



H&K Health Dose: January 16, 2024

A weekly dose of healthcare policy news

LEGISLATIVE UPDATES

Fiscal Year 2024 Spending Agreement

Congressional leaders announced on Jan. 14, 2024, that a deal has been reached on a short-term funding bill that would avert a partial government shutdown. The deal extends the "laddered" continuing resolution (CR) for fiscal year (FY) 2024. The first set of appropriations bills expire March 1, 2024: U.S. Department of Agriculture (USDA), Energy-Water, Military Construction, Veterans Affairs (VA) and Related Agencies, and Transportation, Housing and Urban Development (HUD). The second set of appropriations bills expires a week later on March 8, 2024: Commerce, Justice, Science and Related Agencies, U.S. Department of Defense (DOD), Financial Services and General Government, U.S. Department of Homeland Security (DHS), Interior Environments, U.S. Department of Labor (DOL), U.S. Department of Health and Human Services (HHS), U.S. Department of Education, Legislative Branch and State, Foreign Operations and Related Programs bills.

Besides extending appropriations, the measure also includes several policy extenders through March 8, 2024, for specific healthcare programs, including but not limited to funding for community health centers, the Teaching Health Centers Graduate Medical Education (THCGME) program, National Health Service Corps (NHSC), Special Diabetes Programs (SDP) and preventing cuts to the Medicaid Disproportionate Share Hospital (DSH) program. It also extends the 1.0 physician work geographic practice cost index (GPCI) floor through March 8, 2024. The CR does not include the Lower Costs, More Transparency Act, addressing the Medicare physician payment cuts, continuation of the Medicare alternative payment model (APM) bonus and other healthcare priorities.

U.S. Senate Majority Leader Chuck Schumer (D-N.Y.) has filed cloture on the legislative vehicle containing the CR, with a procedural vote set for Jan. 16, 2024. Meanwhile, the House Committee on Rules includes several conservative members who likely will not approve another short-term CR, meaning that the measure may pass under suspension of the rules, which requires a two-thirds majority. Since the first round of stopgap funding is currently slated to expire Jan. 19, 2024, Congress is on a tight timeline.

A [section-by-section summary](#) and the [legislative text](#) of the CR is available online.

This Week: Hearings on Long COVID; AI-Ready Workforce

The Senate Committee on Health, Education, Labor and Pensions (HELP) will convene on Jan. 18, 2024, for a full committee hearing, "[Addressing Long COVID: Advancing Research and Improving Patient Care.](#)" Additionally, in the House, the Committee on Oversight Subcommittee on Cybersecurity, Information Technology and Government Innovation will hold a hearing on artificial intelligence (AI) in the workforce, which "will explore both traditional and alternative programs and pathways for education and credentials that prepare individuals to work in AI-related roles."

Retirements

On Jan. 9, 2024, Rep. Greg Pence (R-Ind.) announced his plans to retire from Congress at the end of the year. Rep. Pence, who was first elected in 2018, currently serves on the House Committee on Energy and Commerce (E&C).



Additionally, California Gov. Gavin Newsom has set a special election to fill the seat of retired former House Speaker Kevin McCarthy (R-Calif.). The all-parties special primary election will take place on March 19, 2024, several weeks following the primary scheduled to fill McCarthy's seat for the full two-year term. If no candidate wins a majority of the votes in the March 19, 2024, primary, the top two finishers will compete in a runoff election on May 21, 2024.

REGULATORY UPDATES

New Federal Independent Dispute Resolution (IDR) Administrative Fee and Certified IDR Entity Fee Ranges Posted

The HHS, DOL and U.S. Department of the Treasury updated the No Surprises Act website on Jan. 12, 2024, in anticipation of changes to the Federal IDR fee ranges for certified IDR entities. Effective Jan. 22, 2024, the IDR Fees Final Rule published at the end of 2023 will adjust the administrative fee amount from \$50 to \$115, and single/batched determinations of IDR entity fees range from \$200-\$700 to \$200-\$840 and from \$268-\$938 to \$286-\$1,173, respectively. For more information, visit the [No Surprises Act website](#) or see the list for [updated IDRE ranges](#).

