American Nephrology Nurses Association

Daily Capitol Hill Update – Tuesday, June 29, 2021

The following information comes from directly from news sources including Bloomberg Government, Kaiser Health News, and other news sources.

Schedules: White House and Congress

WHITE HOUSE

- President Biden departs Joint Base Andrews en route to La Crosse, Wisconsin at 10:20 AM
- President Biden to deliver remarks at 1:00 PM highlighting the benefits the Bipartisan Infrastructure Framework will deliver to communities across the country

CONGRESS:

- The House is scheduled to vote today on a bill to remove statues and busts in the Capitol complex of individuals associated with slavery, the Confederacy, and White supremacy; and another bill to strengthen protections for inspectors general.

Congressional, Health Policy, and Political News

- **Bloomberg Government: Biden’s Health Research Lab Eyed for 2022**: Biden’s proposed medical research agency could have projects up and running as early as fiscal 2022 to accelerate biomedical breakthroughs—even if Congress doesn’t appropriate the entire $6.5 billion request. The Advanced Research Projects Agency for Health would be housed in the NIH and aims to bring game-changing discoveries to patients in record time with new public-private partnerships for short-term, riskier projects.

- **Modern Healthcare: Supreme Court Won't Review HHS' Site-Neutral Pay Rule**: The U.S. Supreme Court on Monday declined to hear an appeal challenging HHS' site-neutral pay policy, allowing the regulation to move forward. A trial court initially struck down the controversial policy in 2019, but the U.S. Court of Appeals for the District of Columbia Circuit reversed that decision in 2020. The appellate panel said the cuts to off-site outpatient departments were legal because the changes were volume-control measures that don't have to be budget-neutral. The American Hospital Association and Association of American Medical Colleges claimed the D.C. Circuit gave HHS too much authority to interpret the law. The groups estimated the 2019 rule would cost providers about $380 million in 2019 and $760 million from a separate 2020 site-neutral rule.

- **Bloomberg Government: Biden Proposal Reverses Trump Waiver of HealthCare.gov**: An HHS proposed rule released yesterday would do away with a Trump-era policy allowing states to bypass HealthCare.gov when seeking enrollees for Obamacare plans. The Department of Health and Human Services is also proposing to extend the annual regular open enrollment period for Affordable Care Act plans by an additional month, from Nov. 1 to Jan. 15 as compared with the current end date of Dec. 15.
Modern Healthcare: Biden Wants To Tweak Obamacare Marketplaces To Expand Coverage: The Biden administration is proposing several changes aimed at boosting access to high-quality, affordable health insurance through Affordable Care Act marketplaces, according to a proposed rule released Monday. CMS wants to give people an additional 30 days to enroll in marketplace plans by expanding the annual enrollment period. It currently starts on November 1 and ends December 15, but the new plan would give people until January 15 to enroll in coverage beginning in 2022. The agency also plans to establish a monthly special enrollment period to allow people with low incomes more opportunities to enroll in a premium-free silver plan.

Fox News: Kids’ Hospitalization Rates For Type 2 Diabetes More Than Doubled During Pandemic, Study Shows: Kids' hospitalization rates for new Type 2 diabetes more than doubled amid the coronavirus pandemic, according to data analyzed at a Louisiana hospital. Research presented by Dr. Daniel Hsia, associate professor at the Pennington Biomedical Research Center, drew from a retrospective analysis of admissions at Our Lady of the Lake Children's Hospital in Baton Rouge, La. The study compared the rate of kids presenting to the hospital with Type 2 diabetes from March-December 2020, over the same period a year prior.

Modern Healthcare: Most Americans Unaware Of CMS Price Transparency Rule: More than 90% of Americans are unaware of a CMS rule allowing patients to view and compare treatment costs on hospital websites so they can shop for lower priced care, according to a recent Kaiser Family Foundation survey. While only 9% of seniors have researched treatment prices online, they are more likely to know about the rule change than any other age group. Households with incomes over $90,000 are also more likely to know about hospitals' requirement to disclose pricing data. But these wealthier households spent less time researching prices than those with incomes under $40,000.

Modern Healthcare: CMS Eyes Expanding Home Health Value-Based Pilot Nationwide: CMS on Monday proposed expanding its home health value-based purchasing program nationwide. The CMS Innovation Center first tested the model in January 2016. The program shifts paying for Medicare home health services based on volume to a system that pays for value and quality. Currently, all Medicare-certified home health agencies in Arizona, Florida, Iowa, Maryland, Massachusetts, Nebraska, North Carolina, Tennessee and Washington participate in the program.

Bloomberg Government: Health-Care Deals Rise as Pandemic Subsides in U.S.: Health-care and life sciences transactions continued at a strong pace in May, with 231 deals announced or closed, the third month in 2021 with at least 225 transactions. The total volume of deals is up almost 70% from 2020, said Larry Kocot of KPMG. Health-care I.T. and software led all sectors for a second month this year, with total deals announced or closed at 39, followed by life sciences and pharmaceuticals at 38.

Bloomberg Government: Massachusetts Medicaid Head Tapped for CMS Role: Massachusetts Medicaid Director Daniel Tsai will join Biden’s White House as deputy administrator of the CMS and director of the Center for Medicaid and CHIP Services, the agency announced. In this role, Tsai will oversee federal low-income health programs: Medicaid and the Children’s Health Insurance Program. The White House is expected to
encourage states to experiment with those programs to address social factors that affect peoples’ health.