# FEDERAL ADVOCACY AND YOU: WHAT PROGRAM DIRECTORS AND LEADERS NEED TO KNOW

### APPD FALL MEETING

July 23, 2015

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## DISCLOSURE

I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider of commercial services discussed in this session.



# CURRENT REALITY



### FEDERAL POLICY TO BUILD FOUNDATIONS OF CHILD HEALTH



Access to Care –

Federal Funding for Children's Priorities (NIH, CDC, HRSA, FDA, etc.)

Regulation of E-Cigarettes/Liquid Nicotine

Practice Transformation, Delivery System Evolution, Payment-Financing Reform, Workforce

Persistent Drug Shortages

**Child Nutrition Programs** 

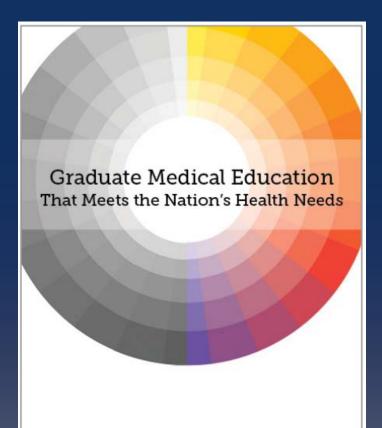


## GME REFORM?

1) IOM recommendations on GME funding reform released **July 29, 2014** 

2) Panic ensues

3) Congress does nothing (yet)



OF THE NATIONAL ACADEMIES



### WILL CONGRESS REFORM?

- 1) IOM recommends reform
- 2) Potential to save money by cutting IME
- 3) Desire to make system more transparent/accountable
- 4) Western states want more fair share of GME \$

### ...OR NOT REFORM

- ) Split committee jurisdiction
  - CHGME vs. Medicare GME
- 2) Strong push to raise caps on number of Medicare GME slots: will cost \$
- Potential to divide medicine: primary care vs. specialty
- Hospitals/training programs concerned about budgets, new requirements, etc.



### CHGME



President continues to propose serious cuts
 FY2016 recommendation: \$100 million
 Funding level staying flat at \$265 million
 Congressional support remains high



### PEDIATRIC SUBSPECIALTY WORKFORCE

Specialty	% of hospitals over 2-week benchmark	Wait times (business days)	Wait times (weeks)
Endocrinology	68%	51.4	10.3
Neurology	61%	47.6	9.5
Gastroenterology	59%	26.5	5.3
Nephrology	52%	33.6	6.7
Developmental Pediatrics	50%	65.7	13.1
Pulmonology	50%	40.7	8.1
Rheumatology	36%	31.9	6.4
Orthopedics	34%	38.2	7.6
Dermatology	32%	66.0	13.2
Urology	30%	35.2	7.0



### PEDIATRIC SUBSPECIALTY WORKFORCE



**Problem:** Obamacare politics interferes with funding for the Pediatric Subspecialty Loan Repayment Program. Program expires.

**Solution:** Allow pediatric subspecialists to qualify for the National Health Service Corps.

Currently only primary pediatricians quality for NHSC. Change in law needed.

H.R. 1859: Ensuring Children's Access to Specialty Care Act







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### MEDICARE ACCESS AND CHIP **REAUTHORIZATION ACT OF 2015** (MACRA)

### BIPARTISAN - HR 2 (P.L. 114-10): House 392-37, Senate 92-8

**GENEROUS TO STATES - CHIP** gets \$39.7b; net \$5.6b cost to feds

**STABLE** - Funds CHIP through September 2017

One Hundred Fourteenth Congress of the United States of America

AT THE FIRST SESSION

Begun and held at the City of Washington on Tuesday, the sixth day of January, two thousand and fifteen

#### An Act

To amend title XVIII of the Social Security Act to repeal the Medicare sustainable growth rate and strengthen Medicare access by improving physician payments and making other improvements, to reauthorize the Children's Health Insurance Program, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE .- This Act may be cited as the "Medicare Access and CHIP Reauthorization Act of 2015<sup>2</sup>. (b) TABLE OF CONTENTS.—The table of contents of this Act

is as follows:

Sec. 1. Short title: table of contents.

