SENATE REPUBLICANS’ ATTEMPT TO REVIVE ACA REPEAL STALLS

Senate Republicans tried again in September to pass a measure to repeal and replace the Affordable Care Act (ACA) after previously falling just one vote short of doing so in July.

The new proposal – known as the Graham-Cassidy Amendment after its two co-sponsors, Senators Lindsey Graham (R-SC) and Bill Cassidy (R-LA) – would keep most taxes from the Affordable Care Act in place and send the money and the states in the form of block grants. The states could then use it to create a state-specific system for providing health insurance. It would also eliminate the requirement that individuals must have insurance coverage and employers have to offer insurance to full-time employees.

On September 26, Majority Leader Mitch McConnell announced that the Graham-Cassidy bill will not be brought to a vote because Senate Republicans did not have the votes to pass the measure.

To read the full text of the amendment, click here.

To read a section-by-section summary of the amendment, click here.

To view state-by-state impact data of Graham-Cassidy, click here.

Finance Committee Holds Hearing on Graham-Cassidy Bill

On September 25, the Finance Committee held a hearing the Graham-Cassidy-Heller-Johnson Amendment to repeal aspects of the Affordable Care Act. During the hearing, Senators Lindsey Graham (R-SC) and Bill Cassidy (R-LA) made statements defending their healthcare bill.

Republicans’ message in the meeting generally focused on attacking the Affordable Care Act and arguing on the behalf of the per-capita cap financing for Medicaid. Democrats expressed concern for the bill’s plan to pool money and redistribute via block grant, saying that it wouldn’t do anything to decrease the fundamental cost of care, and also emphasizing that cuts to Medicaid and other subsidies for coverage would block people from care.

As the Senate Finance Committee hearing was underway, the Congressional Budget Office (CBO) released its preliminary score and analysis, showing that millions would lose insurance under Graham-Cassidy compared to current law.

Members who testified during the hearing included:

- **Senator Lindsey Graham** (R-SC)
- **Senator Mazie Hirono** (D-HI)
- **Senator Bill Cassidy, M.D.** (R-LA)
- **Senator Rick Santorum**, Former Pennsylvania Senator
- **Dennis G. Smith**, Senior Advisor for Medicaid and Health Care Reform
- **Teresa Miller**, Acting Secretary, Department of Human Services
- **Cindy Mann**, Former Deputy Administrator and Director of CMS
- **Dick Woodruff**, Senior Vice President, Federal Advocacy American Cancer Society Cancer Action Network
To view the hearing and download witness testimonies, click here.

CBO Releases Preliminary Analysis of Graham-Cassidy Bill

On September 25, the Congressional Budget Office (CBO) released its analysis and estimates for the Graham-Cassidy bill.

Overall, the analysis projects that the bill would save the federal government $33 billion from 2017 until the block-granted federal funding to states ends in 2026, causing millions to lose health coverage and would increase Medicaid cuts to $1 trillion.

To view the CBO preliminary analysis, click here.

AMA Releases Letter to Senate Leadership on Graham-Cassidy Amendment

On September 19, the American Medical Association (AMA) sent a letter to the Senate leadership communicating their opposition to the Graham-Cassidy-Helen-Johnson Amendment to H.R. 1628, the “American Health Care Act of 2017.”

In the letter, AMA states that this legislation does not meet the principles for health system reform that they shared with Congress on the first day of the 2017 legislative session. AMA specifically points out the following negative results that would occur if the amendment is passed:

- Millions of Americans losing health insurance coverage
- Further destabilization of the health insurance marketplace
- Undermining the health care net provided by Medicaid
- Jeopardizing important insurance reforms such as guaranteed issue and the ban on pre-existing condition exclusions and benefit caps

The letter concludes with AMA urging the Senate to take short-term measures to stabilize the health insurance market by continuing to fund cost sharing reduction payments. AMA also urges Congress to work in a bipartisan, bicameral manner in the long term to help increase the number of Americans with access to quality, affordable health insurance.

