Suggested Lame-Duck Congressional Recess Activities
October 12, 2016

Congress will be in recess until November 14, when they will return to Washington for the post-election “lame-duck” session. The AAMC strongly encourages you to take advantage of this time when your elected officials are back home to contact them about the issues and AAMC-coordinated advocacy activities highlighted below.

1. Urge Lawmakers to Support $34.1 Billion for NIH in an Omnibus

On Sept. 29, the president signed a spending package (P.L. 114-223) that continues federal funding for most federal agencies through Dec. 9, at a rate of operations that is 0.496 percent below the FY 2016 level. Congress will need to finalize FY 2017 spending decisions, including funding for NIH and other health agencies, in the post-election session. It is not yet clear whether lawmakers will package all remaining FY 2017 spending bills into an omnibus, or pursue a series of smaller “mini-buses;” the latter strategy could leave some more contentious bills, such as the Labor-HHS spending bill, vulnerable to a year-long continuing resolution, negating the substantial NIH increases approved by the House and Senate Appropriations Committees earlier in the year.

The AAMC, in conjunction with the Ad Hoc Group for Medical Research, is encouraging lawmakers to provide at least $34.1 billion for NIH in FY 2017, as approved by the Senate Appropriations Committee (S. 3040, S.Rept. 114-274), in an omnibus as the next step toward consistent, sustainable increases in our nation’s investment in medical research. Representatives Suzan DelBene (D-Wash.), David McKinley (R-W.Va.), Chris Van Hollen (D-Md.), and Peter King (R-N.Y.), are circulating a “Dear Colleague” and congressional sign-on letter urging appropriators to provide “no less than $34 billion” for NIH in FY 2017.

Action: Please urge Congress to ensure the final FY 2017 spending package provides at least $34.1 billion for NIH and preserves academic medicine’s efforts to advance the nation’s health. Please ask your House delegation to sign the DelBene/McKinley/Van Hollen/King congressional sign-on letter.

AAMC Contact: Tannaz Rasouli, 202-828-0057

2. Urge your Senators to include legislation incorporating sociodemographic risk-adjustment into the Medicare Hospital Readmissions Reduction Program as part of any lame-duck legislative package

In June 2016, the House of Representatives passed the bipartisan Helping Hospitals Improve Patient Care Act of 2016 (H.R. 5273). The legislation included several provisions supported by AAMC. Specifically, the bill would incorporate sociodemographic status (SDS) risk-adjustment in the Medicare Hospital Readmissions Reduction Program (HRRP). Since the inception of the HRRP, highly renowned researchers have demonstrated that hospitals serving higher proportions of low-income patients are more likely to be penalized for having excess preventable readmissions. The linkage between these SDS factors and the financial penalties are clear, independent of other indicators of hospital quality. The AAMC strongly believes that Congress and the Administration must move swiftly to implement SDS adjustments across all affected programs, particularly the HRRP.

Action: Please ask your Senators to support passage of legislation that would risk-adjust hospital performance in the HRRP by SDS. One potential approach for accounting for SDS is stratifying
hospitals by their proportion of patients who are dually eligible for Medicare and Medicaid. This is the approach passed by the House.

AAMC Contact: Len Marquez, 202-862-6281

3. Alert and prepare your Congressional delegation to the potential need for legislation addressing issues related to off-campus hospital outpatient departments

Also included as part of the Helping Hospitals Improve Patient Care Act of 2016 (H.R. 5273) is a provision that would provide relief to hospitals that had off-campus outpatient departments (HOPD) under development (or “mid-build”) at the time of enactment of the Bipartisan Budget Act of 2015. The legislation is currently pending in the Senate where consideration and potential legislative solutions were delayed in anticipation of CMS’s 2017 Outpatient Prospective Payment System (OPPS) proposed rule due to be finalized in November 2016.

Action: Please ask your delegations to revise, as necessary, the House HOPD language to override the CMS proposed HOPD provisions, provide relief for hospitals with mid-build HOPDs, and address any necessary issues to the extent they are not addressed in an OPPS final rule.

