



*THE CRD ASSOCIATES'*

# ***HEALTH POLICY REPORT***

*August 1, 2014*

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## **Appropriations at a Standstill**

With only a few legislative days remaining before the elections—and the risk of another government shutdown looming—you might expect Congress to be hard at work

to avoid another fiscal crisis. Instead, critical hearings are underway, like this one convened by the House Oversight and Government Reform Committee: "Planes, Trains, and Automobiles: Operating While Stoned."

With a summer recess just a few days away, both the House and Senate appear to have reached the end of their regular fiscal 2015 appropriations seasons, with none of the 12 appropriations bills likely to progress much further until after the November elections.

The Appropriations committees have been trying to push through draft versions of as many of the 12 spending measures as possible, but they have run through all the bills that are politically plausible to move. The House has passed seven bills, but four of the remaining bills are unlikely to come to the House floor, and the fifth, Agriculture, was pulled from floor debate and its fate remains unclear. No markups or floor debate are currently planned in either chamber on the remaining fiscal 2015 spending bills.

The calendar is part of the problem, with the summer recess starting August 5 and only a few days in session planned for September, leaving little time ahead of the October 1 start of the new fiscal year to consider any other fiscal 2015 spending bills. The Senate's inability to consider a single spending bill on the floor, combined with the controversy surrounding funding to handle the child migrant crisis, means

that another government-wide continuing resolution until after the November elections is a near-certainty.

### **SGIM Responds to IOM GME Report**

On July 29, the Institute of Medicine (IOM) released its long-awaited report calling on Congress to overhaul Medicare's funding mechanism for graduate medical education (GME). Noting that there is "a striking absence of transparency and accountability in the GME financing system for producing the types of physicians that the nation needs," the IOM report recommends that Medicare GME funding be aligned with workforce needs by combining Direct and Indirect GME funding into a single fund, with up to 30 percent set aside for incentives to promote this alignment.

SGIM agrees with IOM's overall goals and policy recommendations for improving GME, particularly as they relate to primary care physicians and improving the transparency and accountability of the system. But IOM's report should not be considered the final word on this topic. In [Addressing the Nation's Physician Workforce Needs](#), published earlier this year, a panel of SGIM experts set out six

recommendations which reflect the Society's core interest: namely, preparing a physician workforce capable of providing high-quality, high-value, population-based and patient-centered health care that is aligned with the changing needs of our nation's healthcare delivery system.

You can read a copy of SGIM's response to the IOM report [here](#).

### **SGIM Meets with New Workforce Bureau Chief**

HPC Chair Mark Schwartz, MD, met recently with Rebecca Spitzgo, head of the newly-created Bureau of Health Workforce.

The Bureau of Health Workforce was created in May 2014, integrating HRSA workforce programs previously housed in two bureaus: Health Professions and Clinician Recruitment and Service.

Ms. Spitzgo began her tenure at HRSA as a grants administrator and program manager. For the past 4 years she served as Associate Administrator for the Bureau of Clinician and Recruitment Service.

Dr. Schwartz congratulated Ms Spitzgo on her new position and outlined SGIM's position on primary

care training issues of mutual concern.

### **Senate Panel Unveils Funding Recommendations for Primary Care Training**

Unable to move his spending bill through the Senate, Labor-HHS-Education appropriations chair Tom Harkin (D-IA) released his subcommittee's funding recommendations for fiscal year 2015.

Harkin's bill includes \$40.9 million for primary care training grants, a 10.7 percent boost over current funding. The increase was offset in part by cuts to other Title VII programs, including termination of the Centers of Excellence and the Health Careers Opportunity (HCOP) programs, currently funded at \$21.7 million and \$14.2 million, respectively.

There appears to be little chance that the bill will see the light of day, at least not until after the November elections.

### **Senators Brown and Murray Introduce Medicaid Parity Extension**

At the end of this year, the Affordable Care Act (ACA) provision that created Medicaid and Medicare reimbursement parity for primary

care services is set to expire. Recognizing the importance of continuing access to primary care physicians, especially in light of the 32 million Americans who now have health insurance coverage, Senators Sherrod Brown (D-OH) and Patty Murray (D-WA) introduced the *Ensuring Access to Primary Care for Women & Children Act* that would continue the reimbursement parity for two more years through the close of 2016.

Unlike the original provision in the ACA, the Brown-Murray bill would extend Medicaid parity for OB/GYNs and internal medicine subspecialists whose billings include 60 percent evaluation and management services. Many experts agree that higher Medicaid payment rates would increase the likelihood of providers accepting new Medicaid patients, increasing access to affordable health care coverage. The bill would ensure that the 62 million Americans who are on Medicaid would continue to have access to their primary care physicians rather than seek care in emergency rooms.

### **AHRQ Announces U-19 Funding Availability**

The Agency for Healthcare Research and Quality (AHRQ) has announced

the availability of funding for cooperative agreements for up to three Centers of Excellence on Comparative Health Systems, as part of Patient-Centered Outcomes Research dissemination.

### **[The Comparative Health System Performance in Accelerating PCOR Dissemination \(U19\)](#) FOA seeks**

applications to improve the uptake of PCOR findings among health care organizations and their clinicians. It also wants to compare the performance of these systems to each other and to the performance of more traditional forms of delivery system.

The deadline for applications is October 17, 2014.

### **PCORI Issues Engagement Award Initiative Notice**

PCORI has announced the availability of funding for Engagement Awards, which provide a platform to expand the role of all stakeholders in research and to support PCORI's Engagement Imperative as stated in their strategic plan. The goal is to create engagement strategies including developing a skilled community of patients and other stakeholders and involving them in PCORI's work.

The RFA outlines available funding support for meetings and conferences that align with PCORI's mission and plan to expand PCOR/CER.

Further information is available at [www.pcori.org/assets/2014/07/PCORI-EAIN-Conference-Support.pdf](http://www.pcori.org/assets/2014/07/PCORI-EAIN-Conference-Support.pdf).

#### **Health Policy Committee Leadership Contact Information**

Mark Schwartz, HPC Chair	<a href="mailto:Mark.Schwartz@nyumc.org">Mark.Schwartz@nyumc.org</a>
Angela Jackson, HPC Co-Chair	<a href="mailto:angela.jackson@bmc.org">angela.jackson@bmc.org</a>
Bill Moran, Council Liaison	<a href="mailto:moranw@musc.edu">moranw@musc.edu</a>
Bobby Baron, Education Sub. Chair	<a href="mailto:baron@medicine.ucsf.edu">baron@medicine.ucsf.edu</a>
Tom Staiger, Clinical Practice Sub. Chair	<a href="mailto:staiger@uw.edu">staiger@uw.edu</a>
Gary Rosenthal, Research Sub. Chair	<a href="mailto:gary-rosenthal@uiowa.edu">gary-rosenthal@uiowa.edu</a>
Cara Litvin, Membership Dev. Sub. Chair	<a href="mailto:litvincb@musc.edu">litvincb@musc.edu</a>

#### **Health Policy Committee Staff Support**

Francine Jetton, SGIM	<a href="mailto:jettonf@sgim.org">jettonf@sgim.org</a>
Lyle Dennis, CRD Associates	<a href="mailto:ldennis@dc-crd.com">ldennis@dc-crd.com</a>
Dom Ruscio, CRD Associates	<a href="mailto:druscio@dc-crd.com">druscio@dc-crd.com</a>
Erika Miller, CRD Associates	<a href="mailto:emiller@dc-crd.com">emiller@dc-crd.com</a>