

# 2021 Missouri ACP Scientific Conference



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# 2021 Missouri Chapter Conference



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# 2021 Missouri Chapter Conference -Disclosures

- I have no personal, financial or other interest in conflict with ACP.
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# Missouri Chapter –Cynicism and Partisanship in Washington

Will Rogers, the great Humorists once said:

"I don't make jokes. I just watch the government and report the facts."

"About all I can say about the U.S. Senate is that it starts with a prayer and closes with an investigation. "

## ACP does not engage in *partisan* politics concerned with “winning and holding control over a government.”

Merriam-Webster:

- *The quality or state of being partisan: strong and sometimes blind adherence to a particular party, faction, cause, or person.*

Rather, we seek to guide or influence governmental policy for the benefit of patients, the public and the medical profession **without regard to the partisan affiliation of the officeholder.**

Because our advocacy is driven by our policies, we will sometimes align with a particular officeholder’s proposed policies on a specific issue, sometimes in opposition, and often, we seek to modify the policy when it is only partially in accord with our policies.

**When a President, or Member of Congress, state official, or other officeholder advocates *for specific policies that we support*, that is a *desirable*; we will say so, while trying to change their minds on other issues where we may disagree.**

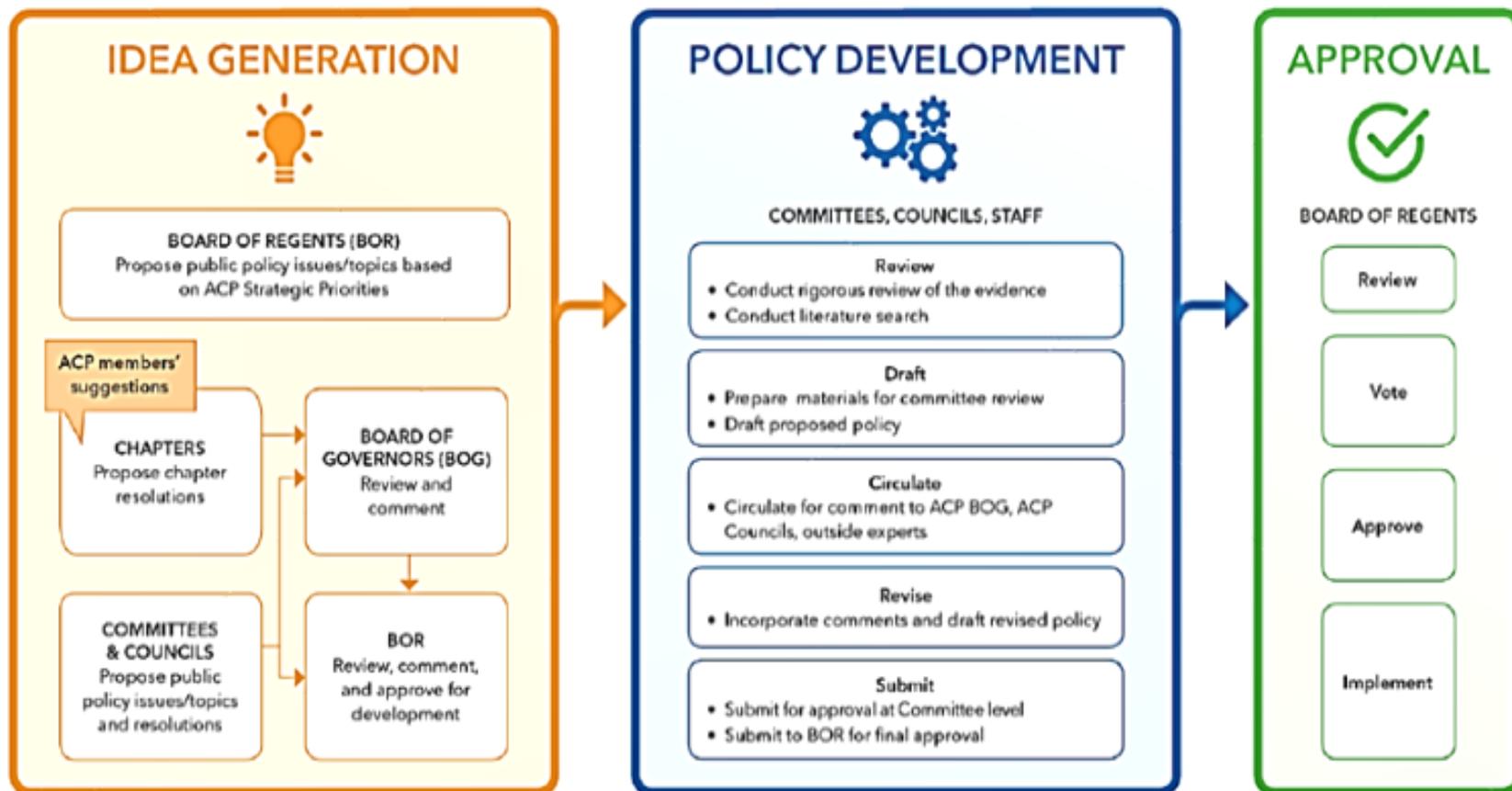
**When they advocate *for specific policies that we do not support*, that is *undesirable*; we will say so and try to change their minds, while seeking common ground on other issues where we may agree.**