TITLE 1-SGR REPEAL AND MEDICARE PROVIDER PAYMENT

MODERNIZATION sustainable growth rate (SGR) and improving Medicare

- MODERNIZATION Sec. 101. Repeating the sustainable growth rate (SRR) and improving Med payment for physicians' services. Sec. 102. The second second second second second second control of the second second second second second second Sec. 104. Empowering beneficiary choices through continued access to inform on physicians' services. Sec. 105. Expanding availability of Medicare data.

TITLE II-MEDICARE AND OTHER HEALTH EXTENDERS Subtitle A-Medicare Extenders

- work GPCI floor.
- Extension of therapy cap exceptions process. Extension of ambulance add-ons. Extension of increased inputient hospital payment adjustment for certain
- Sec. 205. Extension of the Medicare-dependent hespital (MDH) program. Sec. 205. Extension for specialized Medicare Advantage plans for special needs in dividuals.
- dividuals. Sec. 207. Extension of funding for quality measure endorsement, input, and selec-tion.
- Sec. 208. Extension of funding outreach and assistance for low-income programs. Sec. 209. Kxtension and transition of reasonable cost reimbursement contracts. Sec. 210. Kxtension of home health rural add-on.

#### Subtitle B-Other Health Extenders

- Sae. 211. Permanent extension of the qualifying individual (Q) program. Sec. 212. Permanent extension of transitional medical assistance (TMA). Sec. 213. Kxtension of appendia diabetes program for type I diabetes and first Indians. Sec. 214. Kxtension of abstimute education. Sec. 214. Extension of Intelling for family-to-family health information centers. Sec. 216. Extension of Intelling for family-to-family health information enters.



# HOW DID MACRA HAPPEN?

### Playing the long game...

- Years of work, deep AAP member/leadership advocacy
- Educating White House, Congress at all levels, Media
- Focusing on States and Governors
- Finding good policy rationales for CHIP extension and keeping message discipline
- AAP set the table, coordinated with multiple coalitions
   Strategically linking with SGR repeal



### FEDERAL ADVOCACY FOR CHILD HEALTH: NEXT OPPORTUNITIES TO BUILD ACCESS

### Building on CHIP Funding Victory in MACRA

- Neonatal Abstinence bill (HR 1462/S 799)
- Child Nicotine Poisoning Prevention Act of 2015 (HR 1375/S 142)

Maximize Implementation of MACRA and ACA for Children Medicaid Managed Care Regulation







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"IT SHOULD BE OUR AIM TO DISCOVER NEGLECTED PROBLEMS AND, IN SO FAR AS IN OUR POWER, TO CORRECT EVILS AND INTRODUCE REFORM."

Isaac Abt, MD, first AAP President

## **PEDIATRICIANS AS MESSENGERS**

#### U.S. Views on Honesty and Ethical Standards in Professions

Please tell me how you would rate the honesty and ethical standards of people in these different fields -- very high, high, average, low, or very low?

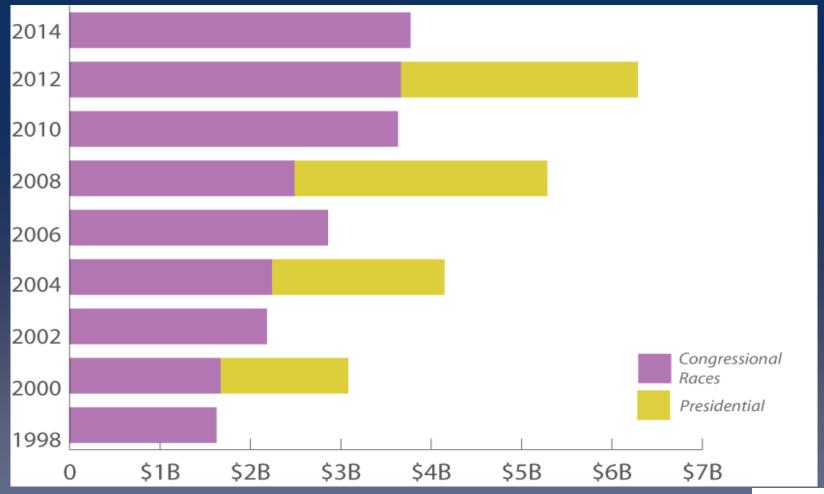
	% Very high or high	% Average	% Very low or low
Nurses	80	17	2
Medical doctors	65	29	7
Pharmacian	65	28	7
Police officers	48	31	20
Clergy	46	35	13
Bankers	23	49	26
Lawyers	21	45	34
Business executives	17	50	32
Advertising practitioners	10	44	42
Car salarparala	8	46	45
Members of Congress	7	30	61

