

Feb. 9, 2018: Advocacy spotlight on Congress approves fifth spending bill

Congress approves fifth spending bill, including important health provisions

Early in the morning on Feb. 9, the Senate and House passed the Bipartisan Budget Act of 2018 (PDF), which President Donald Trump then signed into law. In addition to continuing to fund the federal government through March 23, the most recent continuing resolution (CR) addressed a broad range of health, supplemental spending, budget, and tax matters.

The legislation included technical corrections to the Medicare Access and CHIP Reauthorization Act (MACRA) that were sought by the AMA and other medical societies, such as:

- Medicare Part B drug costs will be excluded from payment adjustments under MACRA's Merit-based Incentive Payment System (MIPS) and from low-volume threshold determinations.
- Greater flexibility will be provided for an additional three years in scoring and in the weight given to the Cost component of MIPS.
- The Centers for Medicare and Medicaid Services will have more flexibility in setting overall performance thresholds for three more years.
- The Physician Focused Payment Model Technical Advisory Committee's authority has been clarified so that it can provide more helpful feedback on proposed alternative payment models.

Other provisions of interest to physicians include the following:

- The Independent Payment Advisory Board was permanently repealed.
- The Children's Health Insurance Program (CHIP) was extended for an additional four years beyond the previous CR's six-year extension.
- The work Geographic Practice Cost Index floor was extended for two years.
- The statutory requirement for electronic health record standards to become more stringent over time was eliminated.

- Two-year extensions were provided for the National Health Service Corps, Community Health Centers, and the Teaching Health Centers Graduate Medical Education program.
- Emergency Medicaid funding was provided for Puerto Rico and the U.S. Virgin Islands, and supplemental disaster relief was provided for areas recently affected by hurricanes and wildfires.
- Originally, the proposal would have extended the current misvalued code process for 2019 which would have resulted in the elimination of virtually all of the currently scheduled Medicare physician payment update. Instead, the update was reduced from 0.5 percent to 0.25 percent to help offset the cost of other policies that benefited physicians.

Bipartisan agreement was also reached on providing additional funds to address the opioid crisis, to rebuild and improve U.S. Department of Veterans Affairs hospitals and clinics, and for the National Institutes of Health.

The AMA sent a letter (PDF) to the Senate and House leadership on Feb. 8 urging passage of the bill.

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