## “ACP should stay out of politics”

If ACP was to “stay out of politics” would no longer be engaged in *guiding or influencing governmental policy for the benefit of patients, the public, and the medical profession.*

- *We wouldn't be able to advocate for higher Medicare payments.*
- *We wouldn't be able to advocate for physician-led teams and value of IM.*
- *We wouldn't be able to advocate for regulatory relief.*
- *We wouldn't be able to advocate for public health.*
- *We wouldn't be able to advocate for access and coverage.*
- *We wouldn't be able to advocate for health equity and non-discrimination.*

***We wouldn't be able to advocate with government on anything.***





# Missouri Chapter Conference

- I. Overview of 117th Congress and environment
- II. Process – Regular order v Reconciliation
- III. Bipartisan Infrastructure; American Families Plan
- IV. Democrats Health Care Priorities – Access
- V. \$3.5 Trillion Reconciliation Bill
- VI. ACP Asks – MACRA Reform, Medicaid Pay Parity
- VII. Medicare Pay Cuts Trifecta, Debt Ceiling, Appropriations
- VIII. Other bills – George Floyd, Visas, GME, Medicare Adv
- IX. Regulatory – CMS Fee Schedule; Surprise Billing
- X. State Chapters Update

# Profile of the 117<sup>th</sup> Congress



U.S. House of Representatives

ITEM	DEMOCRATS	REPUBLICANS	VACANCIES
HOUSE MEMBERS	220	212	3

U.S. Senate

ITEM	REPUBLICANS	DEMOCRATS
SENATE MEMBERS	50	50*

# What A Difference A Year Makes

## Profile of 116<sup>th</sup> Congress



### House and Senate Breakdown

ITEM	REPUBLICANS/LIBERTARIAN	DEMOCRATS	VACANCIES
HOUSE MEMBERS	197 Rs, 1 Libertarian	232	5

ITEM	REPUBLICANS	DEMOCRATS
SENATE MEMBERS	53	47*

# Who was elected to 117<sup>th</sup> Congress

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- More women serving in Congress than ever before:
  - A record number of 146 women (122 House, 24 Senate) serving in Congress, or 27%
  - Represents 50% increase over the 96 serving a decade ago
- One of the most diverse classes of Members in our history:
  - 56 African American Members in House; 2 in the Senate
  - 54 Hispanic/Latino Members in House; 8 in Senate
  - 21 Asian/Pacific Islander Members in House; 2 in the Senate
  - Record 5 Native American Members in House
- 147 Republican Members voted to not certify the Presidential election results on January 6, 2021, when the Capitol was stormed by rioters.