AAMC Contact: Len Marquez, 202-862-6281

4. Ask your Congressional delegation to cosponsor The Resident Physician Shortage Reduction Act (H.R. 2124 and S. 1148)

In 2015, Representatives Joe Crowley (D-N.Y.) and Charles Boustany, Jr., M.D., (R-La.), and Senators Bill Nelson (D-Fla.), Charles Schumer (D-N.Y.), and Minority Leader Harry Reid (D-Nev.), introduced The Resident Physician Shortage Reduction Act (H.R. 2124 and S. 1148). These companion bills would provide a modest increase in Medicare GME support (15,000 positions over five years); require half of all available positions be used to alleviate shortage specialties; and direct the Government Accountability Office (GAO) to submit a report to Congress on strategies for increasing the number of health professionals from rural, lower income, and under-represented minority communities. As of October 11, 2016, there are 140 total cosponsors of H.R. 2124 and 15 total cosponsors of S. 1148.

Action: Please thank our champions for introducing and/or cosponsoring The Resident Physician Shortage Reduction Act. While it is unlikely the legislation will be considered in the lame-duck, it is critical we continue to build support and establish momentum heading into 2017. For those members of your Congressional delegation who have not yet signed on, urge them to cosponsor H.R. 2124 and S. 1148 and explain the importance of this legislation.

To assist with this request, we have linked to the following materials:

- A side-by-side summary
- House Dear Colleague letter
- Lists of current H.R. 2124 and S. 1148 cosponsors
- AAMC statement on The Resident Physician Shortage Reduction Act
- Additional GME advocacy materials

To cosponsor The Resident Physician Shortage Reduction Act, offices should contact Nicole Cohen (Nicole.Cohen@mail.house.gov) in Rep. Crowley’s office, Melissa Gierach (Melissa.Gierach@mail.house.gov) in Dr. Boustany’s office, or Corey Malmgren (Corey_Malmgren@billnelson.senate.gov) in Sen. Nelson’s office.
AAMC Contact: Len Marquez, 202-862-6281

5. Educate your Congressional delegation on the purpose of Medicare IME payments and express concern with the Medicare IME Pool Act of 2015 (H.R. 3292)

In July 2015, Ways & Means Chair Kevin Brady (R-Texas) introduced the Medicare IME Pool Act of 2015 (H.R. 3292). This legislation, which was never considered by the House Ways & Means Committee or the Senate, would eliminate Medicare indirect medical education (IME) add-on payments currently paid to teaching hospitals to help offset the increased costs associated with providing unique teaching hospital missions, such as ensuring patients have access to highly specialized services, caring for sicker and more challenging patient populations, and training the next generation of health care providers. The bill would establish a Medicare IME pool that distributes lump sum payments to teaching hospitals according to a new financing methodology. As part of the new formula, Medicare IME payments would no longer be linked to caring for Medicare beneficiaries or complex patient populations.

Action: Congressional action on the IME Pool Act of 2015 during the lame-duck is unlikely. However, given it was introduced by the Ways & Means Committee Chair, it is important you express your concerns with the legislation, explain the potential impact on your institution and their constituents, and ask your Congressional delegation to oppose any year-end legislation that erodes Medicare support for teaching hospital missions.

To assist with this request, we have included an H.R. 3292 summary and key messages.

AAMC Contact: Len Marquez, 202-862-6281

6. Educate your Congressional delegation on the potential impact of the flawed CMS Hospital Compare Star Ratings and ask your House delegation to cosponsor the Hospital Quality Rating Transparency Act of 2016 (H.R. 6088)

The AAMC strongly supports a transparent process for public reporting of provider quality data, and believes that this information must be reliable, valid, and useful for patients. To address Congressional and stakeholder concerns related to the release of the Centers for Medicare and Medicaid Services (CMS) Hospital Compare Star Ratings, Sens. Rob Portman (R-Ohio) and Bob Casey (D-Pa.) and Reps. Jim Renacci (R-Ohio) and Bill Pascrell (D-NJ) sent bipartisan Senate and House letters to CMS in April 2016 requesting that CMS delay release of the Star Ratings.

