



H&K Health Dose May 17, 2022

A weekly dose of healthcare policy news

Legislative Updates

Congress This Week

Both the House and Senate are in session this week. Agreement has been reached that the House will move forward first to introduce a new COVID-19 funding package for healthcare needs as the Senate's Bipartisan COVID Supplemental Appropriations Act has stalled out. Meanwhile, the Senate will continue negotiations on aid to Ukraine.

Energy and Commerce Marks Up User Fee, Mental Health Packages

The House Energy and Commerce Committee continues its mark-up of the User Fee Agreement and Mental Health Bills this week. Last week the bills advanced in the Health Subcommittee on a bipartisan basis. Links to the bills and amendments can be found [here](#).

The Senate HELP Committee released its draft user fee legislation. In order to avoid FDA furloughs, user fee legislation needs to be enacted by August 1. Please find the section-by-section of HELP FDASLA discussion draft [here](#). Full text of the FDASLA can be found [here](#).

Regulatory Updates

Public Health Emergency (PHE) Status

Under current extensions, the PHE declaration will expire on July 16, 2022. A PHE lasts for 90 days and must be renewed to continue. Late last week, HHS sent a letter to the nation's governors reiterating its commitment to the 60-day notice. Given that this letter was sent days before the deadline, most interpret it to signal that the PHE will continue to be extended past mid-July.

Extension on Public Comment on 2022 Environmental Justice Strategy and Implementation Plan Draft Outline

HHS announced [an extension of the RFI](#) to develop the 2022 Environmental Justice Strategy and Implementation Plan. HHS seeks to identify priority actions and strategies to best address environmental injustices and health inequities. Comments are due June 18, 2022.

CMS Finalizes Home-Care Rule

On May 12, 2022, CMS [finalized](#) the Reassignment of Medicaid Provider Claims final rule that overturns a 2019 policy from the previous Administration. The rule allows state Medicaid agencies to make payments to third parties on behalf of an individual Medicaid practitioner for benefits or union dues. The rule applies to home-care workers and personal attendants who are primarily home and community-based services providers.

OIG Report Identifies 43 Percent of Hospital Errors are Preventable; Recommends Solutions to Improve Patient Safety

According to a new report from HHS' Office of Inspector General (OIG), 27 percent of Medicare patients treated in acute care hospitals prior to the pandemic experienced patient harm events, 43 percent of which were likely preventable and all of which likely increased Medicare spending. The most common type of harm event was related to medication adherence (43 percent). The report outlines seven recommendations, including broadening the list of hospital-acquired conditions, expanding patient safety metrics in payment and delivery system models, developing interpretive guidance for patient



harm reporting requirements, and developing a national model to disseminate information on guidelines and best practices to improve patient safety. CMS and AHRQ concurred with all of the recommendations.

New Investigation Finds States/Local Governments Slow to Address COVID-19 Health Disparities

According to an investigation by Kaiser Health News, a vast majority of the \$2.25 billion that the Biden administration dispensed to address COVID-19 health disparities is still unspent, despite being distributed to local and state-level health departments a year ago. None of the 13 government localities reviewed in the study had spent more than a quarter of their funds, and six had spent 3 percent or less. The CDC initially said the grant had to be spent by May 2023 but earlier this year told states they could apply to extend that time.