Dec. 8-11, 2014 Rated in order of % Very high or high



#### GALLUP

### **ELECTION SPENDING**



American Academy of Pediatrics

https://www.opensecrets.org/overview/cost.php



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## **PEDIATRICIANS ARE ADVOCATES**



### Individual Advocacy:

Work you already do every day to improve the health and well-being of individual patients.



### Community and State Advocacy:

Building on and reaching beyond individual advocacy by shifting focus from children in your professional setting to children within the community.



### Federal Advocacy:

Changing the public policies, laws, and rules at the federal level to affect broad systemic change.





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### ACGME ADVOCACY REQUIREMENTS



Accreditation Council for Graduate Medical Education

IV.A.5.f) ...Residents are expected to:
IV.A.5.f).(7) advocate for the promotion of health and the prevention of disease and injury in populations. (Outcome)

IV.A.6.b) The overall structure of the program must include: (Core)
IV.A.6.b).(4).(a) ambulatory experiences to include elements of community pediatrics and child advocacy; ... (Core)
IV.A.6.b).(4).(a).(i) There must be two educational units. (Detail)





American Academy of Pediatrics Dedicated to the health of al

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## LINKING TOGETHER







#### Advocacy Action Center

#### Extend Medicaid Payment Equity

Medicaid matters to children across the country. Please urge Congress to extend Medicaid payment equity for at least two more years.

#### Keep CHIP Strong for Children

Please urge Congress to extend the Children's Health Insurance Program (CHIP) for at least 4 more years.

#### Get a Grant, Send Your Thanks: Thank Congress for Funding Your Pediatric Research

If you have received a federal grant to conduct scientific and clinical research, please consider emailing your members of Congress to thank them for supporting critical research funding.

#### News

#### AAP Statement on Legislation to Extend Children's Health Insurance Program American Academy of Pediatrics

"The American Academy of Pediatrics (AAP) welcomes today's introduction of bicameral legislation, the U.S. Senate's Protecting & Retaining Our Children's Health Insurance Program Act of 2015 and the U.S. House of Representatives' CHIP Extension and Improvement Act of

#### Extend Medicaid Payment Equity

The American Academy of Pediatrics is urging Congress to fund federal support for equitable payment in Medicaid for at least two more years.

READ MORE

#### Find your elected officials

Lookup your elected officials and candidates. Just enter your ZIP code to get started.



#### New Members of the 114th Congress

The 114th Congress took office in January. A complete list of new members can be found here.

During the 114th Congress, the Academy will continue advocating for numerous child health priorities including retroactive reauthorization of the Medicaid parity program, a renewal of funds for CHIP before funding for the program expires on Oct. 1, and support for legislation to help



### FEDERALADVOCACY.AAP.ORG

### ADVOCACY OPPORTUNITIES: DC LEGISLATIVE CONFERENCE APRIL 3-5, 2016

Participants will develop their federal advocacy skills through interactive workshops, learn about timely child health policy topics, hear from several guest speakers from Congress and the Administration and visit with their legislators on Capitol Hill.

Email -LegislativeConference@aap.org

Visit 📃

www.AAP.org/LegCon

American Academy of Pediatrics Legislative CONFERENCE





The American Academy of Pediatrics (AAP) invites you to take part in a monumental experience October 24–27 in Washington, DC. Experience over 350 educational sessions including practical hands-on learning and networking in addition to the largest pediatric technical exhibit of its kind

# NCE IN DC 2015



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