# What's the buzz in the 117<sup>th</sup> Congress to Date?

- 117th Congress began with the riot on the U.S. Capitol.
- House investigations continue.
- Democrats hold narrow majorities in House and Senate.
- An opportunity for bipartisanship? Democrats have been disinclined by passing American Rescue Plan Act without Republican support through budget reconciliation.
- Democrats are poised to use budget reconciliation again to pass President Biden's American Families Plan, while passing the Bipartisan Infrastructure deal through regular order.

# Eyes on the Senate Process

- ACP believes many legislative items will have to move by **regular order**, meaning they will require a simple majority of support in the House and at least 60 votes in the Senate to defeat filibuster efforts. Some legislative priorities advocated by ACP may not fall within budget reconciliation parameters.
- **Budget reconciliation** is a complicated Senate process that allows certain tax, spending and debt limit legislation to pass by a simple majority, or 51 votes in the Senate. Reconciliation comes with certain conditions, limiting what policies can pass through this special process. The primary purpose of a bill must be to affect the federal deficit.
- Will Democrats end the Filibuster requiring 60 votes to move on certain legislation? Not if **Senators Manchin and Sinema** have their way. Democrats got two chances at reconciliation this year, one from the Trump Administration.

# Bipartisan Infrastructure Deal

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- A Senate substitute for H.R. 3684, the \$1.2 trillion *Infrastructure Investment and Jobs Act* passed the Senate. \$550 billion constitutes new spending.
- Represents Biden's American Jobs Plan.
- Bill focuses on improving electric grid, highways, broadband, clean water and improving the climate.
- ACP supports efforts to expand broadband, reduce lead in drinking water and promote clean energy.
- ACP opposes Pay Fors that extend Medicare sequester to 2030, \$8.7 billion.
- Speaker Pelosi's compromise with Moderates to bring bill to House vote by September 27th.

# Democrats' Healthcare Priorities

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- "I am not a member of an organized political party. I am a Democrat." Will Rogers.
- Democrats are split between Liberals (95 Member House Progressive Caucus) and Moderates on their healthcare priorities and whether to pass infrastructure independently of reconciliation.
- Liberals, such as Bernie Sanders and AOC, want Medicare expansion for dental, health and vision benefits.
- Some Democrats want Medicaid expansion in non-expansion states under the ACA.
- Some Democrats want permanent extensions of ACA's premium tax subsidies and telehealth benefits expanded under the COVID-19 PHE.
- Some Democrats want Rx drug pricing and transparency reform, including HHS negotiating drug prices. Sen. Wyden is working on a bipartisan plan.

# Biden's American Families Plan

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- Senate Budget Democrats unveiled a \$3.5 trillion reconciliation plan to fund President Biden's AFP as part of his infrastructure proposals.
- This coupled with the Bipartisan infrastructure deal would constitute \$4.1 trillion in infrastructure human and capital spending.
- Budget Resolution passed House and Senate.
- Budget Resolution charges Congressional committees to draft legislative language up to \$3.5 trillion ceiling by September 15th.

# \$3.5 Trillion Reconciliation Bill

- Bill might:
  1. Add a new dental, hearing, and vision benefit to the Medicare program.
  2. Extend recent expansion of the Affordable Care Act in the American Rescue Plan Act providing premium tax subsidies to those above 400% percent of the federal poverty line.
  3. Invest in home and community-based services to help seniors, persons with disabilities, and home care workers.
  4. Create a new federal health program for Americans in the “Medicaid gap” to allow those who live in states that did not expand Medicaid under Obamacare to receive Medicaid benefits.
  5. Reduce prescription drug costs for patients by enabling Medicare to negotiate drug prices and reducing consumer out-of-pocket costs.
  6. Expand paid family and medical leave.
  7. Address health care provider clinician shortages through support for (Graduate Medical Education).
  8. Provide long-term care for seniors and persons with disabilities.
  9. Improve health equity through (maternal, behavioral, and racial justice health investments).

