

## HALL RENDER'S THIS WEEK IN WASHINGTON - JUNE 7, 2019

### HOUSE COMMITTEE PUSHES RENEWAL OF HEALTH PROGRAMS, DEBATES MEDICAID DSH CUTS

The House Energy and Commerce Health Subcommittee considered twelve health care-related bills in a hearing this week. Eleven of the bills renew funding for community health centers, doctor training programs and other public health initiatives which have funding authorizations that expire at the end of September. The House is seeking five-year extensions for most of the programs, while previous renewals typically lasted only two years. Several of the measures play an essential role in America's health workforce, such as the Community Health Center Fund, the National Health Service Corps and the Teaching Health Center Graduate Medical Education program.

Also at the hearing, Rep. Elliot Engel (D-NY) introduced legislation ([H.R. 3022](#)) to permanently repeal the Medicaid disproportionate share hospitals ("DSH") payment cuts. Committee Chair Frank Pallone (D-NJ) praised this legislation, stating the cuts would pose major strain to hospitals. Overall, there is bipartisan agreement that there should be at least another two-year delay of the DSH cuts. The majority of the House, over 300 members, has asked House leadership to move legislation delaying cuts by an additional two years through a letter pushed by Rep. Engel and Rep. Pete Olson (R-TX).

Rep. Michael Burgess (R-TX), the ranking member on the Health Subcommittee, said he supports postponing the DSH cuts for two more years, but warned against eliminating the cuts entirely. Along with other Republican members on the Committee, Burgess pointed to policy recommendations by the Medicaid and CHIP Payment and Access Commission ("MACPAC"), which would change the structure of these payments. MACPAC recommends a more gradual phase-in of DSH cuts through 2029, as well as changes to how the cuts are applied. Senate Finance Committee Chair Chuck Grassley (R-IA) is also looking to reform the DSH payment formula and hopes to release that proposal in the coming weeks.

### CMS RELEASES REGULATORY BURDEN RFI

CMS issued a new [Request for Information](#) ("RFI") for feedback on ways to reduce unnecessary administrative burdens for clinicians, providers, patients and their families. According to the RFI, the ideas may include, but are not limited to:

- Modification or streamlining of reporting requirements, documentation requirements or processes to monitor compliance to CMS rules and regulations;
- Aligning of Medicare, Medicaid and other payer coding, payment and documentation requirements and processes;
- Enabling of operational flexibility, feedback mechanisms and data sharing that would enhance patient care, support the clinician-patient relationship and facilitate individual preferences; and
- New recommendations regarding when and how CMS issues regulations and policies and how CMS can simplify rules and policies for beneficiaries, clinicians and providers.

The RFI also proposed that CMS could:

- Improve the accessibility and presentation of CMS requirements for quality reporting, coverage, documentation or prior-authorization;
- Address specific policies or requirements that are overly burdensome, not achievable or cause unintended consequences in a rural setting;
- Clarify or simplify regulations or operations that pose challenges for beneficiaries dually enrolled in both Medicare and Medicaid and those who care for such beneficiaries; and
- Simplify beneficiary enrollment and eligibility determination across programs.

The agency requests ideas on policies or requirements that are either overly burdensome, not achievable or cause unintended consequences in rural care settings. Rural health care is also a focus for lawmakers, as Senate Finance Committee Chair Chuck Grassley's

(R-IA) office says he is working on rural health legislation with his Senate colleagues and House Ways & Means Chairman Richard Neal (D-MA), suggesting rural health challenges and issues facing rural hospitals in particular, are areas where bipartisan agreement can be achieved.

The new RFI is a follow up to the 2017 [Patients Over Paperwork initiative](#), as CMS stated they want ideas to shift more of clinicians' time and system resources from bureaucratic busywork to patient care. **Public comments should be submitted by August 12, 2019.**

## HEALTH EMERGENCY BILL SET TO BECOME LAW

On Tuesday, the House passed a long-delayed measure, the Pandemic and All-Hazards Preparedness and Advancing Innovation Act ([S. 1379](#)), to reauthorize funding for health emergency programs. The bill is now awaiting President Trump's signature to become law. The measure will continue the authorizations for billions in funding for programs that help prepare for disease outbreaks and the public health fallout from disasters. It directs "federal agencies to respond to new and emerging threats" and "naturally occurring and man-made disasters," citing the recent measles outbreak, wildfires, hurricanes, Ebola and "the constant looming threat of a biological attack." Passage of this legislation is long overdue since it has passed the House several times since originally introduced by Reps. Susan Brooks (R-IN) and Anna Eshoo (D-CA).

## HEALTH-RELATED BILLS INTRODUCED THIS WEEK

Rep. Suzan DelBene (D-WA) introduced [H.R. 3107](#) to amend Title XVIII of the Social Security Act to establish requirements with respect to the use of prior authorization under Medicare Advantage plans.

Sen. Christopher Murphy (D-CT) introduced [S. 1737](#) to strengthen parity in mental health and substance use disorder benefits.

Sen. Patty Murray (D-WA) introduced [S. 1735](#) to provide women with increased access to preventive and life-saving cancer screening.

Sen. Johnny Isakson (R-GA) introduced [S. 1712](#) to amend Title XVIII of the Social Security Act to encourage the development and use of DISARM antimicrobial drugs.

Rep. Michael Burgess (R-TX) introduced [H.R. 3062](#) to repeal changes made by health care reform laws to the Medicare exception to the prohibition on certain physician referrals for hospitals called the Patient Access to Higher Quality Health Care Act of 2019. This bill would repeal the ban on physician-owned hospitals.

## NEXT WEEK IN WASHINGTON

Congress returns for a full week of work. On Wednesday, the House Energy and Commerce Health Subcommittee holds a hearing on "No More Surprises: Protecting Patients from Surprise Medical Bills." Also on Wednesday, the Senate Judiciary Antitrust, Competition Policy and Consumer Rights Subcommittee holds a hearing on "Your Doctor/Pharmacist/Insurer Will See You Now: Competitive Implications of Vertical Consolidation in the Healthcare Industry."

The House Ways and Means Committee will hold a [hearing](#) on Wednesday, discussing "Medicare for All" legislation and a slate of other proposals that aim to expand health coverage. This will mark the third House committee hearing this year scrutinizing single payer health care — but the first time that Medicare for All faces a panel with jurisdiction over health care policy. The hearing will also address a range of Democratic proposals aimed at expanding coverage more incrementally, including by creating a public health insurance option or allowing Americans to buy into Medicare at age 50 or 55.

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