

ADVOCACY FOR CHILDREN AND PEDIATRIC SUBSPECIALTY WORKFORCE

COPS FALL MEETING

September 28, 2015

James Baumberger, MPP
Assistant Director
Department of Federal Affairs



House Speaker, John Boehner, Will Resign From Congress

By JENNIFER STEINHAUER SEPT. 25, 2015



Speaker John A. Boehner announced on Friday that he will resign his position and give up his House seat in October. By THE ASSOCIATED PRESS on September 25, 2015. Photo by Zach Gibson/The New York Times. Watch in Times Video »



WASHINGTON — Speaker [John A. Boehner](#), under intense pressure from conservatives in his party, announced on Friday that he would resign one

HOT TOPICS FOR PEDIATRIC SUBSPECIALTY



- 1) Loan repayment for pediatric subspecialists
- 2) Children's Hospital Graduate Medical Education (CHGME) program
- 3) GME reform?
- 4) CHIP reauthorization
- 5) Medicaid payment



LOAN REPAYMENT: AUTHORIZATION



Pediatric Subspecialty Loan Repayment Program

Section 5203 of the Affordable Care Act

- Loan repayment of up to \$35,000/year for up to 3 years
- Must agree to work in an underserved area

Authorized:

- \$30 million/year for pediatric medical and surgical subspecialists
- \$20 million/year for child and adolescent mental health specialists



LOAN REPAYMENT: PRESIDENT'S BUDGET



Initial ask: \$5 million

President's Budget: Proposed \$5 million for the program in FY2013 and FY2014

Implementation Plan:

1. Health Resources and Services Administration (HRSA) to administer
2. Proposed to fund 64 initial 2-year awards
3. Start by taking all comers



LOAN REPAYMENT: APPROPRIATIONS

Strengths:

- 1) Strong coalition advocating for funding
- 2) No ideological controversy
- 3) Compelling message

Obstacles:

- 1) Budget crisis
- 2) Affordable Care Act politics



LOAN REPAYMENT: NEW STRATEGY NEEDED

- Never funded by Congress
- Expired on September 30, 2014
- Prospects for reauthorization looked dim
- White House recommends working within existing programs

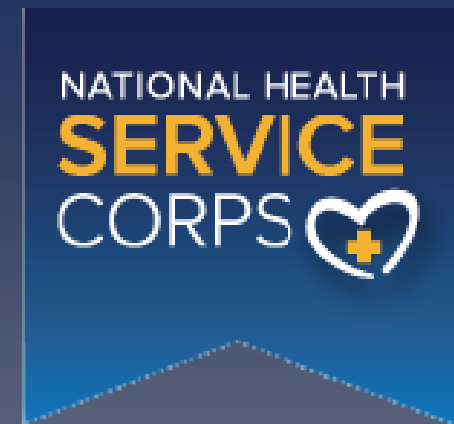
LOAN REPAYMENT: NATIONAL HEALTH SERVICE CORPS

National Health Service Corps (NHSC) Loan Repayment Program

Up to \$50,000 for 2-year commitment, possible extension

Current requirements:

- 1) Primary care
- 2) Generally non-hospital settings
- 3) Health professionals shortage areas (HPSAs)



LOAN REPAYMENT:

ENSURING CHILDREN'S ACCESS TO SPECIALTY CARE ACT

Ensuring Children's Access to Specialty Care Act of 2015 H.R.1859

Introduced: April 16, 2015

Lead Sponsors: Chris Collins (R-N.Y.)
Joe Courtney (D-Conn.)

Co-sponsors: 23 (15 Rep., 8 Dem.)

Provisions: Adds pediatric subspecialists to qualifying providers, add flexibility in terms of facility and shortage areas

Doesn't have a cost



LOAN REPAYMENT: NEXT STEPS

- Need additional House co-sponsors
- Need Senate champion
- Need more patient advocacy groups to join our coalition





Protect Child Nutrition Programs

As Congress begins the child nutrition reauthorization process in 2015, the American Academy of Pediatrics is leading advocacy efforts to ensure the strongest possible nutrition programs to support children's lifelong health.

READ MORE ►

Advocacy Action Center

Protect Child Nutrition Programs

Congress must reauthorize legislation that supports federal nutrition programs like the Supplemental Special Nutrition Program for Women, Infants, and Children (WIC), School Meals, and the Child and Adult Care Food Program by September 30. Please consider urging your members of Congress to pass a strong child nutrition bill.

