

## **Policy and Advocacy Update #7**

May 6, 2011

### **Congressional Activity**

**Lots of appropriations discussions:** AACCP, in collaboration with its partner coalitions, this week spent lots of time with both House and Senate staff regarding programs of relevance to the respective Appropriation Subcommittee on Labor, Health and Human Services and Education. Take-aways from the meetings:

- Funding increases for agencies and programs of interest to academic pharmacy (and everyone else...) are not to be expected.
- Current discussions are preliminary, but indicate a desire for regular order for development and consideration of appropriations bills.
- While regular order is desired, don't be surprised if FY12, due to the fact that it is another presidential election year, proceeds through a series of continuing resolutions.
- While regular order implies that traditional, line item, appropriations bills are to be developed by staff the reality of funding reductions for agencies may make it easier for appropriators to develop global agency funding levels thus passing the requirement of deciding how much an agencies programs receives to the administration and providing members with political cover from having to make tough funding decisions.
- Funding levels at the FY08 level or less can be anticipated.
- Continuing shortfall (\$10 billion) for the Pell Grant program means that any HHS appropriations bill will be less if members seek to eliminate the shortfall.
- The ability of an agency or agency/program advocates to provide clear benefit of that agency or program will be required to fend off severe funding reductions.
- The Prevention and Public Health Fund authorized with mandatory funding in the Affordable Care Act will remain a target for elimination or at worst being used to supplant cuts to HHS programs.
- Don't be surprised by the seeming incongruity of politics and governing during appropriations discussions, but this incongruity may be less for FY12 now that new members are more aware of program impacts back in their districts.

The Senate is unlikely to start working on a bill until after the last appropriation committee hearing which is currently scheduled in June. The House may start earlier, but no clear timeline yet since members are just returning from the Easter recess.

**FY11 numbers coming soon!:** With the passage of HR 1473 (Public Law 112-10) in mid-April most agencies were given a total funding level number. The legislation requires agencies to come up with a detailed spending plan by May 13<sup>th</sup>. Below are the current agency level funding amounts established in HR 1473.

**FY2011 Department of Health and Human Services  
Selected Appropriations**  
(Updated 04/15/11)

<b>Program</b>	<b>FY10</b> Conference Report 111-366 Division D	<b>HR 1473</b> (PL 112-10) (passed on 04/14/2011 signed by Pres 4/15/11 All agencies subject to 0.2% budget authority reduction) <b>Numbers on this chart DO NOT include that reduction</b>
HRSA	\$7.484 billion	\$6.274 billion
Centers for Disease Control and Prevention	\$6.467 billion	\$5.660 billion
Agency for Healthcare Research and Quality (AHRQ)	\$397 million	\$372 million (AHRQ not subject to 0.2% reduction since funding comes from evaluation taps)
NIH	\$31 billion (Budget authority)	\$30.74 billion (Budget authority)
Administration on Aging	\$1.516 billion	\$1.5 billion

**FY 2011 Department of Agriculture  
Selected Appropriations**  
(Updated 04/15/11)

<b>Program</b>	<b>FY 2010</b> <b>111-279</b> <b>PL 111-80</b>	<b>HR 1473</b> (PL 112-10) (passed on 04/14/2011 signed by Pres 4/15/11 All agencies subject to 0.2% reduction in budget authority)
Distance learning and Telemedicine	\$37.7 million (grants)	\$32.5 million
Agriculture Research	\$1.18 billion (\$44 million for earmarks)	\$1.135 billion
Food and Drug Administration	\$3.237 billion \$2.357 billion (program level) (\$578 million from PDUF)	\$3.655 billion (\$ 667 million from PDUF )

**FY2011 Department of Education  
Selected Appropriations  
(Updated 04/12/11)**

<b>Program</b>	<b>FY 2010</b>	<b>HR 1473 (PL 112-10) (passed on 04/14/2011 signed by Pres 4/15/11 All agencies subject to 0.2% budget authority reduction) <b>Numbers on this chart DO NOT include that reduction</b></b>
Pell Grants	\$ 4860 (max grant)	\$ 5550 (max grant)
Federal Perkins Loans	\$2.255 billion	\$2.255 billion
FIPSE	\$160 million	\$20 million
GEAR UP	\$323 million	\$3.21 million
Corporation for National and Community Service	\$1.149 billion	\$1.149 billion

**Partnerships to advance the academy and practice**

**Health Resources and Services Administration**

**Patient Safety and Clinical Pharmacy Services Collaborative**

The next round of the Patient Safety and Clinical Pharmacy Services Collaborative is about to start. On May 10, 2011 the Collaborative will sponsor a webinar that will describe the activities in which it is engaged and how you can become a member. This is an excellent opportunity to provide your students with practice experience with culturally diverse patient populations, improve and strengthen public and provider perceptions of the role of the pharmacist on the primary care team and identify possible research projects.

