

[Key Takeaways from the Democratic Presidential Debates](#)

[View this email in your browser](#)

[Public Health Crisis on the Border](#)

[Naturopathic Pain Management in the Public Sector](#)

[Executive Order: Kidney Health](#)

[A Look at the Federal Register](#)

[Click Here for a Printer-Friendly Version](#)



Policy Brief

July 12, 2019



Key Takeaways from the Democratic Presidential Debate

The first two Democratic debates took place, giving us a peek into where the candidates stand on different issues such as universal coverage, drug prices and control over the Senate. While there were some disagreements, the policies discussed give health care systems an indication of where the Democratic party is leaning and the policies that may be adopted should a Democrat win the White House. Below are key takeaways on the first two democratic debates and what those may mean to health care systems.

Universal coverage proved to be a central issue, but opinions differed on the role that private insurance should play under such model. All candidates supported a path to universal coverage, including allowing Americans the option of buying into Medicare. However, candidates were divided on the role that private insurance should play. Senators Biden and Bennet were the only candidates that expressed support for maintaining the Affordable Care Act (ACA) and allowing individuals to buy a Medicare-like plan on the Health Insurance Exchanges. This demonstrates that health care reform will continue to be a top policy issue for Democrats. To view a summary of current policies under consideration, [click here](#). Below are some quotes from the candidates.

Former Rep. Delaney: “If you go to every hospital in this country and you ask them... ‘how would it have been for you last year if every one of your bills were paid at the Medicare rate?’ Every single hospital administrator would say they would close.”

Mayor De Blasio: “Private insurance is not working for tens of millions of Americans when you talk about the co-pays, the deductibles, the premiums, the out of pocket expenses.”

Mayor Buttigieg: “Even in countries that have outright socialized medicine, like England, even there, there's still a private sector.”

Senator Bernie Sanders: “The function of the health care system today is to make billions in profits for the insurance companies.”

Allowing Medicare to negotiate drug prices and import drugs from certain foreign countries was a widely supported policy. All candidates raised the need to lower drug prices, with allowing Medicare to negotiate drug prices being the most prominent proposal. Candidates also highlighted the need to make pharma more accountable for the rising price of drugs and their influence on the opioid crisis. Because these policies and the need to lower drug prices have bipartisan support, health care systems will likely see further efforts on this issue regardless of who wins the White House. Below are some quotes from the candidates.

Senator Klobuchar: “2,500 drug prices have gone up in double digits since Donald Trump took office. My proposal is to do something about pharma, to take them on, to allow negotiation under Medicare, to bring in less expensive drugs from other countries.”

Senator Booker: “[Pharma] should be held criminally liable, because they are liable.”

Candidates didn't seem to have a plan on how to combat resistance in the currently Republican-controlled Senate. Failure to win the Senate would make it nearly impossible for Democrats to pass major health care reforms such as universal coverage. Senator Mitch McConnell, the Senate's Majority Leader, has blocked many Democratic efforts, including President Obama's effort to fill a vacancy on the

Supreme Court. When asked “Do you have a plan to deal with Mitch McConnell?” candidates gave vague responses, proving that the Senate could be the Achilles’ heel of Democrats should they win the White House and lose the Senate. Below are the few responses that were provided.

Senator Warren: “We have to push from the outside, have leadership from the inside and make this Congress reflect the will of the people.”

Senator Booker: “I have taken on tough problems people said we cannot achieve. And I have been able to get things accomplished.”

Former Rep. Delaney: “I believe we need to operate in a bipartisan manner. Listen, I’ll sign into law bills that come to the White House that are passed on a party-line basis.”

Mental health was not given significant attention, with the discussion centering mostly on gun violence. Although some candidates addressed the issue of mental health, few solutions were offered. Policies to address gun violence included conducting universal background checks, expanding research on gun violence and banning assault weapons. It remains to be seen whether the discussion on mental health will broaden through the campaign trail, but health care systems will likely see increased efforts to address gun violence if a Democrat wins the presidency.

Congressman O’Rourke: “In Texas, the single largest provider of mental health care is the county jail system.”

Congressman Ryan: “Ninety percent of the shooters who do school shootings come from the school they’re in, and 73 percent of them feel shamed, traumatized, or bullied. We need to make sure that these kids feel connected to the school. That means a mental health counselor in every single school in the United States.”

Senator Warren: “We have to treat it [gun violence] like a public health emergency.”



