



## Policy Brief

September 3, 2021



### Democrats Have Two Weeks to Deliver Budget Resolution

As Congress works to finalize the [infrastructure package](#), Democrats have also been given a [September 15<sup>th</sup> deadline](#) to finalize tenets of a separate “social spending” bill, which also includes many health-related provisions. While some health policy priorities have bipartisan support and are almost guaranteed to make it into the final package, others (like lowering the Medicare age) have nearly disappeared from the conversation. Keep reading to find out the latest on what’s in, and what’s likely out, of the \$3.5 trillion spending package.

#### **High Momentum Proposals: Increasing Medicare Benefits and Extending Medicaid Coverage**

Both sides of the aisle appear to support expanding coverage within Medicare to include dental, hearing and vision care. Right now, seniors must either purchase supplemental coverage or switch to a private Medicare Advantage plan to have these services included in their coverage. Sen. Bernie Sanders (I-VT) called the lack of coverage for dental and vision a “[cruel irony](#)” for older Americans and has positioned himself as a major champion of the proposed expansion. There is also increasing support for [including a stopgap](#), perhaps via the Health Insurance Exchanges, to extend Medicaid coverage to 2.2 million more people. The proposal could provide temporary coverage for low-income Americans in non-expansion states, giving HHS time to create a more permanent solution.

#### **Moderate Momentum: A Domestic Prescription Drug Benchmark**

Senate Finance Committee Chairman Ron Wyden (D-OR) also hopes to include language that would tie negotiations for prescription drug prices to a domestic benchmark. If included in the final spending bill, [Wyden’s idea](#) could help to pay for some of the other health-related provisions

in the package. Attacking the high cost of prescription drugs through negotiations is not a new policy concept; the House first [passed a bill](#) to allow the federal government to negotiate directly with drugmakers in late 2019.

### **Low Momentum: Lowering the Medicare Eligibility Age**

Although a [priority](#) for the progressive arm of the Democratic party, a senior Democratic aide now says that the measure lowering Medicare's eligibility age to 60 will likely [not be included](#) in the spending package. Progressives and several health-related labor unions plan to continue "urging the President and Congress to also include [these] eligibility changes" in the future.



### **Price Transparency Still in the Media Spotlight**

Multiple recent articles and studies have [highlighted](#) that a large majority of hospitals are not taking part in CMS' price transparency initiative. In fact, so few hospitals are following the price transparency requirements that CMS recently increased the [penalty](#) for non-compliance. Hospitals are not the only entity being pressured about price transparency. Pressure is also being put onto pharmaceutical companies, as high drug prices remain a high priority area for lawmakers. While hospitals are being scrutinized in the media, we will likely see more attention being placed on drug companies in the future.

### **Recap of Price Transparency Initiatives**

In the CY 2020 Inpatient Prospective Payment System (IPPS) final rule, CMS [required](#) hospitals to post their payer-specific negotiated prices in a machine-readable format, as well as a list of 300 shoppable services. Many hospitals pushed back on this rule, [contending](#) that CMS' method for posting prices would confuse patients and encourage anti-competitive practices from insurers. CMS recently [introduced](#) a sliding scale penalty that increases the amount hospitals will need to pay for non-compliance.

### **Hospitals Remain Under the Spotlight...**

Despite payers are also being hit with price transparency requirements, providers are the ones receiving the most scrutiny in the media. New data from [Patients' Rights Advocates](#) find that 94% of U.S. hospitals are not in full compliance with CMS' price transparency regulations. This includes hospitals posting machine readable files that were deemed incomplete. The report also

found that many hospitals did not include their discounted cash prices in their machine-readable files or their 300 shoppable services list. Many media [articles](#) blame a lack of price transparency for the wide variation in health care pricing.

