ADFM LEGISLATIVE AND REGULATORY UPDATE

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June 9, 2022

Today's Presentation

- Who I am – who I represent
- How family medicine policy and advocacy work together
- Legislative and Regulatory Activities – Substance/ Content

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ADFM Association of Departments of Family Medicine
VISION, VOICE, LEADERSHIP

AFMRD Association of Family Medicine Residency Directors

STFM SOCIETY OF TEACHERS OF FAMILY MEDICINE

NAPCRG

How Does Organized Family Medicine Work Together?

North American Primary Care Research Group
Society of Teachers of Family Medicine
Association of Family Medicine Residency Directors
Association of Departments of Family Medicine

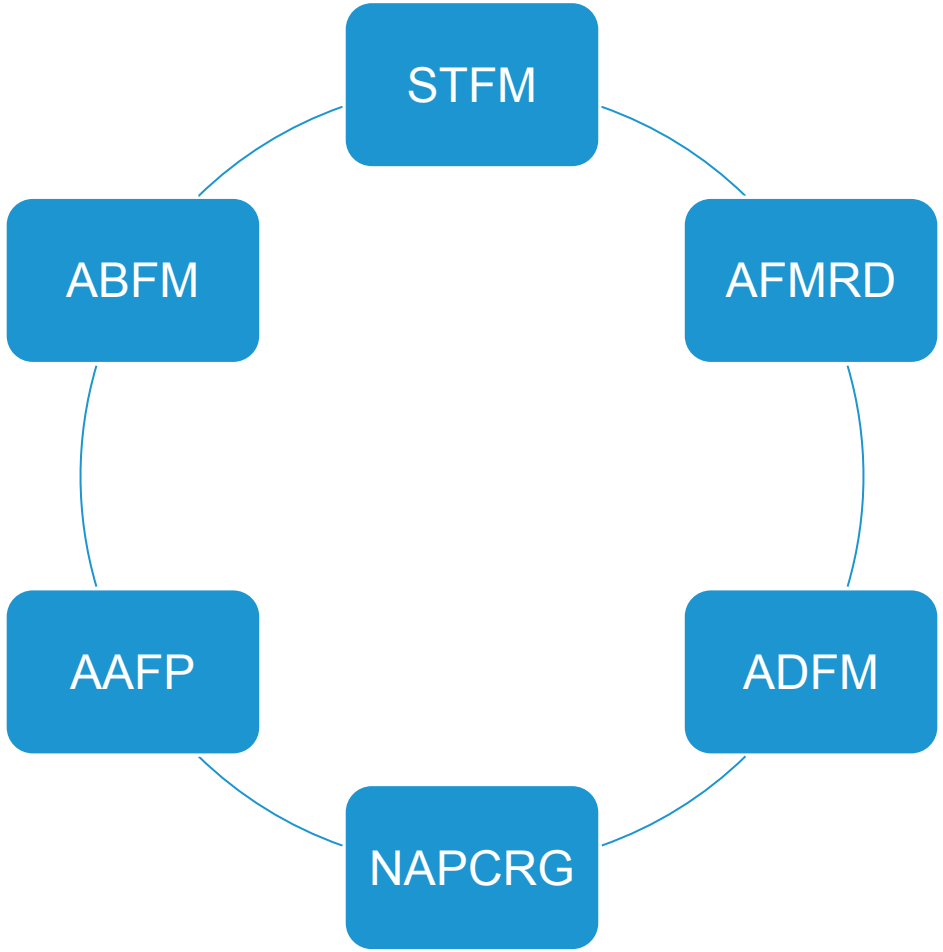
→ CAFM

American Academy of Family Physicians (AAFP)

American Board of Family Medicine (ABFM)

CAFM + AAFP + ABFM = AFMAC

Academic Family Medicine Advocacy Committee - AFMAC



Council of Academic Family Medicine

Year to Date Wins

Teaching Health Center GME

- $330 million from ARP: NOFO's for new centers/programs, expansion of existing, planning and development, TAC; increase Per resident payment by $10,000
- Bipartisan Bicameral Introduction of the "DOC" Act (now 16 House cosponsors; 8 in the Senate – all Dems)

Rural GME (S. 1893)

- New Senate Sponsors – 11 total, 8 R, 3 D
- Identified House Democratic Lead
  - Rep. Tom O'Halleran (D-AZ)
- Close to identifying a House Republican Lead
- Intent to drop House bill in June/July

Year to Date Wins

Consolidated Appropriations Act, 2021 Final Rule

- Several positive changes due to joint CAFM/AAFP comments and advocacy

Primary Care Research – FY2022 final appropriations

- $2 m for AHRQ Appropriations directed to the Center.

