

## HALL RENDER'S THIS WEEK IN WASHINGTON - SEPTEMBER 27, 2019

### ANOTHER BAND-AID: CONGRESS CLEARS CONTINUING RESOLUTION TO AVOID SHUTDOWN

On Thursday, the Senate cleared legislation ([H.R. 4378](#)) by a vote of 82-15 to fund federal agencies and extend several health care-related programs through November 21. The vote on the continuing resolution followed House approval of the measure, which overwhelmingly passed the measure last week. President Trump is expected to sign the resolution, giving lawmakers and the White House at least 51 days to reach an agreement on appropriations in order to avoid another partial government shutdown.

From a health care perspective, the legislation delays until November 22, 2019, the \$4 billion Medicaid disproportionate share hospital ("DSH") payment cuts that are currently scheduled to take effect on October 1. This is especially timely as earlier this week CMS finalized its rule implementing cuts to state Medicaid DSH allotments by \$4 billion next year. Additionally, the bill extends the Certified Community Behavioral Health Clinic demonstration program and funding for Community Health Centers, the National Health Service Corps and Teaching Health Centers that operate graduate medical education programs and several others.

Lawmakers from both parties are optimistic this will be the only continuing resolution needed for funding FY 2020, which begins October 1. However, ongoing disputes on issues including abortion policy, the border wall and spending levels for non-defense programs could lead to several more stopgap measures. Last week, Senate appropriators released a draft [FY 2020 appropriations bill](#) for the departments of Labor, Health and Human Services, Education and related agencies, but the measure has yet to come up for a vote. By comparison, the House has passed 10 of its 12 appropriations bills, including a [Labor-HHS-Education bill](#).

### CMS RELEASES RULE TO REDUCE BURDEN

On Wednesday, CMS released a [final rule](#) designed to "cut the red tape" for health care providers. The final rule on burden reduction addresses a wide-range of areas for providers, including 30 small rule changes. It is estimated to save providers roughly \$843 million in its first year. Additionally, according to CMS Administrator Seema Verma, CMS is setting up an office of burden reduction to deepen the agency's efforts to remove administrative burden from providers' lives. This rule stems from CMS's comprehensive review of regulations to determine where changes to obsolete, duplicative or unnecessary requirements could be made to improve health care delivery.

This rule finalizes the provisions of the following three separate proposed rules: Regulatory Provisions to Promote Program Efficiency, Transparency and Burden Reduction ("Omnibus Burden reduction"), published September 20, 2018; Hospital and Critical Access Hospital ("CAH") Changes to Promote Innovation, Flexibility, and Improvement in Patient Care, published June 16, 2016; and Fire Safety Requirements for Certain Dialysis Facilities, published November 4, 2016.

A fact sheet on the combined final rule can be found [here](#).

### SENATE FINANCE DRUG PRICING BILL RELEASED, HOUSE DEBATES PELOSI'S PLAN

In a week dominated by talk of impeachment, Congress is still trying to make moves on prescription drug pricing. However, on Tuesday President Donald Trump dismissed any chance of a bipartisan deal on drug prices after Speaker Nancy Pelosi (D-CA) announced the House intends to move forward with impeachment proceedings. While lawmakers are still hopeful that a deal can be reached on what is one of the most important issues to voters, there is a long way to go before House Majority Leader Pelosi's plan and Senate Finance Committee Chairman Sen. Chuck Grassley's (R-IA) plan can be reconciled. Thus, Chairman Grassley now predicts that the drug pricing legislation will get pushed to early next year.

Sen. Grassley also unveiled the full text of his drug pricing legislation this week ([S. 2543](#)). Grassley said he is communicating with the House majority leadership to seek a compromise package. While House Speaker [Pelosi's bill](#) contains significant overlap with the Grassley-Wyden Senate bill, its call for the government to negotiate drug prices is a non-starter for many Republicans on both sides of Capitol Hill.

### HEALTH-RELATED BILLS INTRODUCED THIS WEEK

Rep. Peter Welch (D-VT) introduced [H.R. 4538](#) to amend Title III of the Public Health Service Act to limit the orphan drug exclusion under the drug discount program under section 340B of such title.

Rep. Nydia Velazquez (D-NY) introduced **H.R. 4537** to amend the Public Health Service Act to improve the provision of mobile medical health care services to certain underserved areas and populations.

Rep. Frank Pallone (D-NJ) introduced **H.R. 4533** to amend the Public Health Service Act to improve behavioral health outcomes for American Indians and Alaskan Natives.

Sen. Martha McSally (R-AZ) introduced **S. 2586** to improve maternal health care.

Sen. Rand Paul (R-KY) introduced **S. 2538** to amend Title XI of the Social Security Act to repeal the requirement for unique health identifiers.

## **NEXT WEEK IN WASHINGTON**

Congress passed the stopgap funding legislation just in time, as they are heading out for a two-week October recess. *This Week in Washington* will join Congress on its October recess, but will publish should health care developments occur.

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