### **...but Pharmaceutical and Drug Manufacturers May Be Next**

Price transparency for pharmaceutical companies is also a bipartisan priority, drawing its own scrutiny from the media. Despite the [recent reversal](#) of the Most Favored Nation Model (President Trump's initiative on drug pricing), addressing high drug prices is still a priority for the Biden Administration. Most recently, the high cost of insulin has been a key focus for [Congress](#), with lawmakers calling for manufacturers to provide more detailed information about price increases as well as their profits earned from selling insulin products. We anticipate that pharmaceutical companies and drug manufacturers will be the next group under the price transparency microscope.



### **Behavioral Health Impacts from the Afghanistan Withdrawal**

The removal of U.S. military personnel from Afghanistan and the rapid resurgence of the Taliban has been headline news for the past weeks. As the unforeseen crisis continues to unfold, health care experts and industry leaders need to be ready to respond to the behavioral health needs of those leaving the conflict zone, as well as all who have been involved in the struggle. Keep reading to learn more about the behavioral health impacts on Afghan refugees and U.S. military personnel, as well as resources available to those in need.

#### **Behavioral Health Impacts on Afghan Refugees**

The U.S. has [evacuated](#) approximately 116,000 people out of Afghanistan. Much of that number includes Afghans (and their families) who aided American forces during the nearly two-decade war. Most will start their new lives at military installations across the U.S., where they will be vetted before being moved to more permanent accommodations. Refugees face a [looming behavioral health](#) crisis due to the trauma of escaping the Taliban and having their lives [uprooted](#). It is important to note that language barriers and cultural differences could make it hard for refugees to access mental and primary care services.

## **Behavioral Health Impacts on Past and Present Service Members**

The trauma caused by the withdrawal runs deep. While mental health care is needed for the most recently-withdrawn service members, we must also consider the health of the approximately 770,000 services members [deployed](#) to Afghanistan over the 20 years of war. Drawing [comparisons to Vietnam](#) can teach us lessons about how the sudden and unexpected end to this conflict can impact the behavioral health of all who served. Afghanistan veterans could deal with depression or feelings of futility as they reflect on their hardships and experiences. Veterans and deployed service members have a higher risk of developing PTSD, with an average of 13.5% screening positive for the condition. Studies [show](#) that roughly half of individuals with longer term PTSD also develop substance use disorders.

### **Resources**

To address behavioral health needs, it is crucial that health systems connect those impacted with the appropriate resources, including:

- [VA Mental Health Services](#): Offers mental health services and treatment to aid military veterans.
- [Save the Children](#): Supports newly arrived Afghan refugee families seeking safety in America.
- [Hims & Hers Health, Inc.: An American Telehealth Company](#): Donating 10,000 primary care and mental health visits to relocated Afghan refugees
- [U.S. Department of Defense](#): Provides mental health resources for services members and their families.

“On the battlefield, the military pledges to leave no soldier behind. As a nation, let it be our pledge that when they return home, we leave no veteran behind.”

- Congressman Dan Lipinski (D-IL)

God bless all that served and the Afghans who supported our women and men.

## **CMS Releases New FAQ for the “No Surprises Act”**

A joint FAQ [released](#) by the Departments of HHS, Labor and the Treasury provides clarification on the No Surprises Act, as well as some of the transparency measures included in the Consolidated Appropriations Act. Covered in the FAQ are prohibitions on gag clauses, balance billing disclosures and clarifications on the timeline for continuity of care regulations. Group health plan regulations and price transparency rules were also clarified, including a delay of enforcement for the machine-readable file requirement until July 1, 2022.

## FDA Approves Pfizer Vaccine; Moderna Status Update

On August 23, 2021, the FDA [granted](#) approval to the Pfizer-BioNTech COVID-19 vaccine. The approved vaccine, now to be marketed as [Comirnaty](#), has been approved for the prevention of COVID-19 in individuals 16 years of age and older. The vaccine will continue to be available under emergency use authorization (EUA) for individuals 12 through 15 years of age and for the administration of a third dose in certain immunocompromised individuals. Additionally, the Moderna vaccine has [completed](#) its application process for full approval, putting the vaccine on course to obtain FDA approval, which we could see within the [next few weeks](#).

