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Political Action Committee Chair Report for BQSIMB 2015 Spring Meeting

1. *Update from the Association of American Medical Colleges (AAMC):*

1.1 Future Physicians Take New Medical College Admission Test®

April 20, 2015 - More than 7,500 aspiring physicians worldwide took the new Medical College Admission Test® (MCAT®). Developed and administered by the AAMC (Association of American Medical Colleges), the new exam tests students on the knowledge and skills that future physicians need to practice in a changing health care system and to better serve a changing patient population. ...

Back in 2012, the AAMC approved the new MCAT exam to align with the changing medical education landscape. In addition to updating the natural science concepts that students are tested on, the new exam includes a section on the psychological, social, and biological foundations of behavior. This section recognizes the importance of building a foundation for learning in medical school about the sociocultural and behavioral determinants of health and health outcomes. "The new exam asks examinees to be scientists by not only testing them on what they know, but also on how well they *apply* what they know," said Dr. Kirch, AAMC President and CEO. "This is a better test for preparing tomorrow's doctors." For more information about the new MCAT exam, visit www.aamc.org/mcat.

1.2 Study Examines Effects of Regulations on Financial Conflicts of Interest

April 15, 2015 - U.S. medical schools and teaching hospitals sustained significant impact on costs and personnel as a result of revised regulations on financial conflicts of interest, according to a new *Analysis in Brief (AIB)* published by the AAMC (Association of American Medical Colleges). The study presents key results from the first two years of the AAMC Conflict of Interest (COI) Metrics Project, an initiative established to understand the effect of changes to the U.S. Department of Health and Human Services regulations on conflicts of interest in federally funded research.

To come into compliance with these requirements, 71 participating institutions spent almost \$23 million, including \$11.6 million in one-time personnel costs, \$9.7 million in capital expenditures, and \$1.2 million in other costs. Through the COI Metrics Project, the AAMC will provide the National Institutes of Health with data to assist in the agency's assessment of these changes. The initiative also suggests a model for the evaluation of burdens and benefits of other current or proposed regulations. The full study can be found [here PDF](#).

2. *Update from the 114th United States Congress (2015-2016)*

2.1 H.R.2 - Medicare Access and CHIP Reauthorization Act of 2015

March 24, 2015 – Introduced in the House of Representatives and passed H.R. on March 26, 2015 and then passed the Senate on April 14, 2015. On **April 16, 2015** it became **Public Law No: 114-10**. Sponsored by Rep. Burgess, Michael C. [R-TX-26] Committees: House - Agriculture; Budget; Energy and Commerce; Judiciary; Natural Resources; Ways and Means.

The overview of the Public Law No 114-10 by the American Hospital Association (AHA):

- The legislation increases payments to physicians by 0.5% annually for the next five years, as well as award a 5% bonus to providers, who accrue at least a quarter of Medicare reimbursements under alternative value-based payment models, such as patient-centered medical homes, between 2018 and 2019.
- The bill helps offset the costs of the SGR (Sustainable Growth Rate) repeal by adjusting inpatient hospital payment rates.
- The legislation delays by an additional year – to FY 2018 – the start of scheduled annual Medicaid reductions to hospitals that treat a disproportionate share of low-income patients; and would extend several important provisions under the Medicare program, including the Medicare Dependent Hospital program, the low-volume hospital adjustment program, the therapy cap exceptions process, and ambulance and home health add-ons.
- The legislation eliminates the statutory barrier to “gainsharing programs,” which encourage hospitals and physicians to collaborate and improve patient quality of care and reduce unnecessary spending in hospital services. The providers share among themselves the savings realized from the efficiency measures implemented by these programs.
- The legislation rejects a number of potential cuts to hospital funding, such as outpatient hospital services, Medicare bad debt payments, graduate medical education, critical access hospitals and certain services provided in rehabilitative hospitals. In addition, it would not delay implementation of the ICD-10 coding program.
- The legislation also consolidates various reporting programs, such as the Meaningful Use program for electronic health records and several quality reporting programs.

2.2. H.R.741 — United States Library Trust Fund Act

February 4, 2015 - Introduced in House of Representatives. Amends the Internal Revenue Code of 1986 to: (1) establish in the Treasury the United States Library Trust Fund, and (2) allow taxpayers to designate a portion of any tax overpayment (not less than \$1) to the Fund as contributions. It authorizes public libraries or public school libraries to receive grants from the Fund. Introduced by Rep. Serrano, Jose E. [D-NY-15] 02/04/2015 Referred to the Committee on Ways and Means, and in addition to the Committee on Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

3. Update from the American Hospital Association (AHA):

3.1. Senate hearing examines telehealth benefits, barriers to expansion

Apr 21, 2015 The Senate Commerce Subcommittee on Communications, Technology, Innovation and the Internet held a hearing today on “Advancing Telehealth Through Connectivity.” Witnesses all agreed that telehealth is helping to lower costs and improve outcomes for patients with limited

access to medical services. AHA has urged Congress to modernize Medicare coverage and payment for telehealth. For more on the promise of telehealth for hospitals, health systems and their communities, see the recent AHA [TrendWatch](#) report.

3.2. EHR Adoption by U.S. Community Hospitals, 2008-2014

April 22, 2015 New data from a survey conducted by the American Hospital Association for the Office of the National Coordinator of Health Information Technology points to significant progress:

- Three-quarters of hospitals had adopted at least a basic EHR system in 2014, up 27% from 2013.
- Almost all hospitals [97%] had a certified EHR technology, up 35% over the previous year.
- Over a third of hospitals had adopted a comprehensive EHR system by 2014.
- Hospitals have made significant inroads towards interoperable exchange of health information.

Source: Dustin C. and others. Adoption of electronic health record systems among U.S. non-federal acute care hospitals: 2008-2014. ONC Data Brief [Office of the National Coordinator for Health Information Technology], no. 23, April 2015.

<http://www.healthit.gov/sites/default/files/data-brief/2014HospitalAdoptionDataBrief.pdf>

Respectfully submitted via email on April 22, 2015 by Rimma Perelman, Chair of Political Action Committee, BQSIMB.