

HLB Weekly Newsletter

[View this email in your browser](#)**EDITION:** April 5, 2017

GOVERNMENT RELATIONS & PUBLIC POLICY

Your weekly dose of health care policy

CONGRESSIONAL

Senators Introduce Legislation to Tweak ACA

Last Wednesday, Senators Lamar Alexander (R-TN) and Bob Corker (R-TN) introduced the [Health Care Options Act](#) (S. 761), legislation that would allow individuals in counties considered to have no insurance options available in the exchanges to use subsidies to purchase any health insurance plan outside of the exchanges. This tweak would be available through 2019 in order to protect and provide options to individuals and areas that are losing insurers in the marketplace.

April on the Hill

UPCOMING HEALTH CARE ACTIVITIES

Senate HELP Committee

4/4 at 10:00am - Full

Committee hearing on [FDA User Fee Agreements: Improving Medical Product Regulation and Innovation for Patients, Part II](#)

House Energy & Commerce Committee

4/4 at 10:15am – Subcommittee hearing on [Cybersecurity in the Health Care Sector: Strengthening Public-Private](#)

Starting Monday, both the House and Senate begin their in-district work period due to the Easter and Passover holidays. The Senate returns to D.C. on April 24 and the House on April 25, where they will quickly have to pass legislation to keep our government funded past April 28 and avoid a government shutdown. The government is currently being funded by a continuing resolution (CR), passed in December 2016, which only provides funds until Friday, April 28.

In the meantime, the Senate is busy attempting to confirm Judge Neil Gorsuch to the Supreme Court. Lacking the 60 votes needed, Majority Leader Mitch McConnell has declared that the Republicans will change Senate rules ("the nuclear option") in order to advance the nomination. A final vote is expected later this week before they adjourn for the Easter/Passover break.

ADMINISTRATIVE

CMS Delays Home Health Conditions of Participation

Last Thursday, the Centers for Medicare and Medicaid Services (CMS) released a [proposed rule](#) on home health conditions of participation proposing to delay changes through January 13, 2018. The proposal allows an additional six months for home health agencies (HHAs) to collect data before implementing data-driven performance improvement projects. It also grandfathers administrators employed by a HHA prior to July 13, 2017 allowing them not to have to meet the new personnel requirements. Comments will be accepted through June 2, 2017.

CMS Publishes Updates Treatment of Third Party Payers for DSH Payments

On Monday, CMS published the [final rule](#) of the Disproportionate Share Hospital (DSH) Payments-Treatment of Third Party Payers in Calculating Uncompensated Care Cost.

[Partnerships](#)

House Appropriations Committee

4/5 at 10:00am – Subcommittee hearing on the [Federal Response to the Opioid Abuse Crisis](#).

Senate HELP Committee

4/5 at 10:00am - Full Committee hearing on the [Nomination of Scott Gottlieb, MD, to serve as Commissioner of Food and Drugs](#)

WEEKLY FUN FACT

What long word is said to mean a lung disease caused by inhaling very fine ash and sand dust?
Hint: The word has a total of 45 letters. The answer can be found [here](#).

The finalized regulation clarifies how funding limits will be calculated for hospitals trying to pull down Medicaid DSH money to cover uncompensated care expenses. The rule defines uncompensated care costs for Medicaid enrollees as only those that remain after other payments the hospitals may have received from third-party entities, including private insurers and Medicare. These regulations are effective beginning June 2, 2017.

CMS finalizes 2018 payment and policy updates for Medicare Health and Drug Plans

This past Monday, CMS released its [final updates](#) for the Medicare Advantage and Part D Prescription Drug Programs for 2018. The [2018 updates](#) include a 0.45 percent payment increase to Medicare Advantage plans and provide incentives for plans to submit complete encounter data. CMS also finalized policies that will further combat opioid overutilization by encouraging safeguards before an opioid prescription is dispensed at the pharmacy. CMS also issued a Request for Information soliciting ideas that support its goals of transparency, flexibility, program simplification, and innovation regarding benefit design, operational or network composition flexibility, supporting the doctor-patient relationship, and facilitating individual preferences in Medicare Advantage. CMS is accepting feedback through April 24, 2017.

HOOPER, LUNDY & BOOKMAN, P.C.

Government Relations and Public Policy

401 9th Street NW, Suite 550 Washington, DC 20004 | Telephone 202.580.7700

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