

HALL RENDER'S THIS WEEK IN WASHINGTON - JULY 12, 2019

HOUSE SUBCOMMITTEE PASSES SURPRISE BILLING MEASURE DESPITE MEMBER DISAGREEMENT

On Thursday, the Energy and Commerce Health Subcommittee approved 10 bills, including a measure addressing surprise medical billing. The "No Surprises Act" ([H.R. 3630](#)), introduced by Energy and Commerce Chairman Frank Pallone (D-NJ) and Ranking Member Greg Walden (R-OR), would prohibit surprise billing and limit patient cost-sharing to the in-network amount for emergency services. Additionally, the bill would prohibit surprise medical bills from facility-based providers that patients cannot reasonably choose, whether arising from emergency care or scheduled care. The bill also establishes a payment benchmark to resolve out-of-network payment disputes between providers and insurers. This is similar to the approach approved by the Senate Health, Education, Labor, and Pensions ("HELP") Committee last month.

However, several members of the subcommittee, led by Rep. Raul Ruiz, M.D. (D-CA), oppose the benchmark provision claiming that doctors and hospitals would have little say over certain payments if the measure becomes law. A bipartisan group of lawmakers is asking committee leaders to include provisions from H.R. 3502 that would let an independent entity arbitrate disputes over payments between insurers and providers before next week's full committee markup. In the meantime, lawmakers held votes on amendments to the bill hoping a compromise can be reached before next week. Health Subcommittee Chair Rep. Anna Eshoo (D-CA) said there needs to be "some real serious negotiation" before the full committee takes up this legislation.

HEALTH SUBCOMMITTEE PASSES DSH CUT DELAY AND OTHER MEDICAID AND TRANSPARENCY BILLS

Along with the surprise medical bill measure, the Energy and Commerce Health Subcommittee moved nine other health-related bills. The measures would reauthorize public health and Medicare programs, improve drug pricing transparency and increase Medicaid funding for U.S. territories. Notably, the Subcommittee approved a measure to delay Disproportionate Share Hospital ("DSH") cuts for two years and decrease the cuts in fiscal year 2022. The delay was approved as part of [H.R. 2328](#), the Community Health, Investment, Modernization and Excellence Act, which would reauthorize community health centers at \$4 billion annually and the National Health Service Corps at \$310 million annually through fiscal year 2024. Both House Democratic and Republican members applauded the delay of the cuts.

Other measures passed by the subcommittee include:

- [R. 2781](#), the "EMPOWER for Health Act of 2019," introduced by Rep. Jan Schakowsky (D-IL) and Health Subcommittee Ranking Member Michael Burgess (R-TX), would provide a five-year reauthorization for the Public Health Service Act Title VII health care workforce development grant programs, including Area Health Education Centers, and Health Professions Training for Diversity.
- [R. 728](#), the "Title VIII Nursing Workforce Reauthorization Act of 2019," introduced by Reps. David Joyce (R-OH) and Doris Matsui (D-CA), would reauthorize federal nursing workforce development grant programs administered by the Health Resources and Services Administration for five years.
- [R. 776](#), the "Emergency Medical Services for Children Program Reauthorization Act of 2019," introduced by Reps. Peter King (R-NY) and Kathy Castor (D-FL), would reauthorize the Emergency Medical Services for Children Program at \$22.3 million each year through FY 2024.
- [R. 2296](#), the "FAIR Drug Pricing Act of 2019," introduced by Reps. Jan Schakowsky (D-IL) and Francis Rooney (R-FL), would require certain drug manufacturers to submit documentation to the Secretary of the Department of Health and Human Services 30 days before increasing the price of a qualifying drug.

The full Energy and Commerce Committee is expected to vote on the bills next week.

HEALTH-RELATED BILLS INTRODUCED THIS WEEK

Rep. Judy Chu (D-CA) introduced [H.R. 3711](#) to amend Title XVIII of the Social Security Act to provide coverage of medical nutrition therapy services for individuals with eating disorders under the Medicare program.

Sen. Richard Durbin (D-IL) introduced [S. 2103](#) to improve access to affordable insulin.

Sen. Jeanne Shaheen (D-NH) introduced **S. 2102** to provide funding for programs and activities under the SUPPORT for Patients and Communities Act.

Rep. Anthony Brindisi (D-NY) introduced **H.R. 3672** to provide relief for small rural hospitals from inaccurate instructions provided by certain Medicare administrative contractors.

Sen. Robert Casey Jr. (D-PA) introduced **S. 2067** to amend Title XIX of the Social Security Act to encourage states to disregard parental income and assets when determining Medicaid eligibility for disabled children.

Rep. Richard Hudson (R-NC) introduced **H.R. 3656** to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system.

NEXT WEEK IN WASHINGTON

Congress returns for a full work week. There are only 10 legislative days until the August recess, which gives lawmakers little time to advance their priorities. The Energy and Commerce Committee will likely mark up health-related bills addressed next week. On the Senate side, lawmakers will continue working on a sweeping legislative package aimed to lower health costs. Also on the horizon for Congress is lifting the debt ceiling since Treasury Secretary Steven Mnuchin is warning that the government could run out of cash in September. Although lawmakers could act before leaving for the August recess, it is more likely that they will address the issue after Labor Day.

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