

HLB Weekly Newsletter

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GOVERNMENT RELATIONS & PUBLIC POLICY

Your weekly dose of health care policy

CONGRESSIONAL

House Passes ACA Repeal and Replace Bill

Earlier this afternoon, the House of Representatives passed [H.R. 1628, the American Health Care Act \(AHCA\)](#) by a vote of 217-213. This legislation repeals parts of the Affordable Care Act (ACA) and replaces it with changes to Medicaid, tax credits for insurance, increases to health savings accounts, and more flexibility given to states. In order to achieve the 216 votes needed to pass the bill, several amendments were brought forward over the last few weeks to attract more Republican votes.

To pick up additional conservative votes, last week

MACRA HIGHLIGHTS

CMS has announced it will be sending out notifications to providers in the coming weeks indicating their eligibility for the Merit-based Incentive Payment System (MIPS) for 2017 reporting. A sample of what each clinician will receive and further information can be found on the [Quality Payment Program](#) website under "MIPS Participation Status Letter".

UPCOMING

Congressman Tom MacArthur (R-NJ) introduced an [amendment](#) allowing states to apply for waivers from the ACA's essential health benefits and the AHCA's 1 to 5 age rating requirement. It also permitted a third type of waiver, from the ACA's community rating requirements, which would only be available for consumers who did not maintain continuous coverage.

After concern from moderate Republicans, another [amendment](#) was added yesterday by Congressman Fred Upton (R-MI), creating a fund of \$8 billion for years 2018-2023 to assist individuals who may not be able to afford insurance from these waivers based on pre-existing conditions.

The legislation now heads to the Senate where it will move at a much slower pace. Procedurally, the Senate Parliamentarian will first need to ensure that all pieces in the AHCA pass the Byrd Rule, which requires provisions to have budgetary implications in order to include in a budget reconciliation bill. This determination usually doesn't occur until the Congressional Budget Office (CBO) comes out with a final score of the legislation, which has not happened yet. The Senate is expected to make significant changes to the legislation as it moves forward.

Congress Passes Government Spending Bill

Earlier today, the Senate passed the fiscal year 2017 omnibus appropriations bill to fund the government through September 30, 2017 by a vote of 79-18. The House passed the measure yesterday by a vote of 309-118. The \$1.07 trillion spending [package](#) includes a \$2 billion increase for the National Institutes of Health (NIH) and additional funding to fight the opioid epidemic. The President is expected to sign the legislation before the Friday funding deadline.

ADMINISTRATIVE

HEALTH CARE ACTIVITIES

The House of Representatives is in recess next week, returning May 16.

Senate Appropriations Committee

5/4 at 10:30am: Subcommittee hearing on "[Examining telemedicine in the Department of Veterans Affairs, focusing on leveraging technology to increase access, improve health outcomes, and lower costs](#)".

Senate Finance Committee

5/9 at 10:00am: Full Committee hearing on "[The Children's Health Insurance Program: The Path Forward](#)".

Senate HELP Committee

5/10 at 10:10am: Executive Session hearing on "[S.____, Recognize, Assist, Include, Support, and Engage \(RAISE\) Family Caregivers Act and S.934, Food and Drug Administration Reauthorization Act](#)".

Senate Special Aging Committee

5/10 at 2:30pm: Executive Session on "[Aging With Community: Building Connections that Last a Lifetime](#)".

CMS Releases 2018 Prospective Payment Proposals

Last Thursday, the Centers for Medicare and Medicaid Services (CMS) released the FY 2018 proposed rules for [skilled-nursing facilities \(SNFs\)](#), [inpatient rehabilitation facilities \(IRFs\)](#), and [hospice](#). CMS projects a 1 percent increase for all three settings from 2017. The [SNF proposal](#) includes changes to quality reporting, the SNF Value-Based Purchasing Program, and the end-stage renal disease (ESRD) Quality Improvement Program (QIP). The [IRF proposal](#) includes refinements to the 60 percent rule, changes to the quality reporting program, and a solicitation of comments on criteria for classifying facilities and other ideas for regulatory changes. The [hospice proposal](#) includes changes to the CAHPS survey, quality measures and new data collection mechanisms. CMS will accept comments on these proposals through June 26.

How many U.S. elected officials are on Twitter? The answer can be found [here](#).

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