What Just Happened?...

The 113th Congress wrapped up its work in mid-December after extending a handful of tax breaks and approving a batch of executive and judicial branch nominees that had been languishing for months. The end of the session marked the completion of what one Georgia lawmaker dubbed "the most do-nothingest Congress." Grammarians winced; historians agreed.

The 2013-14 legislative session saw 234 pieces of legislation enacted into law—the fewest in almost six decades, and down from the 284 measures passed by the previous Congress. (The median number of laws enacted over the past 20 Congresses is 604.) Looking back, it seems must-do budget and fiscal matters were the only topics Democrats and Republicans were willing to tackle.

But one of the last bills to clear Congress in 2014 was a 1,695-page measure that belies the "do-nothing" moniker.
Dubbed the CRomnibus, the bill included over $1 trillion to fund most of the government through September 2015. The measure also included a continuing resolution, or CR, that holds homeland security programs at last year's level through February—a symbolic protest of the president's executive actions on immigration reform. But the massive bill went far beyond standard appropriations. It loosened financial regulations on banks; raised annual campaign contribution limits for individuals from $32,400 to as high as $1.5 million; made it easier for troubled union retirement plans to cut pensions; approved $1 billion to help the government shelter unaccompanied migrant children; and suspended rules limiting the number of hours truckers can drive without rest.

...And What's Ahead?

Was the passage of the CRomnibus a reason for hope or a preview of horrors to come?

The final days of the 113th Congress included the usual displays of drama: A Democratic rebellion in the House over changes to Dodd-Frank banking rules nearly blew up the CRomnibus, while a conservative revolt in the Senate made for a roller-coaster ride that lasted several days.

The 114th Congress that convenes this week faces a number of challenges, the biggest of which is proving that the GOP can govern. And the tests will come early and often, starting with a debt ceiling extension in March or April and passage of a congressional budget blueprint that's required before appropriations bills can begin to move through Congress. Beyond that, Republican leaders will have to decide how to approach a second tier of issues--from immigration/border security and tax reform to health care, energy, infrastructure and trade--where they may need Democrats' support to muster enough votes for passage.

House Speaker John Boehner (R-OH) may have an easier time controlling the reins of his caucus with the addition of new members who did not run on Tea Party principles. A tougher task falls to new Senate Majority Leader Mitch McConnell (R-KY), who must find a way to get things done with a less than filibuster-proof majority, presumably while some of his colleagues run for president in 2016.
McConnell has made clear his intention to restore "regular order" to the legislative process, starting by allowing committees to function as they have in the past--formulating legislation, bringing it to the Senate floor and allowing amendments to be offered, debated and voted on. Whether Democrats (or some of his Republican colleagues) will allow that to happen remains to be seen.

**MedPAC Addresses the Primary Care Cliff**

The recently adjourned 113th Congress failed to act upon several pieces of legislation that will impact the practice of primary care. Besides opting not to pass a permanent repeal of the sustainable growth rate (SGR), they also failed to pass legislation that would extend the Affordable Care Act (ACA) provision that required Medicaid payments for primary care services be equal to those under Medicare. However, the expiration of the Medicaid parity provision is only the first expiration of concern to those practicing primary care.

The ACA also created the 10 percent primary care bonus payment, which will expire at the end of 2015. Without Congressional intervention, reimbursement for primary care services will be cut by 10 percent on January 1, 2016. In anticipation of the bonus’ expiration, MedPAC discussed a proposal to address the reimbursement disparity between primary care and specialty services and replace the bonus at its December meeting.

Rather than continuing the bonus payment, MedPAC is proposing that a $31 per beneficiary, per year payment be made to physicians. These per beneficiary payments would total the amount currently being spent on the 10 percent bonus payments. The payment would be budget neutral and as a result all non-evaluation and management and non-eligible evaluation and management services would face a 1.4 percent cut. This proposal and MedPAC’s rationale will be included in its next report to Congress.

**NIH Moves to Make Single IRBs the Norm**

The National Institutes of Health is requesting comments from the public on a draft policy that would strongly encourage the use of a single Institutional Review Board (IRB) for multi-site research.
The Food and Drug Administration, as well as some NIH institutes, currently allow such single IRB reviews for efficiency. The draft policy would make such reviews the standard method of operating.

The notice in the Federal Register points out that in 1975, when the existing regs were first published, most research occurred at single sites. Today, that is no longer the case. It goes on to state that proponents of single IRB review not that multiple reviews represent a significant burden and that there is no evidence that multiple reviews enhance protection for human subjects.

Researchers or others interested in commenting on the draft proposal can send an email to SingleIRBpolicy@mail.nih.gov; fax their comments to 301-496-9839; or mail/hand deliver to Office of Clinical Research and Bioethics Policy, Office of Science Policy, National Institutes of Health, 6705 Rockledge Drive, Suite 750, Bethesda MD 20892.

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