Policy & Advocacy Committee Meeting

JANUARY 21ST, 2025 | 3:30 – 4:30 PM ET

PARTICIPATING ORGANIZATIONS

AARP, Advocates for Community Health, American Academy of Child and Adolescent Psychiatry, American Academy of Family Physicians, American Academy of Pediatrics, American Academy of Physician Associates, American Association of Nurse Practitioners, American Board of Family Medicine, American College of Clinical Pharmacy, American College of Lifestyle Medicine, American College of Osteopathic Family Physicians, American College of Physicians, American Psychiatric Association, American Psychological Association, Blue Shield of California, Brigham and Women's Hospital, Converging Health, Cummins Inc., CVS Health, Elation Health, Innovaccer, Mathematica, Meadows Mental Health Policy Institute, Mental Health America, NAACOS, National Partnership for Women & Families, NCQA, Physician's Computer Company, Primary Care Collaborative, Primary Care Development Corporation, Platform Government Strategies, Premise Health, Society of Teachers of Family Medicine, UCSF Center for Excellence in Primary Care, Upstream USA, VillageMD

THANK YOU TO OUR SPEAKERS:

- Co-chairs: Shari Erickson, American College of Physicians and Sarah Coombs, National Partnership for Women and Families
- Parker Reynolds, Senior Health Policy Advisor, Office of Senator Bill Cassidy

MEETING SUMMARY

Welcome and Announcements

Larry McNeely, Director of Policy at the PCC welcomed attendees and gave a brief overview of the meeting agenda. Larry introduced Ann Greiner, President and CEO, who shared an upcoming event for the PCC.

- **Save the Date: June 4 – June 5, 2025,** the PCC will be hosting its biennial conference, *Scaling What Works for Primary Care*. **Click here to mark your calendar!**

Larry briefly highlighted a press release from Chairman Mike Crapo which outlined 'improving primary care and supporting chronic care benefits' as a priority for the Senate Finance committee in the 119th Congress.

Larry shared links to the following documents in the chat:

- PCC's Statement on ACO Primary Care Flex

- Georgetown's Center for Children and Families Report: *Medicaid's Role in Small Towns and Rural Areas*

Co-chair Remarks

Larry handed it off the Shari Erickson to share some key legislative priorities for ACP. Shari highlighted some key areas – left unaddressed by Congress at the end of last year. ACP hopes these will be addressed as soon as possible

- The 2.83% payment cut for all physicians outlined in the CY25 PFS
- Telehealth flexibilities which are set to expire at the end of March
- Prior authorization
- PBM reform

Larry passed it off the Sarah Coombs to outline key legislative priorities for the National Partnership for Women and Families.

Sarah shared that their immediate priority is protecting Medicaid. Given the recent list circulated from the House Budget committee and President Trump's recent Executive Orders which rescinded efforts from the Biden Administration to strengthens protections for Medicaid, NPWF is partnering and supporting organizations leading in advocacy to save Medicaid.

Sarah shared that many organizations including NPWF and Families USA have been circulating letters to Congress urging them to oppose all attempts to cut Medicaid.

In closing Sarah shared two resources from attendees on the call

- Protect Our Care: "Hands Off Medicaid" Campaign
- RWJF: Cost & Coverage Collaborative
    - A hub to resources, data, talking points, and social media toolkits

PCC Member Meeting: Takeaways and Discussion

Larry shifted the conversation to begin a discussion about the December 12, 2024 Member meeting. To begin, Ann gave a high-level overview of two informative conversations with Former HHS Deputy Secretary Eric Hargan and Ways and Means Committee Staff Director Patrick Dumas. Ann highlighted some key similarities that both Republican leaders shared in moving primary care forward with the new administration:

- We need to show how Primary Care is central to this Administration's priorities
- Multi-stakeholder work is invaluable

Ann passed it back to Larry, who gave an overview of the five breakout groups that participants could join. Larry shared the key take away from each of the five groups:

- Behavioral Health Integration led by Susan McDaniel
    - Key Takeaway: Show how integrated primary care is key to addressing chronic disease, and behavior change
- Communications led by Katherine Gergen-Barnett
    - Key Takeaway: It is important to move toward shared messaging with the new Congress, and the new Administration.
        - Emphasize that to 'Make America Healthy Again', stronger primary care is central
- Equity/Patient-Centeredness led by Sarah Coombs
    - Key Takeaway: Maintain our principles, but reframe the message
- Medicaid/CHIP led by Stephanie Glier
    - Key Takeaway: Identify and highlight red states where there are primary care initiatives aimed at combating chronic disease
- Medicare led by Dorothy Siemon
    - Key Takeaway: Across TM & MA, we need to support a shift to hybrid pay, address pricing/valuation and offer cost-sharing relief
    - Key Takeaway: We need to build on progress we have already made through PC Flex, APCM, G2211, GPDC/REACH

Larry opened the discussion for others to share their thoughts regarding the December 12 meeting.

