

## April 6, 2017: National Advocacy Update

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### Health system reform legislation stalls in the House

On March 24, the U.S. House of Representatives began consideration of H.R. 1628, the American Health Care Act (AHCA), which would have made significant revisions to the Affordable Care Act (ACA), including elimination of the penalty for individuals who do not purchase health insurance. When it became apparent that the measure lacked the votes needed for passage, House leadership withdrew the bill prior to a vote. According to the Congressional Budget Office, the AHCA, with amendments approved by the House Rules Committee, would have resulted in 14 million Americans losing health care coverage in 2018. By 2026, it was estimated that 52 million Americans would have lacked health insurance, 24 million more than under current law.

The AMA sent a March 22 letter (PDF) to House Speaker Paul Ryan and Democratic Leader Nancy Pelosi stating that the AMA was unable to support "legislation that would leave health insurance coverage further out of reach for millions of Americans."

It is possible that Congress could return to consideration of health system reform later this year, but the timing and process to do so are unknown. Additionally, Congress may need to consider measures to stabilize the health insurance exchanges at some point this year. The AMA continues to stand ready to work with Congress on proposals that will increase the number of Americans with high-quality, affordable health insurance.

### CMS delays reporting deadline for physician office-based laboratories

Following a request from the AMA and six other medical organizations, the Centers for Medicare and Medicaid Services (CMS) on March 30 announced its intention to exercise "enforcement discretion" with respect to the deadline for physician office-based laboratories to meet new reporting requirements. Qualifying laboratories will now have until May 30 to complete reporting of private payer payment data for clinical testing services as required by the Protecting Access to Medicare Act (PAMA). Under PAMA, laboratories meeting certain revenue thresholds are required to report private

payer payment rates and associated volumes for tests they perform that are paid on the Clinical Laboratory Fee Schedule (CLFS). CMS will use data collected to set new payment rates for these tests, a move that is expected to result in decreased reimbursement for these services.

Due to expectations of a detrimental impact on physicians' ability to continue providing point-of-care testing services, the AMA led a recent sign-on letter to CMS requesting a one-year delay in the implementation of the new CLFS and requesting that CMS work with the physician community to find an appropriate path forward that would preserve point-of-care testing in physician office-based laboratories. The AMA continues to work closely with CMS, physician specialty organizations, and the laboratory community to preserve these critical services for patients.

More information on the announcement by CMS and the PAMA reporting requirements are available on the CMS website.

## **President announces new commission to combat opioid crisis**

The AMA applauded President Trump's executive order establishing a commission to combat drug addiction and overdose, expressing interest in working with the new commission to create policies intended to end the opioid epidemic sweeping the country. AMA Board Chair Patrice A. Harris, MD, noted that the AMA and its Task Force to Reduce Opioid Abuse are poised to offer guidance in areas of effective public health approaches, best practices, clinical tools, medication-assisted treatment (MAT) and barriers to effective treatment. The AMA also emphasizes the need to treat substance-use disorder as a medical illness and eliminate the stigma associated with seeking treatment for pain and substance abuse. In addition, the AMA is offering a new education module that offers clinicians a review of the basic approaches and actions to reduce opioid-related harm in patients with acute or chronic pain.

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