



# A thaw in the partisan healthcare debate?

By Stephanie Zaremba | March 30, 2017

**N**ow that the American Health Care Act (AHCA) has died in the House, we can all finally be rid of that distraction and get back to fixing healthcare, right? Wrong.

President Donald Trump may be ready to move on to other priorities (or is he?), but no one in the House of Representatives – Republican or Democrat – is satisfied. In a meeting on Wednesday, House GOP leadership committed to working on a new Affordable Care Act repeal strategy in tandem with tax reform. In the meantime, Trump has indicated a willingness to work with Democrats on a passable bill, while Democrats continue to call repeal a non-starter.

Is this a signal of pending bipartisanship? Or a sign of continued dysfunction? No matter what, the AHCA saga is only one of several healthcare policy developments that are worth paying close attention to this week. Among the others:

Possible changes to antitrust laws coming for insurers. While all eyes were on the AHCA failure last week, the House successfully passed a bill repealing the McCarran-Ferguson Act of 1945.

The measure – which would remove outdated exemptions from federal antitrust enforcement for insurers, arguably increasing competition in insurance markets – has broad bipartisan support. But it's unclear if the Senate will take up the bill.

Some still want in on Meaningful Use. Representative Karen Bass, a Democrat from California, introduced a bill last week that would make nurse practitioners eligible for Meaningful Use payments.

On one hand, it's understandable that some provider groups felt left out of the cash grab that was MU. On the other hand, have nurse practitioners paid any attention to what their physician counterparts have been saying? With so much provider advocacy focused on killing the MU program outright, it's strange to see some groups still lobbying for their way in. It's very doubtful that this bill goes anywhere.

The ONC stays the course. The new head of Office of the National Coordinator for Health IT has not been publicly named – but we know that it's not former Congressman John Fleming, who will hold a new

position as deputy secretary for health technology. It seems likely that ONC will continue on in its current form, but possibly with some new degree of oversight from above.

UFA – the best acronym you haven’t heard of yet. You may hear folks talking about “UFAs” over the next few months. Pronounced “oof-ah,” this refers to the user fee re-authorization that the FDA negotiates first with the medical device and pharmaceutical industries and then with Congress. (You might also hear about MDUFAs – for medical devices – or PDUFAs, for prescription drugs.)

These industries pay massive user fees to the FDA, and every five years they negotiate the terms of those fees, which Congress ultimately reauthorizes through legislation. The industry negotiations took place last year, so now the legislative process is underway.

This time around, there is a big focus on “real-world evidence,” which you may remember from the 21st Century Cures Act. The FDA and industry are looking at how they can use data from outside a clinical trial, such as EHR data, to drive down the time and cost of drug and device development. As Congressional committees hold hearings on user fees over the next couple of months, it’s worth looking out for hints of what will constitute acceptable data.

Which specialists use EHRs the most? According to the Centers for Disease Control’s National EHR Survey, cardiologists and neurologists have the highest percentages of EHR use. The numbers, from 2015, show that overall EHR adoption is around 90 percent, up from 83 percent in 2014. Psychiatrists lag way behind, perhaps because most EHRs still lack a solution for handling sensitive mental health records in compliance with the hugely complicated patchwork of state and federal laws.

Office of American Innovation may touch on health IT. You may have heard that the President tapped his son-in-law and senior advisor Jared Kushner to lead the “Office of American Innovation.” This strategic group aims to bring fresh thinking to DC, much like past presidents have done, and reimagining Veterans Affairs is high on the list of early priorities.

What, if any, impact this has on the pending VA health IT decisions is unclear – as is a lot in healthcare policy these days.

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