Sarah shared how she is trying to remain optimistic with the incoming administration. It appears that this administration is aligned with supporting primary care, but there may be possible harms to access and public health with the other priorities of the administration. Nonetheless, she indicated there appears to be room for proactive work to be done to promote primary care.

Mike Tuggy shared a challenge faced by a primary care practice in Rhode Island in receiving G2211 code payments from a Medicare Advantage plan. He shared the idea that Congress should work on requiring payment enforcement for codes approved by CMS.

Shari expressed that other primary care practices have similar struggles in receiving payment for telehealth services following the end of the pandemic.

Martin Solomon posed a question in the meeting chat on how PCC plans to engage with the incoming administration on issues such as disease prevention, chronic illness and vaccination.

In response, Larry stressed that PCC will continue championing primary care and its role in the prevention, management and treatment of chronic illness (including vaccination). PCC will find areas of commonality to make progress in championing primary care.

Discussion with Senator Cassidy's Team

Larry introduced Parker Reynolds, Senior Health Policy Advisor to Senator Bill Cassidy. Parker's focus is on Medicare issues, as the Senator serves on the Finance Committee. The Senator is dedicated to helping doctors, especially those in primary care, and alleviating burdens that doctors face. Parker highlighted the increasing workforce shortage in primary care. Parker highlighted some key legislative priorities for the Senator:

- The Pay PCPs Act (Read more about the bill and PCC's response.)
- Integration for dual eligibles
- No fees for EFTs legislation

Larry asked the prospects for finishing the undone work of the last Congress – namely the health care package addressing key health care extenders and Medicare payment cuts.

Parker explained that there will most likely be a lot of fights in March to get the package through and figuring out if things can be added. He mentioned a doc fix and PBM reform as important issues that his boss wants to see in the end-of-year package but there is no guarantee.

Shari asked about the prospect of long-term reform this year, especially in the Medicare fee schedule.

Parker shared he is not optimistic that this will be accomplished this year due to other priorities. He emphasized the need to hear from diverse voices to create a viable long-term solution that won't make the issue worse. He also mentioned partisan politics involved that makes a doc fix a very expensive issue. He also stressed that feedback will be very helpful in this process.

Sarah asked about the role of consumer advocacy groups in the payment reform conversation.

Parker stressed that these voices are important, and a diverse coalition is needed to ensure this fix is successful. He invited groups to talk to offices and make their voices heard.

Andrew Schwab of Platform Government Strategies asked about Senator Crapo's priorities for the 119th Congress, where he named improving primary care as a top priority.

Parker indicated that he sees this as a nice message but is unsure what it will mean in action.

Ann Greiner asked whether the Senator had plans to reintroduce previously introduced legislation, and the role of the primary care community in building momentum for the overall issue of primary care

Parker believes that Congress now sees the importance of primary care and how it affects every community. He also said the Pay PCPs Act will be reintroduced in the next few months and he would like to see it in a doc fix. He also mentioned GME draft legislation, which addresses training primary care clinicians, and training in non-hospital settings. He reemphasized being active and visible to staffers.

Larry stressed the need for a diverse team to transform primary care. He also recognized Senator Cassidy's efforts to address child mental health and other important issues.

Parker said his boss is excited to have the gavel of the Senate HELP Committee and to remain active on these issues.

Larry thanked Parker for his time and opened the floor to reflections of what the group heard.

Ann listed the reintroduction of Pay PCPs and Crapo's statement as important developments.

Jean Tips of the American College of Lifestyle Medicine commented on Parkers remarks that support for training is being included in the Cassidy agenda.

Mary Giliberti of Mental Health America was curious about the timing of these reforms and what will be in reconciliation versus a longer fix.

Alexa Roberts of Village MD explained that a doc fix can't be put in reconciliation because reconciliation does not allow for policy change. She explained there are lots of smaller policy levers that could be adjusted in reconciliation, but they could not change budget neutrality.

Larry believes that, as an issue, Medicare payment reform has bipartisan support… suggesting the Finance Committee may try to move it independently from reconciliation.

Alexa added that there is a lot of buy-in to make this a separate bill, and she believes this is better than putting it in a reconciliation bill and potentially messing it up. She added that members of the House will want to debate and vote on legislation of this nature which can't happen in reconciliation.

Scott Barstow of the American Psychological Association asked how we can connect this problem with what life would be like with Medicaid cuts.

Ann made it very clear that there is a disconnect between Making America Healthy Again and the impact of cutting health insurance on primary care access and health for vulnerable populations.

Jean Tips added that ER use will increase.

Larry closed the meeting by thanking everyone for joining.