Year to Date Wins – but stalled for now

Build Back Better

- 4,000 new slots
- $3.3 billion for Teaching Health Centers
- Pathways to Practice (1,000 students/ residents)

Any movement?

Congress Takes Aim at Workforce Needs

1997 BBA Conference Report

The Conferees also note that a facility limit on the number of residents was provided, rather than any direction on payments according to specialty of physicians in training, to specifically avoid the involvement by the Secretary in decision making about workforce matters. The Conferees emphatically believe such decisions should remain within each facility, which is best able to respond to clinical needs and opportunities.

Congress Takes Aim at Workforce Needs

The CAA 2021 was the first time that Congress included workforce goals in Medicare GME*

- Including direction to increase service/training to underserved
- Over cap hospitals that want new FTE's must add new residents, not replace who pays for existing ones.
- Requires two GAO reports on impact of GME provisions

Build Back Better expands on this direction

- Requires reporting similar to THC GME in terms of practice patterns – specialty, service in HPSAs or rural.
- Directs new slots to identified needs such as rural, etc.
- New program to increase diversity among medical students/physician workforce.

CONSOLIDATED APPROPRIATIONS ACT, 2021 (CAA)

REGULATORY ADVOCACY EFFORTS

GME Provisions – Final Rule on Consolidated Appropriations Act, 2021

Three Provisions:

- 1000 new slots
- Rural Training Track Provisions
- Rotator Provisions

- Note: Both the Rotator and the Rural Training Track sections of the law were successful additions based on our (and others) involvement in the development of the statute.

CAA Final Rule Wins

Advocacy Areas

- 1,000 new slots (Sec. 126)
  - > 1 slot
  - Eligibility includes non-hospital provider-based settings
  - Our specific recommendation regarding small hospitals; not as a set-aside, but used as a tie-breaker with applications having the same score.
  - Interest in our “Impact Factor”

CAA Final Rule Wins

Advocacy Areas

- Rural Training Track – now Rural Track Program (Sec. 127)
  - Coordinating nomenclature with ACGME
  - New programs begun prior to Oct 1, 2022 exempt from rolling average
  - Expansion – addition of new sites
  - Expansion of existing sites – did not win on this; pursued further in comments on proposed rule

CAA Final Rule Wins

Advocacy Areas

- Rotator Provisions (Sec. 131)
  - Mechanism to publish information regarding eligibility
  - Choice of base period for PRA setting – programs starting last year
  - One-time forgiveness

  - Critical – have to report in the future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Congress is running out of time.

What's on our plate?

- Appropriations –
  - AHRQ Center for Primary Care Research;
  - PCTE Title VII grants
- Build Back Better's successor
- Rural GME legislation (S. 1893)
- Teaching Health Center Permanence
- Assorted Regulatory Issues

AHRQ Appropriations

Increase from $2 million to $5 million

Title VII - PCTE

- Increase by $10 m – to $59 m
- Funding for Departments
  - Goal to increase student choice
  - HRSA/Administration – new direction

New HRSA Funding Opportunities

- Integrative Behavioral Health –
  - Potential for 10 new grants
  - Current grants ongoing

- Rural Residency Development Grants –
  - $11.25 million
  - Expected Jan 2023 for July 2023 awards