# \$3.5 Trillion Reconciliation Bill

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- Some benefits may be temporary, limited in scope and duration.
- Sens. Manchin, Sinema and Tester have expressed concerns about the "going it alone" approach and size of the package.
- Speaker Pelosi directed committees to work with Senate Moderates in crafting the legislation.
- ACP sent letters to Energy and Commerce, Ways and Means and senate Finance Committee on priorities that should be included in reconciliation:
  1. Preventing Medicare pay cuts;
  2. Providing family and paid leave;
  3. Reducing prescription drug costs;
  4. Increasing GME slots.

# \$3.5 Trillion Reconciliation Bill

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- Democrats must reconcile legislative priorities and garner support among themselves to pass the \$1.2 trillion Infrastructure Investment and Jobs Act and a \$3.5 trillion budget reconciliation bill.
- If passed, these bills will be transformative on the scales of LBJ's Great Society programs and FDR's New Deal in extending health care safety net for millions of Americans and focusing on the well-being of middle- and working-class families and veterans, improving climate change, building roads and bridges, reducing prescription drug costs and providing educational benefits.

# Medicare Payment Cuts

On January 1, 2022, physician practices face the following stack of Medicare financial hits (9.75%):

1. Expiration of the current reprieve from the **2 percent sequester** stemming from the Budget Control Act of 2011. Congress originally scheduled this policy to sunset in 2021 but it will continue into 2030.
2. Imposition of a **4 percent Statutory PAYGO sequester** resulting from passage of the American Rescue Plan Act, presumably for at least another 10 years.
3. Expiration of Congressionally enacted **3.75 percent** temporary increase in the Medicare physician fee schedule (PFS) conversion factor to avoid payment cuts associated with **budget neutrality** adjustments tied to PFS policy changes.
4. A statutory **freeze in annual Medicare PFS updates** under the Medicare Access and CHIP Reauthorization Act (MACRA) that is scheduled to last until 2026, when updates resume at a rate of 0.25% a year indefinitely, well below the CPI.

# ACP & Medicare Payment Reform

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- ACP, AMA and ACS asked Congress to hold hearings on MACRA reform.
- MACRA is complex, burdensome with irrelevant quality measures, lack of alternative payment models, inappropriate cost measures, overlapping incentives and etc.
- While understanding of our concerns, Members of W&M, E&C and SFC are weighing our requests against short legislative calendar, Democrats' legislative priorities and the overall budget/costs/pay-fors.

# ACP & G-6 Fly-In

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- The Group of Six has scheduled a virtual fly-in of its College Presidents to meet with Congressional Leadership and key committee Members on Sept. 14th.
- The G-6 consists of: ACP, American Academy of Family Physicians, American Academy of Pediatrics, American Osteopathic Association, American Academy of Obstetricians and Gynecologists and the American Psychiatric Association.
- The Presidents will brief Congress on telehealth, Medicare payment cuts including Medicaid pay parity, Medicare BN cut, maternal health and CoCM for behavioral care integrated in primary care.

# Appropriation Bills (\$2 trillion+)

- **Funding for FY 2022 appropriations bills** including key health programs – CDC, VA, NIH
- ACP supports funding for FY2022 as follows:
  1. CDC - \$10 billion;
  2. NIH- \$46.1 billion
  3. Injury Prevention and Control, Research on Prevention of Firearmsrelated Injuries and Deaths - \$50 million.
- Might address Medicare Pay cuts.
- There are 7 mini appropriation bills being considered in House to fund the government for FY2022, which commences Oct. 1, 2021 or Continuing Resolutions.
- Debt Ceiling Raising.

# Other Legislative Priorities

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- **Legislation can move through reconciliation (2 in CY2021 and 1 in CY2022), attachments to year-end appropriation bills, stand-alone bills and/or amendments.**
- **Medicaid Pay Parity:** H.R. 1025, the *Kids' Access to Primary Care Act* to increase access to health coverage for Medicaid patients by achieving payment parity for primary care services under Medicaid and Medicare was introduced in the House by Rep. Kim Schrier (D-WA).
- G-6 Members have encouraged cosponsors in the House and supported a bill in Senate with a shorter duration of parity coverage. (Passage may depend on inclusion in reconciliation).
- **Medicare Advantage (MA):** ACP, AMA and other medical organizations have voiced support for the *Improving Seniors' Timely Access to Care Act*, which would streamline prior authorizations for MA plans and introduce additional protections for patients. (Passage may depend upon reconciliation).

