

Alexander Hecht, AHecht@mlstrategies.com Andrew Shin, AJShin@mlstrategies.com Abby Matousek, AMatousek@mlstrategies.com Sam Rothbloom, SRothbloom@mlstrategies.com

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ML Strategies, LLC 701 Pennsylvania Avenue, N.W. Washington, DC 20004 USA 202 434 7300 202 434 7400 fax www.mlstrategies.com

# June 29, 2015 Health Care Update

**Pathway for Bipartisanship following** *King v. Burwell:* With the decision on *King v. Burwell* now in, numerous legislative items that have been on hold as lawmakers awaited the Court's ruling are expected to move back to the top of the Congressional agenda. Congressional analysts widely expect some GOP lawmakers to continue to tout their own ACA replacement bills in order to promote conservative-backed health reform ideas in place of the ACA. However, it is also very likely that the Supreme Court's decision now opens the door to a variety of potential bipartisan legislative initiatives over the next few months.

Although Presidential politics will certainly be a factor in determining the Republican agenda on Capitol Hill, there has been a significant amount of bipartisan activity around certain ACA "fixes" that could end up on the President's desk as either standalone bills or as part of larger legislation, such as appropriations measures. Such "fixes" could include amending the ACA's definition of full- vs. part-time work; a delay of the small group market expansion; and repeals of the medical device and Cadillac taxes, among other possible changes.

In addition to possible ACA fixes, with *King v. Burwell* behind us, Congress has an opportunity to shift focus to a number of additional health care priorities such as the 21<sup>st</sup> Century Cures Act, which Energy and Commerce Committee Chairman, Fred Upton (R-MI), has repeatedly said he hopes the House will turn to promptly after the July 4<sup>th</sup> recess.

Other possible action items in the wake of the SCOTUS decision is action on the package of House-passed Medicare Advantage bills in the Senate—H.R. 2505, the Medicare Advantage Coverage Transparency Act; H.R. 2507, the Increasing Regulatory Fairness Act; H.R. 2582, the Seniors' Health Care Plan Protection Act; and H.R. 2570, the Strengthening Medicare Advantage through Innovation and Transparency for Seniors Act—and passage of the twelve bipartisan, noncontroversial health bills which the Senate Finance Committee considered last Wednesday.

## Federal Regulatory Initiatives

**ONC Finds HIEs Improve Care through Interoperability:** The Office of the National Coordinator for Health IT (ONC) found that health information exchanges can enhance care coordination by expanding providers' access to "actionable" data. ONC's report, which examines providers from six states, was previewed in January but finalized last Friday.

**CDC Finds Uninsured Rate Dropped in 2014:** The Centers for Disease Control (CDC) found that there was a decline in the uninsured rate from 14.4% in 2013 to 11.5% in 2014, which the agency maintains, coincides with the ACA taking effect. Of the 170.4 million people with private health insurance in 2014, 2.2% received coverage through ACA exchanges. The three states with the biggest drops in their uninsured rate were Washington (7.4%), Arkansas (8.5%), and West Virginia (14.8%).

**HHS OIG Warns Against Medicare Part D Fraud:** The HHS Office of Inspector General (OIG) released a **report** which identified over 1,400 pharmacies with questionable billing patterns that made up \$2.3 billion in Part D prescription drug claims. The report is intended to demonstrate that Medicare Part D is susceptible to fraud.

**Winners of HHS Innovates Awards Announced:** HHS Secretary Burwell announced the seven winners of the 2015 HHS Innovates Awards. This annual award program, in its eighth round, recognizes creative solutions developed by HHS employees in response to some of the nation's most challenging problems in health care and government.

**FDA Seeking Comments on EHR Use in Trials:** The Food and Drug Administration's Center for Drug Evaluation and Research (CDER) published a notice in the Federal Register requested feedback on a demonstration project studying the use data pulled from electronic health records (EHRs) in clinical trials.

#### **Congressional Initiatives**

**CBO Releases Cost Estimate SOFTWARE Act:** The Congressional Budget Office (CBO) estimated that the price tag for implementing the 21<sup>st</sup> Century Cures' SOFTWARE Act would be \$68 million -- \$10 million less than the FDA predicted. The CBO's overall estimate for the 21<sup>st</sup> Century Cures Initiative is \$106.4 billion between 2016 and 2020. E&C Committee Chairman Fred Upton (R-MI) wants the House to vote on the initiative soon after the July 4<sup>th</sup> recess, but he has yet to find a pay-for that has strong bipartisan support.

**House E&C Examines Medicaid Demonstrations:** The House Energy and Commerce Subcommittee on Health met to consider a recent Government Accountability Office (GAO) report which raised concerns about oversight of Medicaid funds.

**House E&C Considers Public Health Bills:** The House Energy and Commerce Subcommittee on Health met to discuss three bipartisan public health bills: H.R. 2820, the Stem Cell Therapeutic and Research Reauthorization Act; H.R. 1462, the Protecting Our Infants Act of 2015; and H.R. 1344, the Early Hearing Detection and Intervention Act of 2015.

**Congress Takes Up HHS Appropriations:** Following a Tuesday Senate Labor-HHS subcommittee markup, the full Senate Appropriations Committee marked up its FY 2016 spending bill for HHS. The House Appropriations Committee also approved its own \$153 billion version of the funding legislation in a party line vote. Unlike the House, the Senate bill goes further to fund the National Institutes of Health (NIH) and several other programs.

**Dems Ask HHS to Enforce Medicaid Equal-Access Provision:** Democratic leaders urged HHS in a letter to finalize regulations establishing an equal-access provision for Medicaid beneficiaries. Under the provision, states could not receive federal funding for Medicaid unless their Medicaid provider payments were large enough that at least a certain percentage of doctors accepted them.

**Freshman Lawmaker Introduces Special Enrollment Bill:** Representative Bonnie Watson Coleman (D-NJ) introduced legislation establishing an ACA special enrollment period (SEP) for pregnant women. Senate Democrats have previously proposed HHS create a SEP. New York recently became the first state to allow pregnant women to register for ACA insurance outside of official open enrollment periods.

**Senate Finance Approves Health Bills:** The Senate Finance Committee approved 12 health-related bills that were considered to be bipartisan. Among the legislation considered was the Electronic Health Fairness Act, which would exempt certain patient encounters from meaningful use requirements.

## **Other Health Care News**

**Kaiser Family Foundation Report on Premiums:** The Kaiser Family Foundation released an analysis of the states that have released 2016 ACA plan data which found that benchmark silver plan premiums will grow modestly.

# **Upcoming Congressional Hearings**

The Senate and House will be in Recess.

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