Support Funding for the Next Great Achievements in Pediatric Research

For decades, federal funding for pediatric research has been essential to support the development of treatments that have saved countless children's lives. Tell policymakers that pediatricians need their support now more than ever to ensure needed investments in the future of pediatric research.

Support Efforts to Provide Children with Access to Specialty Care

Currently, there is a significant shortage in the number of pediatric subspecialists, and a significant disparity in the geographic distribution of these subspecialists. This disparity results in long commutes for parents seeking care for their children and subspecialist appointment wait times that can last more than 10 weeks. The Ensuring Children's Access to Specialty Care Act (H.R. 1859) would help address these workforce challenges and incentivize more pediatric subspecialists to practice in underserved areas.

Find your elected officials

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

GO ►

Medicaid's 50th Anniversary

The Medicaid program will celebrate its 50th anniversary on July 30. To read the reflections of AAP leaders and pediatricians who witnessed the evolution of the program, please click [here](#).

Leading up to the anniversary, anecdotes and quotes will also be shared in the weekly Federal Legislative Updates.

FederalAdvocacy.aap.org

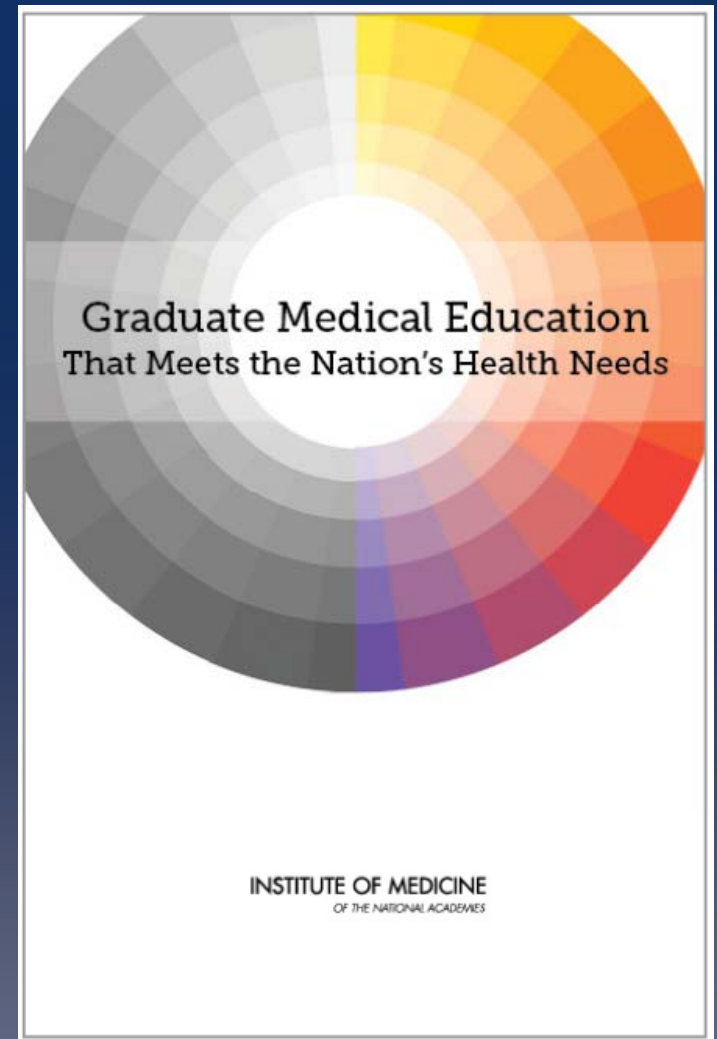
CHILDREN'S HOSPITAL GRADUATE MEDICAL EDUCATION PROGRAM

- Freestanding children's hospitals train roughly half of pediatric subspecialists
- President continues to propose serious cuts
 - FY2016 recommendation: \$100 million
- Funding level staying flat at \$265 million
- Congressional support remains high

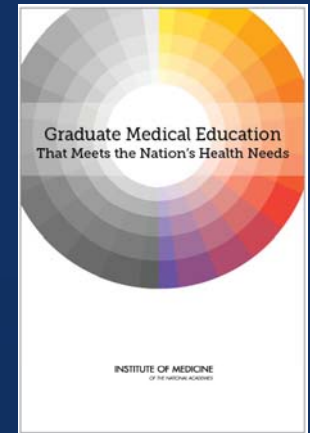


GME REFORM?

