Letter".

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