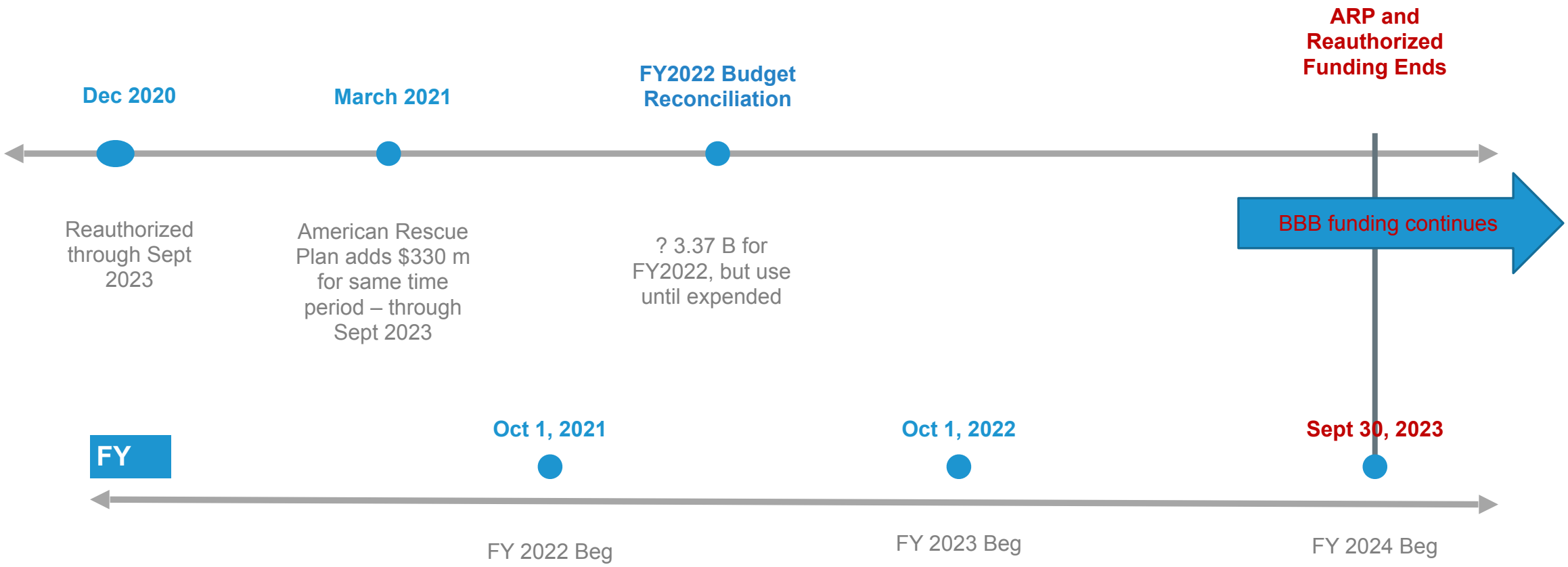
Rural GME Legislation

- S. 1893 Rural Physician Workforce Production Act of 2021
- One provision in BBB
- Still trying for movement this year
- House Introduction –
  - Rep. O'Halleran (D-AZ)
  - Looking for Republican Lead

DOC Act

- Teaching Health Center Permanence
- Over $6 billion
- Only Democratic cosponsors
- S. 1958/H.R. 3671 – Murray/Pallone

THC funding


Dec 2020
March 2021
FY2022 Budget Reconciliation
ARP and Reauthorized Funding Ends
Reauthorized through Sept 2023
American Rescue Plan adds $330 m for same time period – through Sept 2023
? 3.37 B for FY2022, but use until expended
BBB funding continues
FY
Oct 1, 2021
Oct 1, 2022
Sept 30, 2023
FY 2022 Beg
FY 2023 Beg
FY 2024 Beg

NEW INITIATIVES:

HHS PRIMARY CARE INITIATIVE

DATA COLLECTION AUTHORITY

HHS Primary Care Initiative

Led by Judith Steinberg, MD (Advisor to Assistant Secretary for Health); Shannon McDevitt, MD – family doc on detail from HRSA

AHRQ primary care center funding

Title VII Primary Care Training and Enhancement funding

Tax Credits for Volunteer Preceptors

GME – Rural and overall reform

THCGME

Data Collection/ Reporting Authority

Provide Authority to Secretary's of HHS and VA

GME Outcomes Data:

- number, specialty type, and diversity of residents
- Practice patterns of graduates (HPSA, etc.)
- Payments by type of resident and site of training
- Annual Report

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Honor an STFM Member for Outstanding Work in Political Advocacy at the Local, State, or National Level

Nominate for the STFM Advocate Award

Nominations are evaluated and rated on:

- Successful progress toward the achievement of the advocate's goals with clear articulation of advocacy plan and actions
- Innovativeness of program or activity
- Generalizability of the project or process
- Sustained impact on local, state, or national arena
- Documentation that advocate's work inspired others to work for advocate's mission or to develop their own mission

Council of Academic Family Medicine

Learn more and nominate an STFM member by September 9, 2022 at *stfm.org/advocate*

The recipient's efforts are not restricted to legislative work but cannot be solely individual patient advocacy.
The nominator and nominee must be STFM members.

