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Welcome to America's Physician Groups' "Healthcare on the Hill," where you can get the latest on healthcare happenings in our nation's capital--and with a special focus on the value-based care movement.

As our nation--and the world--continues to face the many challenges presented by COVID-19, we are working to ensure you have the very latest information on the virus and our rapidly changing healthcare landscape.

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Short-term Spending Bill to Avert Government Shutdown Passed

On Friday, President Trump signed into law a one-week continuing resolution funding the government until Dec 18, in addition to a defense authorization bill, giving Congress and the White House additional time to negotiate a long-term omnibus bill. The \$1.4 trillion bill could also include another coronavirus relief bill that Congress is also continuing negotiations on as the two parties debate on providing aid to state and local governments to battle the virus and the extent of liability protection from pandemic-related lawsuits that

will be offered to employers. A bipartisan \$908 billion relief package had been agreed upon in Congress, but Senate Majority Leader Mitch McConnell (R-KY) has expressed displeasure with the price tag, the inclusion of aid to state and local governments, and the parameters of liability protection for businesses.

U.S. House of Representatives Comes to Agreement on Surprise Billing Legislation

Last week, House Ways and Means Committee Chair Rep. Richard Neal (D-MA) was able to craft an agreement between all healthcare committees of jurisdiction in the House of Representatives on a piece of [legislation](#) regarding surprise medical billing. The bill would rely on arbitration, without benchmark pay rates, as a healthcare provider friendly way to end the practice of surprise billing while creating an arbitration system for out-of-network surprise medical bills centered around the median in-network payment for services. Patients would be held harmless from surprise medical bills by ensuring that they are only responsible for the in-network payment rates. You can find a FAQ [here](#).

Two arbiters would be required to settle disputes between providers and insurers by taking into consideration median in-network rates, information related to the providers' experience, and the complexity of services. The independent dispute resolution would be binding, payments would be made within 30 days, and there would be no monetary threshold for triggering arbitration. Parties would be allowed to initiate dispute resolutions once each 90 days. Also included in the bill is a ban on air ambulance surprised bills.

While the hope in the House is to pass the bill by the end of the year, Senate Majority Leader Mitch McConnell (R-KY) has expressed disinterest in adding the legislation to the any end of the bills in order to secure passage.

HHS Releases HIPAA Proposed Rule

Last week, the Department of Health and Human Services (HHS) released a proposed rule making changes to HIPAA laws in an effort to promote value-based care, give patients increased involvement in the handling of their healthcare data, and continuing to relax healthcare regulations. The proposed rule would make it easier for HIPAA-covered entities such as providers and health plans to share data and engage in contact tracing for COVID-19 by loosening rules on information disclosure with patients' families and caregivers during emergencies and encouraging greater coordination among health companies.

The rule would modify the current standard that covered entities can only disclose personal health information to avert a threat to patient safety if the threat is "serious and imminent" to apply when harm is "serious and reasonably foreseeable" so that covered entities can more easily share data during emergencies without waiting for HHS to issue a waiver, a move that could help with contact tracing. In order to boost value-based, coordinated care, the rule shifts regulations that only allows for the disclosure of personal health data at the minimum needed for patient care to allowing plans and providers to share health data

more broadly if it's for care coordination and case management. HHS estimates the proposed rule would save \$3.2 billion over five years.

CMS Releases Prior Authorization Proposed Rule

Last week, the Centers for Medicare and Medicaid Services (CMS) released a [proposed rule](#) streamlining the prior authorization process. The rule would require Medicaid, the Children's Health Insurance Program and qualified health plan payers to build application programming interfaces (API) allowing data to be easily shared and exchanged between payers, providers and third-party apps. Medicare Advantage plans would be exempt from the new requirement. The proposed rule also requires payers to send a decision back to providers within 72 hours in some cases and provide a reason for a denial. Payers would be required to make public how many procedures they are approving. CMS estimates the proposal would save between \$1 billion and \$5 billion over the next 10 years.



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