Public Health Crisis on the Border

The media has been recently reporting on a growing [public health crisis in child detention centers](#) on the US-Mexico border. More than [76,000 families](#), children and asylum seekers crossed the border in February and are overwhelming border control facilities. Children, who are already at risk for [mental health issues](#) in immigration detention centers, are reportedly being held in unsafe and unsanitary conditions. The Trump Administration, which has recently been under fire for its [family separation policy](#), is again under pressure to address the growing public health concern. Below is more about the conditions of child immigration detention centers, the health ramifications of these facilities and how past U.S. policy led to this growing crisis.

Children Incarcerated

Lawyers and advocacy groups who have been [interviewing children](#) in these detention centers are reporting neglect, unsanitary conditions and overcrowding. They are concerned with the lack of food, medical care and sanitary products, such as toothbrushes. The current system is built to [deport single adults](#) and not to take care of children and families, as shown by at least [seven children](#) dying in immigration custody last year. The Office of Inspector General recently [released a report](#) that confirmed the concerns of overcrowding and prolonged detention in some of these facilities. It appears that U.S. border control agents do not have the resources to follow the [Flores Agreement](#), which sets the minimum standards of care and how long children can be detained.

Child Detention Centers Health Implications

The longer children remain in these detention centers, the [more at risk they are](#) for developing [Adverse Childhood Events \(ACEs\)](#) that will negatively impact their health later on. As mentioned in a [letter](#) by the American Academy of Pediatrics, “prolonged exposure to highly stressful situations, known as toxic stress, can disrupt a child's brain architecture and affect his or her short and long-term health.” Research has found that detained immigrant children have [higher rates](#) of clinical depression, post-traumatic stress disorder and anxiety, which can [lead to chronic diseases](#) down the line.

The Cause of the Influx of Immigrants

The recent, record-breaking influx of immigrants is largely due to [families and asylum seekers escaping](#) the violence and growing homicide rates in Honduras, Guatemala and El Salvador. One factor contributing to the violence in these countries is the 1996 Illegal Immigration Reform and Immigrant Responsibility Act (IIRAIRA), which [made it much easier](#) to deport all immigrants. The policy also [increased the deportation](#) of those involved in U.S. gang violence, spreading that culture to countries who do not have the resources to deal with the growing violence. It remains to be seen what actions the Trump Administration and Congress will take to remedy this situation and address these health concerns in child detention centers.



Naturopathic Pain Management in the Public Sector

In light of the opioid crisis, managing pain without the use of narcotics has become increasingly important to both clinicians and patients. Non-pharmacologic treatments for pain are not new—acupuncture, massage therapy and even yoga have been used to reduce pain for the [last 40 years](#). Most recently, the Department of Health and Human Services (HHS) is considering including acupuncture for chronic pain management within the Medicare program. Read below for more on HHS' forthcoming proposal, how the VA has led by example and concerns around alternative pain management techniques.

Will Medicare pay for alternative pain treatments?

The short answer is—maybe. Alternative treatments are increasingly being included in Medicare Advantage plans. Earlier this year, HHS began examining using acupuncture to treat chronic lower-back pain. In the [request for comment](#), the Agency affirmed its commitment to “providing more evidence-based, non-pharmacologic treatment options” but also cautioned that reimbursement will only happen if acupuncture is deemed “reasonable and necessary.” HHS plans to [unveil a proposal](#) by July 15th and make a final determination in early October.

How does the VA use naturopathic medicine?

Veterans' hospitals have already begun leveraging opioid-alternative treatments. Acupuncture is currently used by VA providers to manage pain and treat Post-Traumatic Stress Disorder. One of the military's most popular forms is “[battlefield acupuncture](#),” in which a small needle is inserted into the ear to disrupt pain signals to the brain. Along with relieving servicemembers' pain, the VA hopes that patients using naturopathic alternatives will also lead to less veterans turning to opioids.

But, do these therapies work?

The National Institute of Health has found that many “complementary health approaches” like tai chi, relaxation techniques and music [do mitigate pain](#) to some degree. Acupuncture, however, has health researchers more divided. While many studies find acupuncture to be a safe, effective solution, others [find no difference](#) between the actual procedure and one done with simulated needles. It's worth

noting, however, that even simulated acupuncture has helped to relieve patients' chronic pain.



