

HLB Weekly Newsletter

[View this email in your browser](#)**EDITION:** August 11, 2017

GOVERNMENT RELATIONS & PUBLIC POLICY

Your weekly dose of health care policy

****HLB Health Policy Updates will be sent as updates become available during the Congressional Recess. Regular weekly updates will resume after Labor Day****

CONGRESSIONAL

Next Steps in Health Policy

After failure by the Senate to pass three different Affordable Care Act (ACA) repeal and replacement bills, Senate Republicans have largely stepped back from additional attempts for passage of a larger replacement package in the short-term, despite pressures from the Trump Administration. After completing a few last items, the Senate recessed a week earlier than expected for their August in-district work period. Despite this, bipartisan groups of legislators have been

MACRA HIGHLIGHTS

CMS will host a Quality Payment Program Year 2 NPRM Office Hours Session on August 16. Register [here](#).

HEALTH CARE ACTIVITIES ON THE HILL

The Senate and House of Representatives remains in recess for the August District Work Period. They are expected to return September 5.

meeting to discuss alternatives to fix the ACA. It is unclear what they may come up with, but they will likely still run into issues of gaining support from those members of Congress outside of the moderates from both parties.

Separately, Senate HELP Committee Chairman Lamar Alexander (R-TN) has indicated he will hold hearings in September to discuss short-term fixes to stabilize the ACA marketplaces in the hopes of keeping insurers in the exchanges and premiums low by creating certainty.

When Congress returns in September, they will have a short window of time to address a number of major must-pass pieces of legislation that will expire at the end of the month. These include an increase of the debt ceiling (September 29), a reauthorization of the CHIP program (September 30), and FY 2018 appropriations or continuing resolution to fund the government (September 30). These items were largely put on hold, and hearings delayed prior to the August recess because of ACA repeal efforts. All three items have major implications if something isn't passed, but there may be limited time to come to an agreement. Many members of Congress would like to see these bipartisan issues passed "cleanly", meaning without additional provisions added, but there are already concerns of whether or not changes will be needed to gain support, including repeals of certain ACA taxes and funding of cost-sharing subsidies that could delay passage of these bills over a period of just a few weeks.

Senate Passes FDA User Fee Agreement

Last Thursday, the Senate passed the [FDA Reauthorization Act \(FDARA\) of 2017 \(H.R. 2430\)](#) by a vote of 94-1. The FDA bill renews user fee programs for prescription drugs, medical devices, generic drugs and biosimilar biological products for five years and provides reforms to FDA programs including faster approval for generic drugs. The legislation was crafted

WEEKLY FUN FACT

In which year did Congress mandate a summer recess as part of the Legislative Reorganization Act? Click [here](#) to find the answer.

based on an agreement between the FDA and pharmaceutical industry on user fees. The bill now awaits the President's signature before existing funding runs out September 30, 2017.

Senate Passes Veteran's Choice Reauthorization

Last Tuesday, the Senate passed the [VA Choice and Quality Employment Act of 2017 \(S. 114\)](#) which would reauthorize and appropriate a \$2.1 billion extension of funding for the Veteran's Choice program before current funding runs out in mid-August. This extension is expected to last 6 months. This legislation now awaits the President's signature.

Senate Confirms Health Officials

Last Thursday, the Senate confirmed a number of health care appointments within the Department of Health and Human Services including:

- Elinore McCance-Katz, MD as the first Assistant Secretary of Mental Health and Substance Abuse;
- Jerome Adams, MD as Surgeon General;
- Lance Allen Robertson as Assistant Secretary for Aging; and
- Robert Kadlec, MD as Assistant Secretary for Preparedness and Response

ADMINISTRATION

CMS Releases IPPS/LTCH Final Rule

Last Wednesday, the Centers for Medicare and Medicaid Services (CMS) released its [FY 2018 Final Rule for the Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System](#). The [final rule](#) includes an estimated 1.2 percent increase under the IPPS and a 2.4 percent decrease for LTCHs. The rule also finalized the use of

the worksheet S-10 for Medicare Disproportionate Share Hospital (DSH) payment, updates to the Electronic Health Record (EHR) incentive programs, Value-Based Purchasing (VBP) program, and readmissions policies.

CMS Releases Final Rules for SNF, IRF, and Hospice Payments

Last week, CMS released final rules on FY 2018 payment rates for Skilled Nursing Facilities (SNFs), Inpatient Rehabilitation Facilities (IRFs) and hospices. The [SNF rule](#) includes a 1.0 percent increase in payments, updates the SNF Quality Reporting Programs, and finalizes policies for the Value-Based Purchasing Program for FY 2019. The [IRF rule](#) includes a .9 increase in payments and updates to measures. The [hospice rule](#) included a 1.0 percent increase in payment and updates to the Quality Reporting Program.

President Plans to Announce Opioid National Emergency

Last week, an [interim report](#) from the White House Commission on Combating Drug Addiction and the Opioid Crisis recommended the President declare the Opioid Crisis a National Emergency, provide additional funding for substance abuse treatment, expand access to medication-assisted treatment and assist states with their prescription monitoring programs. Following the report, the President indicated his willingness to declare the crisis a national emergency, although a timeline for action has not been set.

VA Announces Telehealth Plan

Last Friday, the White House and the Department of Veterans Affairs (VA) announced [three new telehealth initiatives](#) at the VA that will come in the form of an upcoming new regulation. First, the “Anywhere to Anywhere VA Health Care” initiative will allow VA providers to serve veterans via telehealth no matter where the veteran is located in the country. Second,

the VA will be rolling out a new application called VA Video Connect for veterans to communicate with providers by video on their mobile devices or computers. Finally, the VA will also roll-out the Veteran Appointment Request (VAR) app, to make scheduling and changing appointments easier.

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