**Public Policy Update – March 2016**

**By Brian Lindberg and Marly Flores**

**Big Picture**

On March 16, President Obama nominated Merrick Garland, Chief Justice of the DC Circuit Court of Appeals, to the Supreme Court. The nomination launched the next phase in this election-year fight between the political parties that will likely be felt in battleground states across the country. Senate Republican leaders ruled out any action on Garland, who has close to 20 years of experience and a reputation as a moderate. Senator Chuck Grassley (R-IA), Chairman of the Judiciary Committee, has invited Garland to a meeting. According to Grassley’s spokeswoman, the meeting will discuss “why the Senate will not consider a nominee until the next President takes office.” The question remains what other issues will be stymied because of this nomination situation.

Another battle that Senate Republicans are facing is against time. Time is running out in the second year of their majority. There are only 50 legislative days remaining until Congress breaks for the political conventions in July, probably not enough time to pass budgets and appropriations bills. Considering the slow pace of legislative action in this partisan political climate, the public already has low expectations for congressional action.

**Budget Battles**

The House Budget Committee on March 16 voted 20-16 to advance a [10-year](http://www.politico.com/story/2016/03/house-budget-committee-approves-budget-220906) federal spending plan that includes deep cuts to federal health care programs. The budget cuts include eliminating subsidies available to help people purchase health plans through the ACA health exchanges, cuts in federal spending on Medicaid, and an overhaul of Medicare. The budget resolution provides $1.07 trillion in discretionary spending for fiscal year (FY) 2017 and now heads to the full House, although it appears unlikely that the leadership will find the necessary votes for passage.

Fiscal conservatives in the House have dismissed the President’s budget recommendations and are pressuring the House leadership to ignore the FY 2017 spending levels passed in the 2015 Bipartisan Budget Act (BBA). House leadership will need the full support from the 40-member House Freedom Caucus (Tea Party Movement), if they want the trillion-dollar budget proposal to clear the House.

In the Senate, action on a budget resolution has been postponed. The Senate will likely craft a budget proposal according to the top-line funding levels for FY 2017 established in the BBA, but few believe that any budget will pass in the Senate this year.

As of the week of April 4, the House and Senate Appropriations Committees’ Subcommittees on Labor, Health and Human Services, Education, and Related Agencies had not received their allocations for FY 2017.

The Senate Appropriations Committee was planning on beginning the process of marking up bills the week of April 11, with the goal of two bills per week. LHHS would likely be the last of 12 bills to be considered. However, one key House staffer was already suggesting that it would be December before the LHHS appropriations are finalized in a continuing resolution.

**Older Americans Act**

On March 16, the House Education and Workforce Committee reached an agreement on the House’s version of the Senate-passed S. 192, *Older Americans Act Reauthorization Act of 2015*. The House bill does make a modest change to the Title V Senior Community Services Employment Program (SCSEP). Read the bill summary [here.](http://www.n4a.org/Files/BILL%20SUMMARY%20-%20Older%20Americans%20Act%20Reauthorization%20Act%20of%202016.pdf) The bill includes specific modest increases in funding for most OAA programs, in part because the House would not accept the Senate’s use of the terminology “such sums as may be necessary” for the various titles of the bill.

On March 21, the House passed the OAA reauthorization bill (S. 192, now the *Older Americans Act Reauthorization Act of 2016)*. The compromise was considered “under suspension of the rules,” which is a method reserved for non-controversial legislation. The bill is expected to be passed by the full Senate in the very near future.

On the OAA appropriations front, there has been growing support to increase funding for the OAA programs this past month. Senator Bernie Sanders (I-VT) and 30 Senate colleagues have requested a 12 percent [increase](http://www.n4a.org/Files/SandersOAA.FY17.pdf) for all OAA programs. Representatives Suzanne Bonamici (D, OR-1) and Patrick Murphy (D, FL-18) and 47 other members [urged](http://www.n4a.org/Files/OAA%20HCBS%20Request%2016.03.23.pdf) appropriators to follow the President’s recommended increases for OAA III B Supportive Services. There were also letters of support for [Elder Justice](http://www.n4a.org/Files/160324%20Elder%20Justice%20Letter--FINAL%20SIGNED.pdf) and Long-Term Care Ombudsman programs. Representatives Peter King (R, NY-2) and Bonamici asked for $25 million to fund Elder Justice and Adult Protective Services. Various other OAA support letters have also been circulating.

**ACA Turns Six**

In marking the sixth anniversary of the signing of The Affordable Care Act (ACA), President Obama said, "After nearly a century of effort, and thanks to the thousands of people who fought so hard to pass and implement this law, we have at last succeeded in leaving our kids and grandkids a country where pre-existing conditions exclusions are a thing of the past, affordable options are within our reach, and health care is no longer a privilege, but a right."