To view the AMA letter, click here.

Other groups in opposition to the Graham-Cassidy bill include:

- America’s Health Insurance Plans (AHIP)
- American Association of Retired Persons (AARP)
- American Hospital Association (AHA)
- American College of Physicians
- American Heart Association (AHA)
- Blue Cross Blue Shield Association
- Center for Medicare Advocacy

SENATORS ALEXANDER & MURRAY SPEARHEAD BIPARTISAN EFFORT TO STABILIZE ACA

Senate HELP Committee Holds ACA Hearings with State Insurance Commissioners and Governors

The Senate Health, Education, Labor and Pensions (HELP) Committee held bipartisan hearings on September 6 and 7 with state insurance commissioners and governors focusing on how to stabilize premiums in the individualized market for 2018. Both hearings are the first on the Affordable Care Act since the Republican-controlled Congress was unable to pass a repeal or replacement bill.

The Senate HELP Committee heard from state insurance commissioners on September 6 and from state governors on September 7.

State insurance commissioners testifying included:

- John Doak, Oklahoma Department of Insurance
- Mike Kreidler, Washington State Insurance Commissioner
- Julie Mix McPeak, Tennessee Department of Commerce and Insurance
- Theresa Miller, JD, Insurance Commissioner of Pennsylvania
- Lori K. Wing-Heier, Alaska Division of Insurance

To view the full September 6 hearing with insurance commissioners, click here.

Governors testifying included:

- Charlie Baker, Governor, Massachusetts
- Steve Bullock, Governor, Montana
- Bill Haslam, Governor, Tennessee
- Gary Herbert, Governor, Utah
- John W. Hickenlooper, Governor, Colorado

To view the full September 7 hearing with US Governors, click here.

Senate HELP Committee Holds ACA Hearings in September with Health Care Experts

Two other Affordable Care Act (ACA) stabilization hearings were held by the Senate’s Senate Health, Education, Labor and Pensions (HELP) Committee on September 12 and 14. The September 12 and 14 hearings featured health care experts testifying on ways to increase state flexibility in the individual health care market.

One September 12, the HELP Committee focused on state flexibility and panelists included:
To view the full September 12 hearing on state flexibility, click here.

On September 14, the HELP Committee hearing heard from health care stakeholders, including:

- Manny Sethi, Tennessee physician
- Susan Turney, Marshfield Clinic Health System CEO
- Robert Ruiz-Moss, Anthem Vice President
- Christina Postolowski, Young Invincibles
- Raymond Farmer, South Carolina Insurance Director

To view the full September 14 hearing with health care stakeholders, click here.

SENATE FINANCE HOLDS HEARING ON HEALTH COSTS AND COVERAGE

The Senate Finance Committee held a hearing on September 12 to review the current issues with health care costs and coverage entitled, “Health Care: Issues Impacting Cost and Coverage.”

The witnesses included:

- Avik Roy, Foundation for Research on Equal Opportunity
- Edmund Haislmaier, Heritage Foundation
- Andy Slavitt, Former CMS Acting Administrator
- Aviva Aron-Dine, Center on Budget and Policy Priorities

To view the September 12 hearing on healthcare costs, click here.

CMS ANNOUNCES FRI FOR “NEW DIRECTION” FOR CMMI

In September, the Centers for Medicare & Medicaid Services (CMS) announced that it will begin asking for stakeholder feedback in regard to a "new direction" for the Center for Medicare and Medicaid Innovation (CMMI), which promotes patient centered care, price transparency, choice and competition to drive quality, reduced costs, and improved outcomes. CMS hopes to continue the shift away from the fee-for-service model and move towards holding providers accountable for the quality of the services they provide.

According to CMS’ Request for Information (RFI), the CMMI is interested in testing models in eight specific categories:

- Advanced Alternative Payment Models (APMs)
- Consumer-Directed Care & Market-Based Innovation Models
- Physician Specialty Models
- Prescription Drugs
- Medicare Advantage (MA) Innovation
- State-Based and Local Innovation, Including Medicaid-focused Models
- Mental and Behavioral Health Models
- Program Integrity

Stakeholders are invited to submit comments online or via email until November 20, 2017.