Executive Order: Kidney Health

On July 10th, President Trump issued an Executive Order aiming to improve kidney health in America. The Administration has been examining the way kidney care is delivered [for months now](#), both Adam Boehler, the director of CMS' Center for Medicare and Medicaid Innovation, and HHS Secretary [Alex Azar](#) have mentioned a revamp at various industry conferences.

In the Executive Order, the President is [revising the requirements](#) for Organ Procurement Organizations regarding quality screenings and organ donation. This has the potential to impact not only patients needing a new kidney but also those waiting for heart, lung and liver transplants. The Administration hopes to decrease the kidney-transplant shortage, which causes over [40,000 deaths each year](#). The President will also require HHS to pay providers for early treatment and diagnoses of kidney failure, reimburse low-income patients for lost wages or childcare expenses, and allow for at-home dialysis care. A more detailed breakdown of the Executive Order can be found [here](#).



A Look at the Federal Register

Health Reimbursement Arrangements and Other Account-Based Group Health Plans. HHS released a [final rule](#) that allows the integration of HRAs and other account-based group health plans with individual health insurance coverage or Medicare. The final rules also set forth conditions under which certain HRAs and other account-based group health plans will be recognized as limited excepted benefits. The rule also clarifies Premium Tax Credit (PTC) eligibility for individuals offered an individual coverage HRA. The rule includes a clarification to provide assurance that the individual health insurance coverage for which premiums are reimbursed by an individual coverage HRA or a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) does not become part of an ERISA plan, provided certain safe harbor conditions are satisfied. Finally, the rule provides a special enrollment period in the individual market for individuals who newly gain access to an individual coverage HRA or who are newly provided a QSEHRA. ***The effective date is August 19, 2019, and applies to plans beginning January 1, 2020.***

Hospital and Critical Access Hospital (CAH) Changes to Promote Innovation, Flexibility, and Improvement in Patient Care. CMS announced the [extension](#) of the timeline for publication of the “Medicare and Medicaid Programs; Hospital and Critical Access Hospital (CAH) Changes to Promote Innovation, Flexibility, and Improvement in Patient Care” final rule. ***The timeline for publication of the rule to finalize the provisions of the June 16, 2016, proposed rule (81 FR 39447) is extended until June 16, 2020.***

Opioid Analgesic Drugs: Considerations for Benefit-Risk Assessment Framework; Draft Guidance for Industry. The FDA released [draft industry guidance](#) on Opioid Analgesic Drugs: Considerations for Benefit-Risk Assessment Framework. The purpose of this guidance is to describe the benefit-risk framework the Agency uses in evaluating applications for opioid analgesic drugs. This guidance summarizes the information that should be included in a new drug application for an opioid analgesic drug to facilitate the Agency's benefit-risk assessment. ***Comments are due August 20, 2019.***

Health Information Privacy and Civil Rights/Conscience and Religious Freedom Discrimination Complaint. The Office for Civil Rights is [seeking a revision](#) on an approval for a 3-year clearance on a previous collection. Individuals may file written or electronic complaints with the Office for Civil Rights when they believe they have been discriminated against by programs or entities that receive Federal financial assistance from HHS or if they believe that their right to the privacy of protected health information freedom has been violated. ***Comments are due July 24, 2019.***

Lists of Designated Primary Medical Care, Mental Health, and Dental Health Professional Shortage Areas. HRSA and HHS have released the [complete lists](#) of all geographic areas, population groups, and facilities designated as primary medical

care, mental health, and dental Health Professional Shortage Areas (HPSAs) as of May 1, 2019.

In Other News :

[Administration Approves New Medicaid Waivers for Substance Use Disorder](#) – CMS

[Federal Judge Blocks Trump Rule to Require Drug Prices in TV Ads](#) – STAT

[CMS Postpones Exact Match Billing Rule—Again](#) – Health Law News

[Amazon to Retrain a Third of Its Workers as Automation Advances](#) – New York Times

[Moms are Driving Telemedicine App Usage](#) – CNBC

[Study: 340B Tax-Exempt Hospitals Provide \\$56.1B in Community Benefits](#) – AHA

[Hospitals Commit \\$2M to Baltimore Anti-Homelessness Effort](#) – Washington Post

[Trump Administration Agrees to Delay Conscience Rule](#) – Modern Healthcare

[CMMI Head Adam Boehler to Leave Agency](#) – Modern Healthcare



Website

[Click Here to Subscribe to the Policy Brief](#)

Want to change how you receive these emails?

You can [update your preferences](#) or [unsubscribe from this list](#)