The Department of Health and Human Services (HHS) noted that measures enacted under the ACA resulted in a Medicare spending slowdown. HHS reported that between 2009 and 2014, Medicare has spent $473 billion less than it would have if previous rates of health care spending growth in the program had continued during that time period. Read more [here](http://thehill.com/policy/healthcare/273628-white-house-to-lay-out-next-chapter-for-obamacare?elq_cid=1597125&x_id) and [here.](http://thehill.com/policy/healthcare/273900-medicare-saved-473-billion-from-cost-slowdown-hhs-says?elq_cid=1597125&x_id)

**Elder Justice Task Force**

The Department of Justice launched 10 Regional Elder Justice Task Forces. The task forces will be composed of federal, state and local prosecutors, law enforcement, Long-Term Care Ombudsman Programs, and organizations that provide services to older Americans. One of the key directives of the task force program is to enhance efforts to pursue nursing homes that provide substandard care to their residents. Read more [here.](https://www.justice.gov/opa/pr/department-justice-launches-10-regional-elder-justice-task-forces)

**Moonshot Task Force**

On March 17, Vice President Biden named Poliwogg CEO Greg Simon to lead the Obama administration’s Cancer Moonshot Task Force. Simon, a cancer survivor, is the co-founder of FasterCures, an organization that aims to increase the speed of medical research on serious diseases. Read more [here.](http://www.nytimes.com/2016/03/18/us/politics/biden-names-leader-for-moonshot-cancer-campaign.html?partner=rss&emc=rss&_r=3&elq_cid=1597125&x_id)

**Health Inpatient Procedures Act Introduced**

Representatives Tom Price (R, GA-6) and David Scott (D, GA-13) introduced the *Healthy Inpatient Procedures Act* (HIP Act). The bill would delay the implementation of a new Medicare payment model for hip and knee replacements. Called Comprehensive Care for Joint Replacement [(CJR)](https://innovation.cms.gov/initiatives/cjr), this model would require coordination of care by the hospital, surgery and rehabilitation teams, and others. Patients undergoing these surgeries will be followed for 90 days, called “the episode of care.” This model will be evaluated over a five-year period. The Medicare payment model is effective April 1. The proposal would delay the payment start date until January 2018. Read more [here](https://tomprice.house.gov/press-release/reps-price-scott-introduce-bill-protect-access-quality-care?elq_cid=1597125&x_id).

**Proposal - Care Veterans Deserve**

During a town hall meeting in Phoenix, Senator John McCain (R-AZ) proposed the Care Veterans Deserve plan for the U.S. Department of Veterans Affairs. The proposal calls for the VA Choice Card, which enables some veterans to obtain private care at the department’s expense, to be available to all veterans and make the program permanent. McCain said “Veterans still have not gotten the care they need and deserve” despite it being nearly two year since the Choice Cards were authorized by Congress. Read more [here.](http://www.usatoday.com/story/news/nation-now/2016/03/28/mccain-permanent-va-choice-card/82367996/?elq_cid=1597125&x_id)

**ABLE National Resource Center Launches Website**

The ABLE National Resource Center launched its new website. In the next few months, several state-sponsored ABLE programs will begin to open. The website offers important information targeted toward potential beneficiaries and their families, financial institutions, and ABLE program administrators. Click here to view the [website](http://www.ablenrc.org/).

**“Black Box” Warning Labels**

The U.S. Food and Drug Administration (FDA) announced that it will require a new “black box” warning label for certain types of opioid painkillers in response to the growing opioid misuse. The new labels will include warnings about the risk of addiction, misuse, overdose and death related to opioids. Read more [here.](http://thehill.com/policy/healthcare/273906-fda-steps-up-safety-warnings-on-painkillers?elq_cid=1597125&x_id)

**HHS Awards $94 Million to Treat the Opioid Epidemic**

The Department of Health and Human Services (HHS) announced that it will award $94 million of ACA funding to 271 health centers in 45 states, D.C., and Puerto Rico, to help treat the prescription opioid and heroin epidemic. Read more [here.](http://www.hhs.gov/about/news/2016/03/11/hhs-awards-94-million-to-health-centers.html)

**MEDPAC Annual Report**

The Medicare Payment Advisory Commission (MEDPAC) released its annual report to Congress with extensive recommendations for Medicare. MEDPAC called for a 1.75 percent increase to 2017 Medicare payments for acute care hospital inpatient and outpatient services and 0.5 percent payment rate increase for physicians’ Medicare payments. Read more [here.](http://medpac.gov/documents/reports/Mar16_EntireReport.pdf?elq_cid=1597125&x_id=&elqTrackId=b007f4c7f0384fdeb334d41ef9c93060&elq=1c071cba89f8492e908d1ad6180b3e77&elqaid=50500&elqat=1&elqCampaignId=22100)