## New HHS Office Targets Climate Change and Environmental Equity

On Monday, Secretary Xavier Becerra announced a new office within HHS—the Office of Climate Change and Health Equity (OCCHE). The new office represents the [first federal program](#) specifically targeted at lowering greenhouse gas emissions and understanding the [public health ramifications](#) of climate change. The White House’s national climate change adviser has asked HHS to use the OCCHE to explore how extreme weather affects minority communities and the elderly. While details of the office’s new duties are still nebulous, Secretary Becerra has asked the OCCHE to include hospitals in its consideration of ways to reduce pollution throughout the health care sector—a task that the new office may explore through new regulations.

## Updates to COVID-19 Regulations

AHPA continues to follow new COVID-19 regulations, guidance and other government actions. The updates below are the latest guidance and other developments since August 9<sup>th</sup> to help mitigate the impacts of COVID-19.

### **CMS Expands Medicare Payments for At-Home COVID-19 Vaccinations**

CMS is [expanding](#) opportunities for people to receive COVID-19 vaccinations in their homes. Health care providers can now receive additional payments for administering vaccines to multiple residents in one home setting or communal settings.

### **HRSA Releases New Fact Sheet on Provider Relief Fund**

The Health Resources and Services Administration (HRSA) has released a [fact sheet](#) outlining specific acceptable personnel-related costs that can be covered by Provider Relief Fund dollars, such as child care assistance and retention bonuses for recruiting and retaining personnel.

### **FDA Approves the Pfizer-BioNTech COVID-19 Vaccine**

The FDA has [approved](#) the Pfizer-BioNTech COVID-19 vaccine for use in individuals 16 years of age and older. The vaccine will now be marketed as Comirnaty.

## **FDA Updates Vaccine Fact Sheets with New Risk Information and Data**

The FDA has revised fact sheets for Moderna and Johnson & Johnson's COVID-19 vaccines to include updated information on the risks of myocarditis and pericarditis associated with mRNA vaccines.

[Moderna Fact Sheet](#) | [Johnson & Johnson Fact Sheet](#)

## **CMS to Restart Ambulance Prior-Authorization Demonstration After COVID-19 Hiatus**

CMS has [announced](#) that it will resume the phased expansion of the non-emergency ambulance transportation prior authorization demonstration, beginning on December 1, 2021. The demonstration, which was paused due to the public health emergency, aims to reduce repetitive, scheduled ambulance use for non-emergencies. The first phase of expansion will include the states of Colorado and Texas, among others.



### AHPA Resources

**Join Us! AHPA will be hosting a webinar on Friday, September 17<sup>th</sup>, on the FY 2022 IPPS final rule.**

AHPA Webinar on the IPPS FY 2022 Final Rule

Friday, September 17, 2021

1:00PM – 2:00PM EDT | 10:00 AM – 11:00AM PDT

[Request a Calendar Invitation](#)

### **Save-the-Date! Upcoming Members' Webinar**

**“New Alzheimer Medicine: Hope or Hoax?”**

Thursday, September 9, 2021

12:00 PM EDT | 9:00 AM PDT

[Download Save-the-Date](#)

### **Missed an AHPA webinar lately? No problem!**

Visit AHPA's [YouTube channel](#), where members can stream webinars on the latest health care regulations at their convenience.

- [Webinar: Highlights from the Latest IPPS Proposed Rule \(Video\)](#)
- [Webinar: Highlights from the OPFS and PFS Proposed Rules \(Video\)](#)

## WHAT WE'RE READING...

Data Story: [The Black Mortality Gap, and a Document Written in 1910](#) – The New York Times

Atul Gawande: [Costa Ricans Live Longer than Us. What's the Secret?](#) – The New Yorker

[Can Planting Trees Make Cities More Equitable?](#)– Bloomberg CityLab

[Who Are the Afghan Refugees Coming to the U.S and What Happens When They Arrive?](#) – Reuters

[Telehealth Takes on Increased Importance as the Pandemic Proves its Effectiveness](#) – Milwaukee Business Journal