Today’s Guests

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2021 Expiring Health-Care Related Provisions, Extenders, and Reauthorizations

**October 30 & 31st**
- Surface Transportation Authorization Expires
- Pelosi Deadline to pass the Bipartisan Infrastructure Act

**December 31**
- ACA Health Coverage Tax Credit Increase expires
- Reduced Cost-Sharing Expires
- Flexibilities for Health and Dependent Care FSAs Expires
- Telehealth HDHP Pre-deductible provision expires
- Home Health Prospective Payment System Add-On Expires
- CARES Relief Fund for States & Localities (Spend or Lose)
- Tax Extenders Expire

**December 3rd**
- TANF Authorization Expires
- Additional Medicaid Funding; FMAP rate for Territories Expires
- COBRA Subsidies Expire
- Government Funding **FY2022 Appropriations or CR must be enacted
- Debt Limit Reached; must be extended

**January 2022**
- Statutory PAYGO (4% cut) impacts physicians, hospitals
- Medicare Sequester (2% cut) impacts physicians, hospitals
- Increase in Medicare Physician payments ends (3.75% cut)
- End of COVID Public Health Emergency Ends January 27th
- End of Telehealth Flexibilities
- Biden Student Loan EO expires

Sources: CRFR, CRS
Overview of Infrastructure and Budget Activity

**Infrastructure Package:**
- Passed Senate, pending in House
- Scheduled to be considered in the House by October 30th
- Roads, bridges, highways, broadband
- $65B for Broadband
- Health Offsets:
  - Rebate rule ($49B)
  - Mandatory sequester ($8.7B)
  - Meds from single-use vials ($3B)

**Budget Resolution:**
- $3.5 trillion with instructions to report bills by 9/30
  - ACA expansion
  - Drug pricing
  - Public health investments
  - Passed Senate 50-49 on 8/11
  - Narrowly passed House on 8/24
  - Sets in place budget reconciliation process

**Reconciliation Package:**
- November – January?
- House Committee markups are complete.
- Floor votes?
- Health provisions include Drug pricing, Medicare and Medicaid expansion, Part D redesign, public health
- Topline number ~$2 trillion
### Health Policies in Reconciliation: What’s In and What’s Out?

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<th>In</th>
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<td><strong>Medicare</strong></td>
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<td>• Direct negotiation, maybe VA pricing</td>
<td>• International Reference pricing</td>
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<td>• Part B and D rebates</td>
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<td>• Part D benefit redesign, including a cap on OOP costs</td>
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<td>• Repeals Drug Rebate Rule</td>
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<td>• New benefits: dental benefit demo, vision, hearing benefits for limited number of years</td>
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<td>Full benefits for dental, vision, hearing benefits for limited number of years</td>
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<td><strong>ACA</strong></td>
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<td>• Three years of enhanced subsidies</td>
<td>• Expanded subsidies for 10 years</td>
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<td>• Reinsurance at less than $100 billion</td>
<td>• $100 billion in reinsurance</td>
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<td><strong>Medicaid</strong></td>
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<td>• Expanded funding for home and community-based services</td>
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<td>• New federal program in non-expansion states</td>
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Proposals for broadband expansion are included in the infrastructure deal. Most of the policies outlined were incorporated, though at a broader level.
Federally Approved Telehealth Provisions for Coronavirus Response

- Increased funding for telehealth and broadband infrastructure
- Allows telemedicine prescription of controlled substances and OUD treatments via telehealth
- Temporarily waives requirement for face-to-face visits between home dialysis patients and providers; allows visit to occur via telehealth
- Encourages the use of telecommunication systems to furnish home health services, including expansion of remote patient monitoring
- Allows HDHP/HSA plans to cover telehealth services prior to reaching deductible
- Remove geographic and originating site restrictions, allows in-home telehealth services
- Allows FQHCs and RHCs to serve as distant sites for telehealth services
- Expands telehealth service coverage for mental and behavioral health
- Permits hospice physicians and nurse practitioners to conduct recertifications via telehealth
Telemedicine continues a decline from pandemic steady state

Week 10 begins the comparison to calibrated 2020 levels, then reverting to vs. actual in Week 26

Year over Year Growth (2021 vs. Calibrated 2020) – Telemedicine Claims Across Time Aligned Weeks

Data for latest week date controlled against prior periods; estimates have been applied to reflect anticipated late-adjudicated claims based on historical rates

*All P/I Claims total indicates Telemedicine, Office, and Institutional claims
Source: IQVIA. Medical Claims Data Analysis, 2021; Week 35 2019 = 9/9/2019; Week 35 2020 = 9/4/2020, Week 34 2020 = 8/28/2020, Week 34 2021 = 8/27/2021; Estimated amounts for latest weeks applied based on likely claims still to be received due to data latency or claim processing delays. See Appendix for further details

COVID-19 Market Impact - as of August 27, 2021
Public Health Policies in House Reconciliation Markups

Policy

• Establishing and expanding grant programs for state, territorial, local and tribal entities for work on public health infrastructure and increasing training and workforce capacity
• Continued Public Health Emergency & COVID-19 response including testing, treatment, infrastructure, and vaccines
• Targeting DMI for public health surveillance aggregation, analytics infrastructure modernization, expand disease forecast and tracking mechanisms, and enhancing reporting core competencies
• Continued focus on equity and underserved communities
• Improving access to and quality of maternal care

Funding

- $10 B Funding for Hospitals’ PH Response and Cybersecurity
- $7 B Funding for States and Local PH offices for Core Public Health Infrastructure and Workforce.
- $5 B Public Health Lab Modernization
- $5 B Funding for Research, Development and Countermeasure Capacity
- $1.25 B Strengthening Vaccine Confidence
- $1 B Disease Surveillance
- $500 M CDC’s Data Modernization Initiative
- $30 M Grant Funding for Community-Based Organizations & Providers (in areas with health workforce shortages)
Regulations - Interoperability and Transparency

Both current and previous administrations identified interoperability, information blocking and consumer PHI access as priorities.

Utilized regulatory authority to promulgate and finalize several rules.

Rules have similar goals, but lack harmony in achieving those stated goals.

Rules of Note:

1. Transparency in Coverage Final Rule
2. 21st Century Cures Act: Interoperability, Information Blocking and the ONC Health IT Certification Program Final Rule
3. HIPAA Privacy Rule to Support, and Remove Barriers to Coordinated Care and Individual NPRM
4. CMS Interoperability and Patient Access Final Rule
Regulations - Privacy & Interoperability

Standards Development
- Patient Access
- Clear focus on APIs and FHIR – Data, exchange, privacy and security
- ONC certification criteria for EHR APIs
- CMS prior authorization rule
- CMS requires payers, providers and states to provide access, exchange and use via API (Medicare/caid, Exchange)
  - Payer to payer
  - Provider directory

TEFCA To Go Live in 2022
- Common, national framework for interoperability
- HHS Office of the National Coordinator (ONC) of Health Information Technology released a timeline for the completion of the Trusted Exchange Framework and Common Agreement (TEFCA)
  - Passed into law in 2016.
- Open participation begins in Q1 of 2022

Consumer and Health Privacy
- Health versus consumer data
- Enforcement – FTC, HHS, other
- Preemption?
- Possible movement unlikely
- Commission bill Sponsored by Senator Cassidy (R-LA)
  - Issue report of recommendations in 6 months
  - Expedited Congressional consideration

Public Health
- New CERT program for public health infrastructure
- Standardize data, automate reporting, central data hub, interoperable, near real time
- Start with labs, case reports and death registries
- Separate work on immunization
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