

Summary of ACP's Leadership Day Key Priorities

May 14-15, 2019

The High Cost of Prescription Drugs

Congress should increase transparency and accountability in prescription drug pricing and improve access to lower-cost generic medications by cosponsoring and passing the following bills and urging their enactment:

- The *Reforming Evergreening and Manipulation that Extends Drug Years, REMEDY Act* (S. 1209), to aid in the approval of more generic drug applications by the FDA and therefore improve patient access to those medications. Representatives should introduce the companion version in the House.
- The *Prescription Drug STAR Act* (H.R. 2113), and the *Fair Accountability and Innovative Research (FAIR) Drug Pricing Act* (H.R. 2296/S. 1391), to promote greater drug pricing transparency.
- The *Medicare Prescription Drug Price Negotiation Act of 2019* (H.R. 275/S. 62), to allow the federal government to negotiate lower drug prices on behalf of Medicare beneficiaries.
- The *Creating and Restoring Equal Access to Equivalent Samples (CREATES) Act of 2019*, (H.R. 965/S. 340), to prevent egregious practices by manufacturers that keep generic drugs from coming to the market.

The Epidemic of Firearms-Related Injury and Death

Congress should support the following bills to address the public health consequences of firearms:

- Cosponsor and pass the *Gun Violence Prevention Research Act* (H.R. 674/S. 184), to provide \$50 million for the CDC and other federal agencies to fund research on the prevention of firearms-related injuries and deaths.
- Senators should follow the action taken by the House and pass the *Violence Against Women (VAWA) Reauthorization Act of 2019* (H.R. 1585), to provide protections for domestic violence victims by restricting access to firearms by those deemed a threat to them.
- Senators should follow the action taken by the House and pass the *Bipartisan Background Checks Act of 2019* (H.R. 8), to expand background checks to all firearms sales in the United States.
- Cosponsor and pass the *Assault Weapons Ban of 2019* (S. 66/H.R. 1296), to ban the sale of semi-automatic weapons and high capacity magazines.

Fund Federal Workforce, Medical and Health Services Research, Public Health Initiatives

Congress should ensure uninterrupted funding in FY 2020 for federal programs/initiatives designed to support primary care and ensure an adequate physician workforce, including:

- Primary Care and Training Enhancement (PCTE): At \$71 million in order to maintain and expand the pipeline for individuals training in primary care.
- National Health Service Corps (NHSC): At \$830 million in total funding for scholarships and loan repayment to health care professionals to expand the country's primary care workforce and meet the health care needs of underserved communities. Reauthorize the NHSC's mandatory funding.
- Agency for Healthcare Research and Quality (AHRQ) and Patient-Centered Outcomes Research Institute (PCORI): Fund AHRQ at \$460 million, for research that serves as the evidence engine for much of the private sector's work to keep patients safe. Reauthorize PCORI to fund comparative effectiveness research for 10 years.
- Centers for Disease Control and Prevention (CDC): At least \$7.8 billion, including \$25 million for gun violence prevention research as included in the House FY2020 Labor-HHS-Education appropriations bill.
- National Institutes of Health (NIH): At \$41.6 billion, to fund cures for disease and maintain our standing as the leader in medical and biomedical research, with \$25 million for gun violence prevention research as included in the House FY2020 Labor-HHS-Education appropriations bill.
- Veterans Health Administration (VHA): At \$89 billion, to provide enough resources for traditional VHA medical services and transition to the new community care program.

Physician Payment under Medicare

Congress should encourage and provide incentives to physicians who transform their practices into Advanced APMs and continue to provide stability for physicians in the MIPS program by introducing and passing legislation that would:

- Extend the five percent Qualified Alternative Payment Model participant bonus beyond the 2022 performance year.
- Replace the zero percent baseline payment updates under Medicare, to take effect in 2020, with positive updates.

Urge congressional committees with jurisdiction over Medicare to exercise their oversight authority and urge CMS to:

- Expedite approval of more Advanced APMS, particularly those that work for small and specialty practices.
- Simplify the scoring structure and reporting requirements under the Merit-Based Incentive Payment System (MIPS) in order to fulfill Congress' intent of a more streamlined program that reduces burdens on physicians.

Expand Coverage and Stabilize the Insurance Market

Congress should work to help stabilize the individual health insurance market and expand coverage, based on ACP's [recommendations](#) for improving the Affordable Care Act (ACA).

- Cosponsor and pass in the U.S. House the *Protecting Pre-existing Conditions and Making Health Care More Affordable Act of 2019* (H.R. 1884), which strengthens and expands tax credits; stops skimpy health plans that do not cover essential benefits and that discriminate against people with pre-existing conditions; and provides funding for reinsurance programs. Senators should introduce and pass similar legislation in the Senate.

Reduce Unnecessary Administrative Tasks on Physicians and Patients

Congress should accelerate its efforts to reduce administrative burdens on clinicians and patients, including:

- Introduce legislation to standardize prior authorization reporting requirements across the entirety of the Medicare Program, and work with all stakeholders to adopt the same data elements and structure definitions.
- Cosponsor and pass the *Safe Step Act* (H.R. 2279), to require health insurers to provide an exceptions process for any medication step therapy protocol based on clinical decision-making, medical necessity, and other patient needs. Senators should introduce companion legislation in the Senate.
- Urge congressional health care committees with jurisdiction over Medicare to exercise their oversight authority to urge CMS, in its effort to overhaul clinical documentation guidelines, to ensure that the narrative of the patient's history, can be easily documented, preserved, and accessible within the health record. The E/M documentation requirements in the FY2019 Physician Fee Schedule should be implemented immediately and not coupled with the E/M payment policy reforms planned for 2021.

Healthy Women and Families

Congress should improve care and services for women and families by removing barriers to care that interfere with the physician-patient relationship.

- Support \$400 million in funding for the Title X program, and rolling back the harmful final regulations on Title X, as included in the House FY2020 Labor-HHS-Education appropriations bill.
- Cosponsor and pass the *Family and Medical Insurance Leave (FAMILY) Act* (H.R.1185/S. 463) to establish a federal paid family leave program.

Medical Education Training and Debt

Congress should support medical education training and debt relief for primary care physicians and other specialties facing shortages.

- Cosponsor and pass the *Resident Physician Shortage Reduction Act of 2019* (S. 348, H.R. 1763), to lift the GME caps as needed to permit training an adequate number of primary care physicians, including internal medicine specialists, and physicians in other specialties facing shortages.
- Cosponsor and pass in the House the *Resident Education Deferred Interest Act* (H.R. 1554), to save physicians in residency programs thousands of dollars in interest on their loans and help incentivize the opening of practices in underserved areas. Senators should introduce companion legislation in the U.S. Senate.
- Develop and introduce legislation in both chambers to combine DGME and IME into a single, more functional payment program, and broaden the GME financing structure to include all payers.
- Support funding for GME/IME and programs within the Veterans Health Administration that provide graduate medical education to ensure that physicians are adequately trained with the skills needed to treat an aging population.