Register for the May 10<sup>th</sup> webinar by going to the Collaborative Web site:

<http://www.hrsa.gov/publichealth/clinical/patientsafety/index.html>

**Centers for Medicare and Medicaid Services**

**Quality Improvement Organizations**

The Centers for Medicare and Medicaid Services (CMS) annually publish a report that describes the scope of work for the Medicare Quality Improvement Organizations (QIOs). The 10<sup>th</sup> Scope of Work provides a series of activities in which QIOs may engage to improve the quality of care Medicare beneficiaries receive through hospitals, physicians, home health agencies and others. The 10<sup>th</sup> Scope of Work includes activities, specifically C.7.3, that acknowledge the health outcomes improvements associated with access to medication management services. This activity focuses particularly on the populations served in entities (mostly community health centers) participating in the Health Resources and Services Administration's (HRSA) Patient

Safety and Clinical Pharmacy Collaborative (PSPC). Many of AACP member institutions are actively engaged in the PSPC.

**QIOs have until May 16<sup>th</sup>** to determine which activities they will engage in under the 10<sup>th</sup> Scope of Work. You are strongly encouraged to reach out to the QIO in your state to offer your assistance and expertise in addressing the activities related to the PSPC populations.

Information about the PSPC is available at:

<http://www.hrsa.gov/publichealth/clinical/patientsafety/index.html>

A list of Quality Improvement Organizations is available at:

[http://www.ahqa.org/pub/connections/162\\_694\\_2450.cfm](http://www.ahqa.org/pub/connections/162_694_2450.cfm)

The 10<sup>th</sup> Scope of Work is available in a zip file at (the last Word file in the list is the appropriate document to open):

<https://www.fbo.gov/?s=opportunity&mode=form&id=c9758e6861085718832064025f15d75f&ab=core&cvview=1>

### **Centers for Medicare and Medicaid Services Partnership for Patients**

The April 15<sup>th</sup> edition of the Policy and Advocacy Update included information about the establishment of the Partnership for Patients program within the Centers for Medicare and Medicaid Services (CMS). The focus of the partnership is to reduce the risks patients face during and after a hospital stay. The Partnership addresses these risks by supporting the development of partnerships between hospitals with high readmissions of Medicare patients with community-based organizations (CBO) with expertise in addressing these risks. While colleges and schools of pharmacy do not explicitly meet the Partnership's definition of a community-based organization area agencies of aging (AAA) and Quality Improvement Organizations (QIO) do meet that definition. Therefore, it is important that faculty at colleges and schools of pharmacy interested in strengthening the integration of pharmacists into patient-centered, team-based care teams supporting the efforts of hospitals to reduce readmissions actively seek partnerships with AAAs and QIOs so that these eligible CBOs leverage the knowledge and expertise of pharmacy faculty in their strategies to assist hospitals.

Additional information about the Partnership for Patients is available at:

<http://www.healthcare.gov/center/programs/partnership/index.html>

A list of QIOs is available at: [http://www.ahqa.org/pub/connections/162\\_694\\_2450.cfm](http://www.ahqa.org/pub/connections/162_694_2450.cfm)

A contact list of state offices that administer aging programs as well as area agencies on aging is available at: [http://www.aoa.gov/AoARoot/AoA\\_Programs/OAA/How\\_To\\_Find/Agencies/find\\_agencies.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/OAA/How_To_Find/Agencies/find_agencies.aspx)

## **Federal Register Notices**

### **Centers for Disease Control and Prevention**

The CDC seeks comments and recommendations on a proposed new survey entitled “National Survey of Primary Care Policies for Managing Patients with High Blood Pressure, High Cholesterol, or Diabetes” This proposed survey would be administered through the newly established National Center for Chronic Disease Prevention and Health Promotion. “In 2011, CDC proposes to conduct the first cycle of data collection for the National Survey of Primary Care Policies for Managing Patients with High Blood Pressure, High Cholesterol, or Diabetes (NSPCP). The web-based survey will collect information on physician practices' use of evidence-based systems, including multidisciplinary team approaches for chronic disease treatment, electronic health records (EHR) with features appropriate for treating patients with chronic disease (e.g., clinical decision supports, patient registries), and patient follow-up mechanisms.” In its FY 2011 budget justification the CDC recognized medication therapy management programs such as the Asheville Project as important public health strategies for addressing a multiplicity of chronic illnesses including hypertension, high cholesterol and diabetes.

Comments on the proposed data collection will be accepted until June 28, 2011. The proposed data collection notice, including comment submission instructions is available at <http://edocket.access.gpo.gov/2011/2011-10384.htm>

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