Thank You

3 BBB Provisions

- Pathways to Practice: 1,000 medical school vouchers and new residency positions tied to voucher graduates
- THC funding - $3.37 b
- Additional residency positions – distribution
  - 4,000 new regular Medicare/CMS slots (not related to the Pathway to Practice slots)

Teaching Health Center GME

$3.37 billion (B) until spent

Does not contain permanence

Pathways to Practice Medical School Provisions

- $6 million from Medicare trust funds
- 1,000 annually (through 2031)
- Medical vouchers for medical school and post-baccalaureate programs
- Medical school must enroll 10 students (min)
- Med school must have didactic coursework and clinical experience applicable to practicing medicine in HPSA's, MUA's or rural

- Qualifying Students:
  - First Gen student of 4 yr college, graduate school or professional school, or
  - Pell grant recipient, or
  - Lived in a medically underserved area or HPSA for 4 or more years prior to undergraduate

  And..Must
  - Graduate, and
  - Complete a residency in an approved program (through initial residency period or Bd eligibility), and
  - Practice medicine in a HPSA, MUA, public hospital, rural area or fill other requirements (later)

  If student doesn't comply – obligation to pay back

Pathway to Practice: Medical Voucher Details

Prioritization Criteria: Student attestation required

- Participation in HRSA's HCOP, Centers of Excellence or AHEC programs
- Is a disadvantaged student (as defined by NHSC)
- Attended a historically black college or other minority serving institution

Pathway to Practice - Resident Positions

- Additional slots
- Qualifying Resident: FTE who was awarded a P-to-P medical scholarship voucher and graduated medical school
- Applicable hospital:
  - Agrees to provide data to the Secretary re: where residents practice medicine or participate in fellowships immediately following their residencies
  - Agrees to promote community-based training of these residents "as appropriate."
  - Must be recognized by ACGME for:
    - Providing mentorships for residents
    - Including cultural or structural competency as part of training
    - Demonstrated record of training residents in HPSAs, MUAs, public hospitals, or rural areas (regular CMS defn)
- Not clear how this will work with the Match process

Distribution of Additional (NEW) Resident Positions

- 4,000 new positions beginning FY2025 and FY2026
- Specialty set-aside:
  - Not less than 25% primary care or OBGYN (Primary care includes preventive med, geriatrics, GIM, GP, FM)
  - Not less than 15 % Psychiatry
  - If positions not filled by July 1, 2027, no set asides by specialty
- 30% (II) goes to over cap hospitals
- 20% (I, III, IV); Hospitals in:
  - I - Rural (traditional CMS defn, plus RUCA codes, plus SCH)
  - III – States with new Medical schools or branch campuses
  - IV – Located in HPSAs or serve a population designated by Secretary as shortage
- 10% (V)
  - V – Hospitals in states in lowest quartile of resident to population ratios

Distribution of Additional Residency Positions, cont.

- Reporting Requirements:
  - Race and ethnicity of residents
  - Practice Patterns of residents one and two years after completion of residency, including:
    - Practice in primary care, psychiatry or other specialty
    - Primarily serve in HPSA
    - Primarily serve in rural area (old CMS definition)
- Rural residencies restricted to expansion of existing, not new medical residency training programs

PCORI National Priorities and Research Agenda

- Dr. Liaw attended December PCORI physician convening re: PCORI's proposed research agenda.
- CAFM submitted comments on national priorities
  - Specifically noted the need for a primary care priority
- CAFM submitted comments on the proposed research agenda
  - Requested support for specific gaps in primary care research be included in the research agenda.

HHS Primary Care Initiative

Headed up by Judith Steinberg, MD (Advisor to Assistant Secretary for Health);

Shannon McDevitt, MD – family doc on detail from HRSA

Issues raised:

AHRQ primary care center funding

Title VII Primary Care Training and Enhancement funding

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