

## Feb. 19, 2021: National Advocacy Update

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### Expanded eligibility for 2022 Primary Care First participants

In January, the first group of primary care practices began participating in Medicare's most recent medical home payment model, Primary Care First. The CMS Innovation Center has learned that many other primary care practices are considering applying for this type of model, as the COVID-19 pandemic has highlighted certain weaknesses in more traditional payment systems. In response, CMS has expanded eligibility for the second cohort of applicants to include any primary care practice in one of the 26 regions where the model is being tested. Previously, applications to begin participating in 2022 were only going to be accepted from practices that had participated in the predecessor Comprehensive Primary Care Plus model.

There are several resources available from the AMA for physicians who want to learn more about Primary Care First, including a comparison table describing key features of the two Medicare medical home models and a webinar recorded in 2020 featuring staff from the CMS Innovation Center, American College of Physicians, and American Academy of Family Physicians, as well as the AMA. Additional details, including a map of the 26 regions and a list of the practices that began participating this year, are available on the CMS Primary Care First website.

### Cap-subject H-1B petitions rule

On Nov. 2, 2020, the Trump administration published a notice of proposed rule making entitled "Modification of Registration Requirement for Petitioners Seeking to File Cap-Subject H-1B Petitions." On Dec. 2, 2020, the day that the comment period ended, the AMA submitted comments (PDF) strongly opposing the proposed rule which would abruptly and unnecessarily change the selection process for H-1B cap-subject petitions by prioritizing registrants based on the highest prevailing wage or highest proffered wage. The AMA acknowledged that it is false to assume that higher skilled workers are always paid a higher wage and that this cap change would devalue physicians practicing in medically underserved areas.

On Jan. 8, the Trump administration finalized the rule without modifying the regulatory text despite receiving close to 1,500 comments within the truncated comment period at the very end of the year.

However, on Feb. 8 the Biden administration delayed the effective date of this rule and reopened the comment period. The AMA applauds the Biden administration for delaying the implementation of this rule and for reconsidering the negative impacts that this cap selection change would have on H-1B visa applicants. The AMA wrote additional comments (PDF) under this new comment period strongly urging the U.S. Department of Homeland Security (DHS) to revoke the rule that was finalized under the Trump administration and return to the previously employed cap selection process. If revocation is not possible, the AMA urged DHS to exempt physicians from the rule.

## Medical marijuana research legislation introduced in the Senate

On Feb. 5, Senators Feinstein (D-C.A.), Grassley (R-Iowa) and Schatz (D-Hawaii) introduced the “Cannabidiol and Marijuana Research Expansion Act (S. 253),” which would improve the process for conducting scientific and clinical research on cannabidiol (CBD) and marijuana and streamline the development of safe and effective cannabinoid-based drugs approved by the U.S. Food and Drug Administration (FDA).

Given growing public support and legislative efforts at all levels of government to legalize the medical use of cannabis, many individuals are using marijuana-derived products that have not been approved by the FDA. The AMA believes that scientifically valid and well-controlled clinical trials conducted under federal investigational new drug applications are necessary to assess the safety and effectiveness of all new drugs, including potential cannabis products for medical use. However, legal and regulatory barriers to cannabis and cannabinoid research have left physicians and patients without the evidence needed to understand the health effects of these products and make sound clinical decisions regarding their use. Our federal laws today are standing in the way of this needed research.

The AMA strongly supports the “Cannabidiol and Marijuana Research Expansion Act” to enable legitimate research evaluating the potential efficacy and safety of medicines derived from cannabis.

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