While AAMC was pleased the initial April release was delayed, on July 27, CMS ultimately released the Hospital Compare Star Ratings. We continue to have concerns that the star ratings mislead patients and do not provide accurate or useful information to patients and their families. Prior to the Star Ratings release, on July 25, Reps. Renacci and Kathleen Rice (D-N.Y.) introduced the Hospital Quality Rating Transparency Act of 2016 (H.R. 6088), bipartisan legislation that:

1) Directs CMS to make publicly available detailed information on the methodology used to calculate the Star Ratings;
2) Instructs CMS to have the validity and accuracy of the Star Ratings methodology confirmed by an independent statistician;
3) Provides a public comment period of no shorter than 60 days;
4) Delays the CMS Hospital Compare Star Ratings release until completion of the independent, third-party analysis of the CMS methodology; conclusion of the public comment period; or July 31, 2017 (whichever is later); and
5) Requires CMS to remove the Star Ratings from the Hospital Compare website and not republish or make publicly available “on a date that is before the latest of the dates” described above (should the Star Ratings be released prior to enactment of the legislation).

Action: Contact your Congressional delegation and thank those members that signed the Senate and House Star Ratings letters to CMS. Additionally, please contact your House delegation and urge them to cosponsor H.R. 6088. As of October 11, 2016, there are 18 total cosponsors. Offices wishing to cosponsor the legislation should contact Megan Beveridge (Megan.Beveridge@mail.house.gov) in Rep. Renacci’s office or Colleen Nguyen (Colleen.Nguyen@mail.house.gov) in Rep. Rice’s office.

AAMC Contact: Len Marquez, 202-862-6281

7. Support Full Funding for AHRQ in Final FY 2017 Spending Bill

The FY 2017 Labor-HHS spending bill (H.R. 5926, H.Rept. 114-699) approved by the House Appropriations Committee provides $280.2 million for the Agency for Healthcare Research and Quality (AHRQ); this funding level is a dramatic improvement over the House’s proposed termination of the agency in previous years, but still represents a $54 million (16.2 percent) cut below the comparable FY 2016 figure. The bill also prohibits funds from supporting any patient-centered outcomes research. The spending bill (S. 3040, S.Rept. 114-274) approved by the Senate Appropriations Committee provides $324.0 million for the agency, a $10 million (2.9 percent) cut below the comparable FY 2016 level ($334 million).

While we are grateful for the committees’ increased investment in NIH, particularly given the subcommittees’ reduced allocation, the AAMC is concerned that the bills do not adequately fund AHRQ, which would be compounded by the $30 million cut the agency endured in FY 2016. AHRQ complements NIH-supported medical research by sponsoring health services research designed to improve the quality of health care and translate research into measurable improvements in the health care system.

Action: Please urge lawmakers to maintain AHRQ’s budget authority at least at the FY 2016 level of $334 million in the final FY 2017 spending bill.

Please contact Tannaz Rasouli if you would like a list of AHRQ grants to your state including congressional district.

AAMC Contact: Tannaz Rasouli, 202-828-0057

8. Support Full Funding for Title VII, Including the Health Careers Opportunity Program

The FY 2017 Labor-HHS spending bill approved by the House Appropriations Committee provides $292.2 million for Title VII health professions programs, $32 million (12.1 percent) more than in FY 2016. The Senate Committee bill provides $297.3 million for Title VII programs, an increase of $35 million (13.3 percent) above FY 2016. A table comparing House and Senate committee-approved funding levels for each program to the president’s budget and prior fiscal years is available here. Both the Senate and House bills include the transfer of $50 million for the Behavioral Health Workforce Education and Training Program (BHWET) from SAMSHA to HRSA. Further, both bills cut funding for Public Health and Preventive Medicine by $4 million (19 percent), but maintain funding for AHECs, workforce information and analysis and other programs.
Both the House and Senate spending bills eliminate the Health Careers Opportunity Program (HCOP). HCOP received $14.2 million in the FY 2016 spending bill, and the President’s FY 2017 budget requested $14.2 million for the program. It is the only federal pipeline program for minority and disadvantaged K-16 students who want to become health professionals. Please find background material and talking points about HCOP [here](#).

**Action:** Please urge lawmakers to provide, at a minimum, the FY 2016 funding levels for each program in Titles VII and VIII, including HCOP.