- 1) IOM recommendations on GME funding reform released **July 29, 2014**
- 2) Panic ensues
- 3) Congress does nothing (yet)



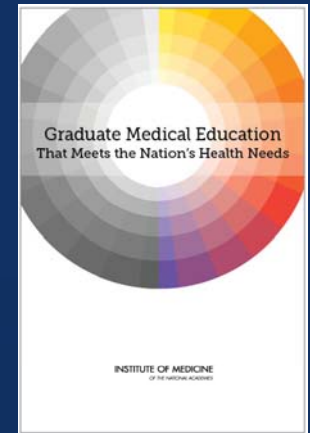
GME REFORM: IOM RECOMMENDATIONS



- 1) Maintain the **current level** of federal funding for graduate medical education (adjusted for inflation)
- 2) Fund freestanding children's hospitals out of mandatory Medicare dollars
- 3) Eliminate IME/DME distinction: establish one national per resident amount, geographically adjusted
- 4) Divert approximately 10%-30% of GME \$ to new payment methodologies
- 5) New governance system to set payment priorities



GME REFORM: IMPLICATIONS FOR SUBSPECIALTY



- Threat of cuts to subspecialty training?
- Strong support of IOM report from AAFP
- AAFP recommends eliminating all federal support for fellowships (currently funded at 50%)



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

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

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

*Began 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”.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—SGR REPEAL AND MEDICARE PROVIDER PAYMENT

MODERNIZATION

- Sec. 101. Repealing the sustainable growth rate (SGR) and improving Medicare payment for physicians' services.
- Sec. 102. Priorities and funding for measure development.
- Sec. 103. Encouraging care management for individuals with chronic care needs.
- Sec. 104. Empowering beneficiary choices through continued access to information on physicians' services.
- Sec. 105. Expanding availability of Medicare data.
- Sec. 106. Reducing administrative burden and other provisions.

TITLE II—MEDICARE AND OTHER HEALTH EXTENDERS

Subtitle A—Medicare Extenders

- Sec. 201. Extension of work GPCI floor.
- Sec. 202. Extension of therapy cap exceptions process.
- Sec. 203. Extension of ambulance add-ons.
- Sec. 204. Extension of increased inpatient hospital payment adjustment for certain low-volume hospitals.
- Sec. 205. Extension of the Medicare-dependent hospital (MDH) program.
- Sec. 206. Extension for specialized Medicare Advantage plans for special needs individuals.
- Sec. 207. Extension of funding for quality measure endorsement, input, and selection.
- Sec. 208. Extension of funding outreach and assistance for low-income programs.
- Sec. 209. Extension and transition of reasonable cost reimbursement contracts.
- Sec. 210. Extension of home health rural add-on.

Subtitle B—Other Health Extenders

- Sec. 211. Permanent extension of the qualifying individual (QI) program.
- Sec. 212. Permanent extension of transitional medical assistance (TMA).
- Sec. 213. Extension of special diabetes program for Type 1 diabetes and for Indians.
- Sec. 214. Extension of abstinence education.
- Sec. 215. Extension of personal responsibility education program (PREP).
- Sec. 216. Extension of funding for family-to-family health information centers.
- Sec. 217. Extension of health workforce demonstration project for low-income individuals.





MEDICAID PAYMENT EQUITY

- Only two-year provision
- Expired January 1, 2015
- MACRA amendment to extend payment bump failed
- Bills to extend have only attracted Democratic support
- SGR repeal a new opening for Medicaid payment?
- Primary care vs. subspecialty?

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
Pharmacists	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 salespeople	8	46	45
Members of Congress	7	30	61

Dec. 8-11, 2014

Rated in order of % Very high or high

GALLUP®



COMPELLING MESSAGES: SUBSPECIALTY WORKFORCE

- 1) Children with complex health care needs require specialty care
- 2) Shortage in pediatric subspecialists results in long wait times and distances traveled to care
- 3) Fellowship slots go unfilled, faculty positions hard to fill
- 4) Primary care pediatricians have difficulty referring out
- 5) Financial concerns impact decision to specialize

AAP ACADEMIC AND SUBSPECIALTY ADVOCACY REPORT

	
September 2015	
Washington Report Academic and Subspecialty Advocacy	
James D. Baumberger, MPP Assistant Director, Department of Federal Affairs jbaumberger@aap.org	
Ethan Jorgensen-Earp, MPA Legislative Assistant, Department of Federal Affairs ejorgensen@aap.org	
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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



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AAP
experience
National Conference & Exhibition
October 24 – 27, 2015 | Washington, DC

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



James Baumberger, MPP

jbaumberger@aap.org

202.347.8600