HLB Weekly Newsletter

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EDITION: July 24, 2018





CONGRESSIONAL

HSA & ACA Bills Move Forward in House

Earlier this month, the House Ways & Means Committee held a 2-day mark-up (July 11-12) where they voted on various bills on health savings accounts (HSAs) and tax provisions of the Affordable Care Act (ACA). With this being the last week the House is in session until after Labor Day, they are bringing many of those bills to the House floor for a vote. The bills being brought to the floor this week would permanently repeal the medical device tax, implement a two-year delay of the health insurance tax, and make various changes to HSAs. These bills are expected to pass the House this week, but

MACRA HIGHLIGHTS

Want to know what's in the Proposed Rule for the Quality Program Year 3? Click <u>here</u> to learn more.

HEALTH CARE ACTIVITIES ON THE HILL

House Energy and Commerce Committee

7/24 at 10:00am: Oversight and Investigation Subcommittee hearing on Examining Advertising

there is currently is not any urgency from the Senate to move these at this time.

H.R. 184, Protect Medical Innovation Act of 2017

• This bill would permanently repeal the ACA medical device tax as of Jan 1, 2020.

H.R. 6199, The Restoring Access to Medication and Modernization Health Savings Accounts Act

• This legislation would reverse the ACA's restriction on using tax-preferred accounts for over-the-counter drugs. The bill also adds menstrual care products as qualified medical expenses. Several other stand-alone policies that moved through Ways & Means were attached to HR 6199, including measures updating HSAs to allow up to \$250 in first dollar coverage, allowing people with Direct Primary Care arrangements to use HSAs, allow HSA funds for on-site clinics, allow contributions if a spouse has a Flexible Spending Account, and allow FSAs or other health reimbursement arrangements to be converted to HSAs.

H.R. 6311, Increasing Access to Lower Premium Plans and Expanding Health Savings Accounts Act

• This bill would allow FSA balances to carry forward, let working seniors contribute to HSAs, increase the maximum contribution amount for HSAs to align with the maximum out-of-pocket spending, let spouses make catch-up payments in the same account, create a special rule allowing consumers to use funds for expenses incurred 60 days prior to establishing an HSA, allow HSA to be used for Bronze and Catastrophic coverage plans, let all consumers purchase a catastrophic or "copper" plan regardless of age, and delay the health insurance tax until 2022.

and Marketing Practices within the Substance Use Treatment Industry.

7/25 at 9:00am: Health Subcommittee <u>hearing</u> on 21st Century Cures Implementation: Updates from FDA and NIH

7/26 at 10:00am: Health
Subcommittee hearing on
MACRA and MIPS: An Update on
the Merit-based Incentive
Payment System

House Ways and Means Committee

7/24 at 10:10am: Human
Resources Subcommittee
hearing on The Opioid Crisis:
Implementation of the Family First
Prevention Services Act
(FFPSA).

Senate HELP Committee

7/25 at 10:00am: Executive Session on S. 2554, H.R. 1222, S. 2465, and S. 3016

7/31 at 10:00am: Full Committee <u>hearing</u> on Reducing Health Care Costs: Decreasing Administrative Spending

WEEKLY TRIVIA

Which famous baseball legend hit the first home run in the first MLB All-Star game in Chicago's Comiskey Park?

Click here to find the answers.

Senate Confirms New VA Secretary

Last night, by a vote of 86-9, the Senate confirmed Robert Wilkie as the new Secretary of the Veterans Affairs. Wilkie is a lawyer and served as the Under Secretary of Defense for Personnel and Readiness since 2017. He previously was appointed and served as Assistant Secretary of Defense for Legislative Affairs in the President George W. Bush Administration.

ADMINISTRATION

Physician Fee Schedule Proposed Rule Released

On July 12, the Centers for Medicare and Medicaid Services (CMS) released the CY 2019 Physician Fee Schedule and Medicare Shared Savings Program Proposed Rule. Some of the major changes for physician payment include telehealth, E&M codes, and Part B drugs. Proposed changes to Year 3 (2019) of the Quality Payment Program include expanding the definition of Merit-based Incentive Payment System (MIPS) eligible clinician, adding a third element to the low-volume threshold determination, and more. Comments are due September 10, 2018.

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