Find a list of Title VII grants awarded in FY 2015 by state and congressional district [here](#).

**AAMC Contact:** Clay Crabtree, 202-739-2995

9. **Urge your congressional delegation to include joint ventures and GME support for academic affiliates in Department of Veterans Affairs (VA) reform legislation**

In the lame-duck session, Congress may consider legislative reforms to improve veterans’ access to health care, including the Veterans First Act (S. 2921). The AAMC supports inclusion of the Enhanced Veterans Health Care Act (H.R. 3879, S. 2922), which clarifies VA’s authority to pursue education, research, and patient care joint ventures with medical schools and teaching hospitals. Importantly, this legislation may provide savings for the VA through increased efficiency and cost-sharing with affiliates.

The Veterans First Act includes an extension from 5 to 10 years for the VA GME enhancement initiative. This additional time will allow VA to work with academic affiliates to award the 1,500 new VA residency positions under the Veterans Access, Choice and Accountability Act of 2014 (P.L. 113-146). Further, the AAMC supports granting VA the authority to fund GME training outside of the VA to help academic affiliates expand their programs and rotate more residents through the VA.

The AAMC believes sole-source contracting and the proposed Core Network of the Veterans Choice Program help ensure access for our nation’s veterans to the highest quality care by preserving academic affiliates as a direct extension of VA care and a preferred provider.

**Action:** Ask your lawmakers to support VA reform amendments to include the Enhanced Veterans Health Care Act (H.R. 3879, S. 2922) and allow VA to fund residency training at affiliated medical schools and teaching hospitals.

**AAMC Contact:** Matthew Shick, 202-862-6116

10. **Prepare for the Department of Labor Overtime Rule – Effective Dec. 1, 2016**

The DOL final rule is scheduled to go into effect Dec. 1, 2016. The House of Representatives Sept. 28 approved the Regulatory Relief for Small Businesses, Schools, and Nonprofits Act (H.R. 6094), which would delay for six months the enforcement of the Department of Labor (DOL) overtime final rule until June 1, 2017. The Senate will have an opportunity to consider a delay in the DOL overtime rule when it returns for the lame-duck session. The White House Sept. 27 issued a Statement of Administration Policy strongly opposing H.R. 6094, indicating President Obama would veto the bill if sent to his desk.

While the AAMC supports NIH’s new recommended stipends for certain post-doctoral researchers, we believe that post-docs should be exempt from FLSA overtime requirements because research is not conducive to a “9 to 5” schedule, nor to tracking hours.
The AAMC previously endorsed the Protecting Workplace Advancement and Opportunity Act (S. 2707, H.R. 4773), which would require DOL to perform a detailed impact analysis prior to implementing the final rule. The cost implications associated with the final rule further reinforce the need for Congress to pass a final FY 2017 spending bill that provides a robust increase for NIH.

**AAMC Contact:** Matthew Shick, 202-862-6116

11. **Encourage your medical students, residents, faculty, and staff to sign up for the “AAMC Action” grassroots campaign**

“AAMC Action” is an online grassroots community designed to harness the advocacy potential of medical students, pre-meds, residents, and other members of the academic medicine community. Through monthly communications, constituents have been educated in the spectrum of academic medicine and associated issues, including: the impending doctor shortage, the importance of preserving DGME and IME funding, and increasing federal funding for medical research. Through AAMC Action, we have assembled an online community of approximately 190,000 members, and more than 38,000 people already have participated in various grassroots activities.

**Action:** Please encourage your medical students, residents, faculty, and staff to get involved in this important initiative and sign up at [www.aamcaction.org](http://www.aamcaction.org).

**AAMC Contact:** Courtney Summers, 202-862-6042

12. **Host a Project Medical Education (PME) Event**

Project Medical Education (PME) is an interactive learning program that informs policy makers and their staff, community leaders, donors, and others about the missions and work of medical schools and teaching hospitals. The program also covers the financial and other challenges posed to students, residents, and institutions and their staff.

**Action:** Host a PME event at your institution.

**AAMC Contact:** Jared Dashoff, 202-828-0441