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Support for MACRA Bonus Builds on Capitol Hill

As previously reported, APG recently joined partners Premier Inc. and the National Association of ACOs in sponsoring a [congressional briefing](#) in support of extending the 5 percent bonus on the Medicare Physician fee schedule for clinicians participating in Advanced Alternative Payment Models. Now, a bipartisan group of influential lawmakers are rallying congressional support for the measure. Without an extension, the bonus will expire at the end of the 2022 performance year.

Six House members are leading the legislative push: **Rep. Peter Welch** (D-VT), **Rep. Darin LaHood** (R-IL), **Rep. Suzan DelBene** (D-WA), **Rep. Brad Wenstrup** (R-OH), **Rep. Michael Burgess** (R-TX) and **Rep. Earl Blumenauer** (D-OR).

Both Wenstrup and Burgess are physicians and co-chairs of the influential House GOP Doctors Caucus, and Wenstrup was a featured speaker at the September Hill briefing.

“These sensible value-based care investments are set to expire at the end of 2022, which would negatively impact nearly 300,000 clinicians who care for millions of Medicare beneficiaries and slow growth in future participation,” the lawmakers note in a letter addressed to **House Speaker Nancy Pelosi** and **House Minority Leader Kevin McCarthy**. “Further, it would limit opportunities for rural and underserved communities whose health care providers may need more support to transition to innovative care delivery models.”

Physicians and clinicians use the bonus payments, which were included as part of the transformative Medicare Access and CHIP Reauthorization legislation, to provide a raft of patient-centered services that ordinarily would not be covered under traditional Medicare, including cost-sharing, transportation and meal delivery services. The incentive payments are critical to physician groups as they continue to shift into value-based care arrangements that lower overall [health care spending](#).

APG advocacy staff will continue to work with Congressional offices to garner support for the legislative effort and inclusion of the bonus extension in an end-of-year spending package.

CBO Examines Price Caps for Physicians

Wading into the controversial area of draconian steps to slow health spending growth – and departing from its traditional focus on the federal budget – the [Congressional Budget Office \(CBO\)](#) in September outlined a number of approaches to lowering private commercial payments to physicians and other clinicians.

The CBO analyzed [three different options](#), including promoting price transparency, boosting competition among providers, and imposing federal caps on prices that commercial health plans pay to physicians and other providers. Under the latter option, Congress could set a maximum payment amount for each medical service—similar to the fee schedule used in Medicare—and physicians would negotiate with plans for rates at or below this maximum.

The CBO estimates that price caps, depending on how they are implemented, could reduce physician payment rates by between 3 percent and 5 percent. The CBO also projected that commercial plans would pass along 85 percent to 100 percent of the savings in the form of reduced premiums.

It is unclear what if any impact the CBO report might have on future policy discussions, but APG’s Washington policy team will follow any repercussions in the months ahead.

California COVID Law Puts Physicians in the Crosshairs, Could Serve as a National Model

A new California law that ups the penalties that physicians will face for spreading disinformation about COVID-19 could have broader national implications as more and more states consider ways to halt similar activity.

Under [legislation](#) signed by California Gov. Gavin Newsom on Sept. 30, the spread of disinformation specifically related to the COVID virus by physicians would be deemed “unprofessional conduct” by California’s state medical boards, and could result in the loss of their medical license. The law extends to “false or misleading information regarding the nature and risks of the virus, its prevention and treatment; and the development, safety and effectiveness of COVID-19 vaccines.”

The California legislation could serve as a template for other states that are trying to tame the spread of medical misinformation. [A 2021 study](#) conducted by the Center for Health Security at the John Hopkins Bloomberg School of Public Health found that up to 12 million Americans went unvaccinated because of misinformation or disinformation. A [broad majority of Americans](#), 78 percent, say that physicians who intentionally spread misinformation about COVID-19 should be punished.

Enforcement of the new law could prove tricky. Questions over who decides what is and isn’t considered misinformation could challenge California’s and other states’ medical boards. Already, two physicians are [challenging the law](#) in court and are seeking a preliminary injunction to halt its implementation. APG will continue to follow the consequences of the California law as well as passage of similar legislation in other states.

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