"Consolidated and Further Continuing Appropriations Act, 2015" (the "Cromnibus")

Obama signed the "Cromnibus" bill on Tues., Dec. 17. Below is a summary of key health care provisions courtesy of Terri Marchiori.

Key highlights of importance to the physician community:

Debundling of Surgical Codes – The bill includes report language expressing concern that CMS has not provided adequate opportunity for public comment on changes to surgical procedures described in the annual Medicare Physician Fee Schedule (MPFS) final rules. It also expresses concern that the appropriate methodology has not been tested to ensure that patient care and patient access are not impacted negatively, and that undue administrative burdens are not placed on providers. Further, the report language urges that additional consideration be given to these changes prior to implementation of the changes outlined in the MPFS.

Ebola – The bill includes $5.4 billion of emergency funding to prepare for and respond to the Ebola outbreak.

National Institutes of Health (NIH) – The bill provides $30.3 billion, an increase of $150 million in base funding and $238 million in Ebola-related research.

Centers for Medicare & Medicaid Services (CMS) – The legislation includes $3.6 billion for CMS management and operations, the same as the FY 2014 enacted level.

Prevention and Public Health Fund – The bill prohibits the Prevention and Public Health Fund from being used as a "slush fund" to pay for other provisions of the Affordable Care Act.

Public Access to Federally Funded Research – Each federal agency or bureau funded under this act that has research and development expenditures in excess of $100 million per year shall develop a federal research public access policy that provides for:

(1) the submission to the agency, a machine-readable version of the author's final peer-reviewed manuscripts that have been accepted for publication in peer-reviewed journals describing research supported, in whole or in part, from funding by the federal government;

(2) free online public access to such final peer-reviewed manuscripts or published versions not later than 12 months after the official date of publication; and

(3) compliance with all relevant copyright laws.

Data Availability – The bill directs that within 90 days after enactment, the NIH Director should submit a report that assures the Committees on Appropriations that all journals supported with NIH resources are consistent with the February 2013 memorandum from the Director of the Office of Science and Technology Policy in the White House, which states that data sets used in publications supported by government grants should be made available to the public where possible. The NIH is expected to take immediate actionable steps to ensure all data from NIH-supported journals is available and reproducible.

National Diabetes Prevention Program (NDPP) – The bill provides support for the NDPP that encourages collaboration among federal agencies, community-based organizations, employers, insurers, health care professionals, academia, and other stakeholders to prevent or delay the onset of type 2 diabetes among people in the United States. The CDC is expected to have measurable long-term public health measures for this program that are reported annually in the Congressional budget request.

Prescription Drug Abuse and Prevention – To combat prescription drug abuse around the country, the bill provides $20 million in increased funding for prescription drug abuse prevention within the CDC and a $12 million increase for state grants within the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand treatment services for opioid or heroin dependence.

The CDC is directed to fund this initiative through cooperative agreements that target states that contribute significantly to the national burden of prescription drug overdose morbidity and mortality. The bill also dictates that that funding to states should address data issues, improve data standards and address the ability to share data across state lines and nationally to improve prescription drug overdose prevention activities. Funds are also expected to support activities with states to establish or expand prescription drug monitoring databases of physicians writing prescriptions for opiates and pharmacists filling prescriptions.

Opioid Treatment Education and Training Programs – To address the ongoing opioid crisis, SAMHSA is directed to update all of its professional education and training programs for opioid treatment programs (OTPs), office-based opioid treatment programs (OBOTs) and other addiction treatment settings, such that evidence-based innovations in counseling, recovery support, and abstinence-based relapse prevention medication-assisted treatments are fully incorporated.

Access to Home Health Care – The bill requests that in the FY 2016 budget request, CMS quantifies and explains how the policy directing physicians to conduct face-to-face certifications for home health care has prevented fraud, increased access to health care, and impacted costs to the Medicare and Medicaid programs. CMS is urged to include in the budget request how provider documentation for face-to-face encounters can be simplified.

Provider Nondiscrimination – The FY 2014 omnibus appropriations bill directed HHS to correct the 2013 FAQ on Section 2706 of the ACA to reflect the law and congressional intent; CMS has not complied with this directive. CMS is directed to provide a corrected FAQ by March 3, 2016 or an explanation for ignoring congressional intent.

Recovery Audit Contractors (RACs) – The bill includes language recognizing that RAC audits can reduce patient access to care and jeopardize the economic viability of critical health care providers. The bill directs CMS to educate providers on how to: reduce errors, develop procedures to reduce the Office of Medicare Hearings and Appeals (OMHA) backlog, and establish a process that provides educational feedback from the OMHA to CMS and RAC contractors to reduce the identification of claims that are likely to be overturned once elevated to the OMHA.

Office of the National Coordinator for Health Information Technology (ONC) – The bill urges the ONC to use its authority to certify only those products that clearly meet current meaningful use program standards and that do not block health information exchange. The ONC is directed to take steps to decertify products that proactively block the sharing of information.

Health IT Policy Committee – The bill directs the Health IT Policy Committee to submit a report to the House and Senate Committees on Appropriations and the appropriate authorizing committees no later than 12 months after enactment of this act regarding the challenges and barriers to interoperability. The report should cover the technical, operational and financial barriers to interoperability, the role of certification in advancing or hindering interoperability across various providers, and any other barriers identified by the Policy Committee.

Independent Payment Advisory Board (IPAB) – The bill cuts IPAB funding by $10 million.

School Lunch – The bill includes a provision that provides flexibility to local schools to implement whole grain nutrition standards as part of the Healthy, Hunger-Free Kids Act if the school can demonstrate a hardship when

procuring whole grain products. In addition, the implementation of further sodium standards are delayed and subject to additional scientific studies.

Children's Hospitals Graduate Medical Education (CHGME) – The bill includes $265 million for CHGME, the same level as in FY 2014. The bill rejects the elimination of this program proposed by the Administration.

HIV/AIDS Prevention and Treatment – The bill includes $2.319 billion for the Ryan White HIV/AIDS program, including $900,313,000 for State AIDS Drug Assistance Programs. The bill rejects the consolidation of the Part C and Part D programs as proposed by the Administration.

Ophthalmology – The bill directs CMS to review its current policy regarding awarding in-patient hospital status for the purpose of Medicare and Medicaid reimbursement for specialty eye hospitals and report to the Senate and House Appropriations Committees on results of the review within 180 days of enactment of this act.

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