# Other Legislative Priorities

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- **Telehealth:** The *CONNECT for Health Act* (H.R. 2903/S. 1512) would permanently remove arbitrary geographic restrictions on where a patient must be located to utilize telehealth services; enable patients to continue to receive telehealth services in their homes; ensure federally qualified health centers and rural health centers can furnish telehealth services; and establish permanent waiver authority for HHS. (Might pass with bipartisan support).
- *The Temporary Reciprocity to Ensure Access to Treatment Act* or the “TREAT Act” (S. 168/H.R. 708) would provide temporary licensing reciprocity for telehealth and interstate health care treatment. (Uncertain).

# Other Legislative Priorities

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- **Rx Drug Reform:** Some House Democrats are pushing H.R. 3, the *Elijah E. Cummings Lower Drug Costs Now Act* as part of the American Families Plan. H.R. 3 would empower federal government to negotiate the cost of Rx drugs under Medicare Part D and cap Medicare beneficiaries' out-of-pocket spending on Rx drugs to \$2,000 per year. (Maybe included in reconciliation).
- Sens. Wyden (D-OR) and Grassley (R-IA) held hearings to frame a bipartisan approach to Rx pricing and transparency. ACP commented during hearings.
- *The Safe Step Act* (S. 464 and H.R. 2163) would ensure patient access to appropriate treatments based on clinical decision-making and medical necessity, not arbitrary step therapy protocols. (Passage uncertain).
- *End Taxpayer Subsidies for Drug Ads Act* (S. 141) would prohibit a tax deduction for expenses for direct-to-consumer advertising of Rx drugs. (Passage uncertain).
- Democrats appear united in ending or delaying Trump era "rebate rule" which would replace protections for drug rebates in Medicare Part D with protections for discounts provided directly to consumers.

# Other Legislative Priorities

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- **GME and Unused Visas** (ACP supports) (Passage uncertain):
- *The Resident Physician Reduction Shortage Act of 2021* (H.R. 2256/S. 834), reflects the 1,000 new GME slots added by H.R. 133, would create 14,000 (instead of 15,000) new GME positions over seven years.
- *The Conrad State 30 and Physician Access Reauthorization Act* (H.R. 3541, S. 1810) (increases number of doctors in rural and underserved areas) and *the Healthcare Workforce Resilience Act* (S. 1024) would recapture 40,000 unused visas and use them to provide additional green cards to 15,000 physicians and 25,000 professional nurses.
- *The Student Loan Forgiveness for Frontline Health Workers Act* (H.R. 2418, 117th Congress) would assist frontline clinicians as they provide care during the pandemic.

# Other Legislative Priorities

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- **George Floyd:** House passed H.R. 1280, the *George Floyd Justice in Policing Act of 2021*. Bill seeks to improve policing through the reduction of discriminatory practices among law enforcement officers and agencies, including overhauling qualified immunity for law enforcement, prohibiting racial profiling and banning no-knock warrants in federal drug cases and chokeholds and carotid holds at the federal level.
- In the Senate, discussions are ongoing between Sens. Corey Booker (D-NJ) and Tim Scott (R-SC) on how to restructure qualified immunity (whether the police can be sued individually or just the department), a major sticking point for Democrats and Republicans. Rep. Karen Bass has partaken in those discussions. (Might Pass as stand-alone).
- **Background Checks:** House has passed the *Bipartisan Background Checks Act of 2021* (H.R. 8) to address firearms-related injuries and deaths. H.R. 8 and Senate version, *the Background Check Expansion Act* (S. 529), would expand background checks to cover all private and commercial firearm transfers and sales. In addition, firearms purchasers would no longer be able to cross state lines to buy firearms in a state with less rigorous background check laws. (Passage is uncertain).

