



## Health Policy Briefing

October 27, 2014

### Ebola Protocols Tightened as New Case Emerges; PPACA Enrollment Push

#### Administration Declares Ebola Response a Top Priority

U.S. Department of Health and Human Services (HHS) Secretary Sylvia Mathews Burwell announced the intent of the Obama Administration to make its response to Ebola a “top priority” in both a public health and national security sense. She used an event held by the American Academy of Family Physicians (AAFP) to encourage doctors to help inform patients about the disease and to be vigilant in screening and identifying potential cases. The Secretary also reassigned Dr. Karen DeSalvo, the National Coordinator for Health Information Technology, to the post of Acting Assistant Secretary for Health, to aid her and the department in addressing the Ebola global health disaster. The Department of Defense also announced the formation of a 30-member Ebola response team that would be deployed within 72 hours to anywhere in the U.S. to provide direct care to Ebola patients and assist other physicians. Amid the report that a New York City physician who treated Ebola patients in Guinea had self-reported symptoms which sent him into isolation at Bellevue Hospital for the disease, the Centers for Disease Control and Prevention (CDC) published enhanced guidelines for how hospitals need to respond in such cases. The new guidelines were used by the National Institutes of Health (NIH) in treating and discharging the Dallas nurse, Nina Pham, after she tested Ebola-free last week. Among other things the voluntary guidelines require: the use of two gloves, waterproof boots, respirators, a full-face disposable shield and other personal protective equipment that leaves no skin exposed; and repeated training in how to dress and undress in the presence of a site manager and the use of virucidal wipes to disinfect the equipment. CDC is preparing another step to designate certain hospitals “Ebola Treatment Centers” in order to have all Ebola patients be treated under the strict guidelines. The CDC also said it will “actively monitor” for 21 days any person traveling from the Ebola affected West African countries. New York and New Jersey took stronger action requiring such travelers who may have been in contact with another person with Ebola to be quarantined for the period. Such actions did not stem the call by Republicans for even tougher measures which

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include the suspension of visas for individuals wishing to come to the U.S. from the affected African countries. It is reported that the Administration may request supplemental funding to address the Ebola outbreak and the Senate Appropriations Committee announced that a hearing on the matter will take place on November 6th. At a House Oversight and Government Reform Committee hearing on the issue held last week, Chairman Darrell Issa (R-CA) criticized the Administration's response to the Texas and New York Ebola cases as well as the naming of Ron Klain as the White House's point person on the issue (he did not testify). A witness from the National Nurses United testified that the lack of mandatory guidelines and the shifting of CDC guidelines still leaves her members vulnerable to exposure. The Department of Homeland Security Inspector General also testified that the department was not adequately prepared for the crisis.

### ***FY 2015 Omnibus or No Omnibus Spending Bill?***

If the Administration requests additional funding for Ebola, House and Senate appropriators will encounter another hurdle in the lame-duck session when attempting to negotiate an extension of federal funding for fiscal year (FY) 2015. If and when several large pharmaceutical companies manufacture approved doses of an Ebola vaccine, it can be expected that the Administration will seek additional funding at that time to engage in an emergency vaccination program. A change in the Senate majority party will also weigh into the decision whether the House and Senate can agree on an omnibus bill or whether they will resort to another continuing resolution (CR) to extend funding into 2015 and beyond the December 11th expiration date of the current CR. Ebola funding would also make less likely any potential effort to pass permanent legislation to reform the Medicare physician payment system. Of note, the Administration also announced a temporary suspension of so-called "gain-of-function" research for the flu, SARS and Middle East Respiratory Syndrome (MERS) viruses. Funded researchers were asked to voluntarily give pause to their work on the viruses which could potentially be used for bioterrorism.

## **PPACA Health Reform Update**

### ***Administration Ramps Up PPACA Enrollment Efforts***

As the 2015 enrollment period for the Patient Protection and Affordable Care Act (PPACA) opens between November 15-February 15, HHS is encouraging physicians and other organizations to encourage enrollment under the exchange program. Aware that the Supreme Court has yet to take up or rule on the validity of suits challenging the Internal Revenue Service (IRS) ruling which allows PPACA tax-credit subsidies to be paid to HealthCare.gov enrollees in states that do not run their own exchanges, the Centers for Medicare and Medicaid Services (CMS) said that agreements with qualified health plans enrolling such individuals will allow the plans to terminate coverage if, for any reason, the subsidies are no longer made available. CMS also issued guidance under which PPACA eligibility appeals can be processed using a paper form for at least another year, given the problems that the exchanges have had in making enrollment seamless electronically. The agency also gave notice of proposed methods and data sources that states can use in 2016 to receive payments under the Basic Health Program which provides for an alternative means for low-income individuals to obtain health coverage meeting PPACA standards. CMS said the PPACA helped expand enrollment under Medicaid and the Children's Health Insurance Program (CHIP) by 8.7 million to a total of nearly 68 million through the end of August, 2014.

## Medicare/Medicaid/PHSA Corner

### *Grants for Transforming Clinical Practice*

**C**MS is taking applications for the PPACA Transforming Clinical Practice Initiative which is intended to support 150,000 clinicians and their colleagues to move from volume-driven systems to value-based, patient-centered and coordinated health-care services. A total of \$840 million will be available for two network systems: Practice Transformation Networks and Support and Alignment Networks.

#### *Open Payments System Search Tool Released*

**C**MS launched an initial search tool on its Open Payments System website which will allow users to search for payments made to physicians using a physician's name, location and specialty as well as for payments made to teaching hospitals and the companies making the payments.

#### *NIH Grants for Under-represented Groups*

**N**IH announced that it has awarded a total of \$31 million to twelve universities which is intended to assist over three dozen researchers to find new avenues for individuals in under-represented racial and ethnic groups to be employed in biomedical research endeavors.

## Health-Related Hearings and Markups

***House Veterans' Affairs Subcommittee on Health: will hold a hearing on the following health bills: H.R. 4720 (Medal of Honor Priority Care Act); H.R. 4977 (COVER Act – related to mental health issues); H.R. 5059 (Clay Hunt SAV Act - related to mental health and suicide prevention); H.R. 5475 (to improve newborn care); and H.R. 5484 (Toxic Exposure Research Act); 9:00 a.m., 334 Cannon Building; November 14.***