

HALL RENDER'S THIS WEEK IN WASHINGTON - JULY 19, 2019

SURPRISE BILLING DEBATE CONTINUES: LEGISLATION PASSES HOUSE E&C COMMITTEE

The House Energy and Commerce Committee approved legislation ([H.R. 2328](#)) to protect patients from surprise medical bills. The measure would block providers from charging out-of-network rates to patients in certain emergency situations or when a patient unexpectedly receives out-of-network care at an in-network facility and sets a benchmark rate for resolving payment disputes. In addition to this mechanism, an amendment offered by Reps. Raul Ruiz (D-CA) and Larry Bucshon (R-IN) was adopted to let providers appeal for an independent dispute resolution process for claims over \$1,250 in certain cases when the provider says a median in-network rate doesn't cover its costs. For the resolution process, a "baseball-style arbiter" would weigh proposals by the provider, and the insurer and the losing side would have to pay for related administrative costs.

On the Senate side, lawmakers are currently working on the Senate Health, Education, Labor, and Pensions ("HELP") Committee's version of a surprise medical billing fix ([S.1895](#)). Until the amendment adopted adding the arbitration backstop to the Energy and Commerce version, both surprise billing measures closely mirrored each other. However, the chambers must now reconcile their versions, which Energy and Commerce Chairman Frank Pallone (D-NJ) believes should not be a problem since he expects the Senate bill to eventually make similar changes allowing arbitration for disputes. Leadership did not specify when the full House would vote, but the goal is to bring the bill to the floor before funding for other programs affected by the bill expire at the end of September. The House Education and Labor Committee, which oversees employer-based insurance plans, is also likely to mark-up a measure next week relating to surprise billing.

CONGRESS AND ADMINISTRATION FOCUS ON RURAL HEALTH CARE DELIVERY

The House Ways and Means Committee announced the creation of the "Rural and Underserved Communities Health Task Force." The purpose of the task force is to discuss the challenges of delivering health care in rural and underserved areas and explore holistic bipartisan policy options that could improve outcomes and care in these communities. The four co-chairs leading the panel will be Reps. Danny Davis (D-IL), Terri Sewell (D-AL), Brad Wenstrup (R-OH) and Jodey Arrington (R-TX). The Task Force will hold its first meeting on Thursday, July 25.

Also this week, the Health Resources and Services Administration ("HRSA") awarded approximately \$20 million in Rural Residency Planning and Development Program ("RRPD") grants. Recipients across 21 states will receive up to \$750,000 over a three-year period to develop new rural residency programs while achieving accreditation through the Accreditation Council for Graduate Medical Education. The RRPD program is part of HRSA's multi-year initiative to expand the physician workforce in rural areas by developing new, sustainable residency programs in family medicine, internal medicine and psychiatry.

AGREEMENT CLOSE ON SPENDING CAPS AND DEBT LIMIT

On Thursday, Treasury Secretary Steven Mnuchin claimed an agreement has been reached on spending levels for fiscal years 2020 and 2021, as well as a two-year extension of the debt limit. House Majority Leader Nancy Pelosi (D-CA) and Minority Leader Kevin McCarthy (R-CA) said a final agreement has not been locked down yet, as they both said "nothing is fully agreed to until everything is agreed to." The administration and Congressional leaders have agreed to offset the spending cap increases but are now working to figure out if they can agree to the amount, specifics and offset structure before Congress leaves for its August recess.

HEALTH-RELATED BILLS INTRODUCED THIS WEEK

Rep. Mark DeSaulnier (D-CA) introduced [H.R. 3835](#) to amend Title XVIII of the Social Security Act to provide for coverage of cancer care planning and coordination under the Medicare program.

Rep. Lauren Underwood (D-IL) introduced [H.R. 3829](#) to amend the Public Health Service Act to provide for the continued implementation of the Climate and Health program by the Centers for Disease Control and Prevention.

Sen. Robert P. Casey Jr. (D-PA) introduced [S. 2157](#) to amend Title XI of the Social Security Act to expand the use of global payments to hospitals in rural areas.

Rep. Joe Neguse (D-CO) introduced [H.R. 3784](#) to amend Title XXVII of the Public Health Service Act and Title XI of the Social Security Act to

prohibit surprise billing with respect to air ambulance services.

Rep. Scott Peters (D-CA) introduced **H.R. 3772** to amend Title XVIII of the Social Security Act to ensure equitable payment for, and preserve Medicare beneficiary access to, diagnostic radiopharmaceuticals under the Medicare hospital outpatient prospective payment system.

Rep. David Loebsack (D-IA) introduced **H.R. 3762** to amend Title XXVII of the Public Health Service Act to improve health care coverage under vision and dental plans.

Sen. Maggie Hassan (D-NH) and Sen. Cory Gardner introduced **S. 2158** to improve certain programs of the Department of Health and Human Services with respect to heritable disorders.

NEXT WEEK IN WASHINGTON

Congress returns next week where a lot of energy will be spent at the House Judiciary Committee hearing on Wednesday where Special Counsel Robert Mueller will testify. Additionally, lawmakers will continue to work through the debt limit and budget negotiations. The week is light on Congressional health care hearings, as the only ones currently scheduled are the House Oversight and Government Reform's Economic and Consumer Policy Subcommittee's hearings on the youth nicotine epidemic. Next week marks the last week for both the House and Senate to be in session before August Recess.

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