RFI Solicits Feedback on Maternal Mental Health

HHS' Office on Women's Health (OWH) and Substance Abuse and Mental Health Services Administration (SAMHSA) published a [request for information \(RFI\)](#) to seek comments on questions from the Task Force on Maternal Mental Health. The charge of the OWH and SAMHSA-led task force – which is being implemented as a subcommittee of the SAMHSA Advisory Committee for Women's Services (ACWS) – is to identify, evaluate and make recommendations to coordinate and improve activities related to addressing maternal mental health conditions and co-occurring substance use disorders (SUD) with a focus on mental health equity and trauma-informed practices. The RFI includes a set of questions concerning the context, policies, effectiveness, promising practices, and limitations and gaps related to the prevention and treatment of maternal mental health conditions and SUD (inclusive of alcohol use/misuse) and its complications. Question categories include data, research and quality improvement; prevention, screening and diagnosis; evidence-based intervention and treatment; evidence-based community practices; and communications and community engagement. Comments are due Jan. 31, 2024.

AHRQ National Healthcare Quality and Disparities Report Measurement Criteria RFI

The Agency for Healthcare Research and Quality (AHRQ) published a request for information (RFI) on Jan. 16, 2024, for studies to inform its review of Updating the Measurement Criteria for AHRQ's National Healthcare Quality and Disparities Report (NHQDR), which is currently being conducted by the AHRQ's Evidence-Based Practice Centers (EPC) Program. The review will address questions related to prioritization criteria for healthcare quality measures, including questions related to updating the current NHQDR measure selection prioritization criteria.

MedPAC Votes on Payment Update Recommendations

Last week, the Medicare Payment Advisory Commission (MedPAC) hosted its two-day [January meeting](#), during which it discussed payment adequacy for physicians, hospital inpatient and outpatient, hospice, outpatient dialysis, hospice, skilled nursing facility, home health and inpatient rehabilitation facility services. The Commission recommends updating 2025 Medicare payments for physicians and other health professional services by the amount specified in current law plus half the Medicare Economic Index increase, and reiterated a prior recommendation to create a non-budget-neutral add-on payment under the Medicare physician fee schedule for services provided to low-income beneficiaries. MedPAC also voted to recommend a positive update



for hospitals – current law amount plus 1.5 percent for 2025. Commissioners voted in support of lower base pay rates for skilled nursing facilities, home health agencies and inpatient rehabilitation facilities, and recommended that Congress eliminate the 2024 update for hospices in 2025. MedPAC also recommended that Congress update the Medicare end-stage renal disease prospective payment system by the amount under current law.

ARPA-H to Launch Preventive Care Investment Program

The Advanced Research Projects Agency for Health (ARPA-H) announced its [Healthcare Rewards to Achieve Improved Outcomes \(HEROES\) program](#) that aims to strengthen investment in community-level preventive care resources, particularly in places that have historically lacked access to medical and healthcare breakthroughs. ARPA-H will solicit proposals from potential performers (called Health Accelerators), which can be groups or organizations such as health consortiums or community health centers, to address health challenges in parts of the country where the associated health outcome is worse than the national average. More information about the HEROES program and the scheduled Proposers' Day on Feb. 13-14, 2024, can be [found online](#).

FDA Issues Digital Health Technologies in Diabetes Care RFI

The U.S. Food and Drug Administration (FDA) Digital Center of Excellence, in partnership with the FDA's Center for Devices and Radiological Health (CDRH), released an [RFI](#) about how digital health technologies, including AI and machine learning, may help with early detection of risk factors for type 2 diabetes, prediabetes and type 2 undiagnosed diabetes. CDRH asks questions in four categories: community engagement and consortia efforts, science/innovation, outcomes, and clinical integration and implementation. Comments are due Jan. 31, 2024.

OMB Clears Prior Authorization Rule

The Office of Management and Budget (OMB) has cleared a final rule from the Centers for Medicare and Medicaid Services (CMS) on prior authorization. The proposed rule was released in December 2022. The regulation will place new requirements on Medicare Advantage organizations, state Medicaid fee-for-service (FFS) programs, state Children's Health Insurance Program (CHIP) FFS programs, Medicaid managed care plans, CHIP managed care entities and Qualified Health Plan issuers on the federally facilitated exchanges to improve the electronic exchange of healthcare data and streamline processes related to prior authorization.

CMS Administrator National Stakeholder Call

CMS Administrator Chiquita Brooks-LaSure and other CMS officials will hold a National Stakeholder Call on Jan. 23, 2024, to discuss CMS' 2023 accomplishments and how the agency's 2024 initiatives will advance the CMS Strategic Plan. To attend, please [register online](#). Additionally, CMS released a notice of funding opportunity for the [States Advancing All-Payer Health Equity and Development \(AHEAD\) Model](#). CMS will host an Office Hours session on Jan. 17, 2024, to answer questions in advance of the March 18, 2024, application submission deadline. AHEAD is a state total-cost-of-care model designed to drive state and regional healthcare transformation and multi-payer alignment, with the goal of improving the total health of a state population and lowering costs.