To view CMS’ Request for Information (RFI), CLICK HERE.

To view a fact sheet from CMS announcing the changes, CLICK HERE.

To submit stakeholder feedback, CLICK HERE.

MEDPAC HOLDS MANDATED MEETING ON PHYSICIAN SUPERVISION REQUIREMENTS AND RECOMMENDATIONS

On September 8, The Medicare Payment Advisory Commission (MedPAC) held a meeting on physician supervision requirements in critical access and small rural hospitals. The Commission reached a tentative consensus that the Administration should clarify regulations regarding physician supervision requirements for certain procedures in rural areas.

During the meeting, the commission analyzed the effects of physician supervision requirements in rural hospitals and focused on Medicare beneficiaries’ access to and quality of care along with the economic impact on hospitals.

In conclusion, the meeting’s panel agreed to the following recommendations:

- CMS should establish a minimum requirement for the time it takes a physician to get to a patient undergoing a particular procedure
- CMS should continue using clinical judgement in determining the level of supervision required
- CMS should preserve flexibility for hospitals and incorporate aspects of telemedicine

MedPAC must send a report to Congress by December 13, 2017.

To view the full MedPAC presentation, click here.
CBO RELEASES NEW ANALYSIS PROJECTING RISES IN ACA PREMIUMS IN THE NEXT YEAR

The Congressional Budget Office (CBO) released a new analysis on September 14, showing that Affordable Care Act (ACA) premiums are expected to rise 15 percent next year. According to the report, the spike is expected to be due to uncertainty about the future of health law marketplaces and the growing number of counties served by just one insurer.

While CBO projects a rise in premiums, uncertainty remains about the continuation of federal cost-sharing reduction payments and the diminishing competition in insurance marketplaces. Almost half of all counties are expected to have just one insurer selling plans next year, based on CMS reports.

CBO also predicts:

- Premium increases will hold steady at an average of five percent through 2027
- Modest increases in exchange enrollment over the next two years
- Exchange enrollment will increase to 11 million next year and 12 million in 2019
- 31 million uninsured Americans in 2026, 3 million more than previously expected

To view CBO’s new analysis, click here.

PTAC HOLDS A MEETING ON THE THREE PHYSICIAN-FOCUSED PAYMENT MODEL

On September 7 and 8, the Physician-Focused Payment Model Technical Advisory Committee (PTAC) held a meeting and put to a vote the Preliminary Review Team Reports and all material related to the initial review and proposals of the three Physician-Focused Payment Models (PFPM) submitted by members of the public.

During the two-day public meeting PTAC deliberated and voted on the following three proposals for Physician-Focused Payment Models:

- **"HaH Plus" (Hospital at Home Plus) Provider-Focused Payment Model** submitted by the Icahn School of Medicine at Mount Sinai
  - It has been recommended to the Secretary for implementation
- **Advanced Care Model (ACM) Service Delivery and Advanced Alternative Payment Model** submitted by Coalition to Transform Advanced Care
  - Proposal was not voted on; PTAC recommended that the submitter revise and resubmit
- **Oncology Bundled Payment Program Using CAN-Guided Care** submitted by Hackensack Meridian Health and Cota, Inc.
  - It has been recommended to the Secretary for limited-scale testing

The proposals are available for public comment on the PTA website until September 29, 2017.

Secretary Releases Responses to PTAC’s Comments and Recommendations

Secretary Price has also provided responses to PTAC’s comments and recommendations on the following proposals:

- **The ACS-Brandeis Advanced APM** submitted by the American College of Surgeons
- **The COPD and Asthma Monitoring Project (CAMP)** submitted by Pulmonary Medicine, Infections Disease and Critical Care Consultants Medical Group, Inc. (PMA)
- **Project Sonar** submitted by the Illinois Gastroenterology Group and SonarMD, LLC