# Other Legislative Priorities

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- ACP supports *the Dr. Lorna Breen Health Care Provider Protection Act* (H.R. 1667/S. 610) aimed at preventing and reducing incidences of suicide, **mental health conditions**, substance use disorders, and long-term stress, sometimes referred to as “burnout. Most medical organizations support. (Passage uncertain).
- ACP responded to a RFI from HELP Chair Patty Murray on how a **public option** should be structured. ACP supports a federally-administered public option that is voluntary for physicians to participate in, is evidence-based, and may be developed and implemented gradually among targeted populations as a step towards universal coverage. (Under consideration by Democrats).

# Other Legislative Priorities

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- ACP supports *the Anti-Racism in Public Health Act of 2021* (H.R. 666/S. 162), which would address **structural racism** as a public health crisis and create two new programs in the CDC to collect and analyze data and administer research and grant programs addressing racism. (Passage uncertain).
- ACP supports the *Black Maternal Health Momnibus Act of 2021* (H.R. 959/S. 346), which would make critical investments in social determinants that influence **maternal health outcomes**. (Passage uncertain).

# Regulatory Proposals

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- **CMS – Fee Schedule** – released July 13, 2021. **Comments are due September 13, 2021.**
- Proposed rule covers diverse topics, including E/M office visit services, telehealth and updates to the Quality Payment Program through Merit-based Incentive Payment System (MIPS) activities.
- Contains 3.75% conversion cut - needs Congressional fix.
- CMS proposes to implement 76% of AMA RUC recommendations related to the physician work of performing services articulated by new and revised CPT 2022 codes.
- CMS is proposing changes to remove geographic restrictions and permit the home as an originating site for telehealth services furnished for the purpose of diagnosis, evaluation, or treatment of a mental health disorder, so long as the practitioner has provided these services to the patient in person within the last 6 months.

# Regulatory Proposals

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- **CMS – Fee Schedule – ACP Comments**
- **Being developed and reviewed by committees.**

# Regulatory Proposals

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- **Interim Final Rule - Implementing Regulations for Surprise Medical Billing**
- HHS, Treasury and OPM issued proposals on July 1, 2021 on No Surprise Act (NSA). IFR effective September 13, 2021
- First of several proposed regs on rules to go into effect January 1, 2022 (i.e., the Independent Dispute Resolution process, price comparison tools, certain transparency requirements).
- Rules on other NSA provisions, including insurance card requirements, continuity of care, provider network directions, and prohibition on gag clauses, may not be published until next year.

# Regulatory Proposals

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- **Interim Final Rule - Implementing Regulations for Surprise Medical Billing – ACP Comments**
- ACP supports efforts to provide greater protections for patients from unexpected out-of-network health care costs, particularly for costs incurred during an emergency or medical situation in which out-of-network clinicians provide additional services without the patient's prior knowledge.
- While ACP reaffirms the right of physicians to establish their fees and to choose whether to participate as an in-network provider, ACP supports establishing processes to reduce the risk for “surprise” bills for out-of-network services for which a patient was unable to obtain estimates for services before receipt of care or was not given the option to select an in-network clinician.
- Health plans have an affirmative obligation to pay fairly and appropriately for services provided in and out of network, and regulators should ensure network adequacy in all fields, including emergency care.
- ACP supports increased transparency in all sectors of the health care system, and that action should be taken to increase protection for patients who face unexpected or surprise bills through no fault of their own.

# State Chapter Activity

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- Letters, press releases and statements on Mask Mandates in Schools (AZ, FL, MA, FL, and TX ).
- Statements and press releases on soundness of Religious Exemption to Vaccinations (MA).
- Op Eds and Statements on Vaccination requirements in schools (AZ), vaccinations for public (AK).
- Statements on Scope of Practice regarding PAs & Name change (G-6).
- ACP policy on home and community-based services in Medicaid for critical services (OR).
- Press Release on Texas Abortion Law (TX).



# Advocates for Internal Medicine Network (AIMn)

## Join AIMn

If You Don't Speak for Internal Medicine, Who Will?

[www.acponline.org/advocacy/aimn/](http://www.acponline.org/advocacy/aimn/)

## Tweet



# Questions

If you have any questions,

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