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Welcome to "Washington Update," the weekly e-newsletter on the latest health care happenings in the nation's capital that affect APG's members.

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Election Limbo Could Delay Year-End Work, Committee Assignments

Several days after the election, many congressional races remain too close to call, and control of both the House and Senate is uncertain. As a result, the timetable and scope of any year-end legislative package—one that may or may not include provisions backed by APG, such as extension of the 5 percent Medicare bonus linked to clinician participation in advanced alternative payment models—is also unclear.

Notwithstanding these uncertainties, there's some clarity about who will be either the chair or ranking member of the key House and Senate committees that have jurisdiction over health care. Here's what is shaping up:

- **House Ways and Means Committee**—The current Democratic Chair, **Rep. Richard Neal** (D-MA) and the Health Subcommittee Chair, **Rep. Lloyd Doggett** (D-TX), will remain on the committee, even if Democrats end up in the minority in the House. In that case, Neal will become the ranking member. But Republicans face major changes, in large part due to the pending retirement of current Ranking Member **Kevin Brady** (R-TX). There's now a three-way race for the top Republican slot—the chair's role, if Republicans hold the majority—among **Rep. Vern Buchanan** (R-FL), **Rep. Adrian Smith** (R-NE), and **Rep. Jason Smith** (R-MO). Buchanan is seen as a slight favorite to lead the full committee, while Adrian Smith or **Rep. Mike Kelly** (R-PA) could run the Health Subcommittee.
- **House Energy & Commerce Committee**—Little is expected to change from a leadership perspective. Current chair **Frank Pallone** (D-NJ) and Ranking Member **Cathy McMorris-Rodgers** (R-WA) will remain in the leadership, although they will swap positions if Republicans are in control. On the Health Subcommittee, **Rep. Anna Eshoo** (D-CA) and **Rep. Brett Guthrie** (R-KY) are expected to hold their leadership positions as well.
- **Senate Finance Committee**—Current committee leaders—the chair, **Sen. Ron Wyden** (D-Ore.) and the ranking member, **Sen. Mike Crapo** (R-Idaho)—are expected to keep their positions, but would also switch if Republicans take the Senate.
- **Senate Health, Education, Labor & Pensions (HELP) Committee**—There's still a lot in flux on the committee that has jurisdiction over public health issues. The current chair, **Patty Murray** (D-WA) is expected to leave the committee for the top Democratic spot on the Senate Appropriations Committee. That could elevate **Sen. Bernie Sanders** of Vermont, an Independent who caucuses with Democrats, to the top HELP position. On the Republican side, with the retirement of current Ranking Member **Richard Burr** (R-N.C.), **Sen. Rand Paul** (R-KY.), a physician, or **Sen. Bill Cassidy**, also a physician, could take the top Republican spot.

APG's Washington team will pay close attention to any of these changes, as well as to important shifts in Congressional staff that may affect how we approach our advocacy agenda next year.

CMS Innovation Center Plans New Integrated Care Models

The Center for Medicare and Medicaid Innovation (CMMI), also known as CMS's Innovation Center, is eyeing new ways to improve care coordination among primary care physicians and specialists. The agency previewed its strategy for 2023 and beyond as part of its annual [update](#) of its efforts to drive accountable, accessible, and equitable care in Medicare.

The components of these models are yet to be released, but CMMI said that it wants to focus more on the following:

- Models that link population health to other ideas that have been tried on their own with mixed results—bundled payments and condition-specific approaches. For example, CMS plans to test the potential to establish

financial targets for high-volume, high-cost specialty care within population-based models.

- Models that make use of Medicare data to support primary care practices in making high-value specialty referrals and to enable ACOs to improve coordination and management of episodic care through virtual or “shadow” bundles.
- A new advanced primary care model that builds on the foundation of previous versions.
- Lessons learned include an understanding that primary care practices can transform care delivery under value-based care models, that changes in quality and cost may take longer to detect than the average 5-year Innovation Center model lifespan, and that regional context matters for transformation.
- New models that integrate safety-net providers to improve access for marginalized patients. Safety-net providers account for just 3.9 percent of facilities that participate in Innovation Center models. CMS wants that number to increase to 12 percent by the end of the decade.

Physicians can expect to see more care delivery options in the coming years as the agency continues to test what works—and what doesn’t—when it comes to advancing value-based care. APG will work closely with CMS’ Innovation Center to help shape these new models.

Docs Could See Higher Medicare Payment for Behavioral Health

A so-called discussion draft of potential legislation released earlier this week by the Senate Finance Committee incorporates several measures to boost the integration of primary care and behavioral health. Intended to be part of a broader package on mental health that the panel is assembling, the proposal could alleviate some of the cost and care coordination concerns that primary care doctors have when it comes to treating patients who suffer from mental illness or substance use disorders.

Under one provision, physicians who integrate the two would see higher Medicare payments over a three-year period: a 175 percent increase over expected rates in 2025; 150 percent over expected rates in 2026; and 125 percent over expected rates in 2027. The bill also requires CMS to establish bundled Medicare payments for crisis stabilization services, and to issue guidance to health care providers on best practices for integrating behavioral health care into the primary care setting. Another provision encourages CMMI to include behavioral health integration in new demonstration models or revisions of existing models.

The discussion draft is the latest installment of what has to date been a largely bipartisan effort to craft comprehensive mental health legislation. The effort’s near-term fate is uncertain, as the combined cost of the measures may exceed Congress’s ability in the current legislative session to find offsetting savings or revenues, as required under budgetary procedures. As a result, further action on the overall mental health package could well slip into 2023.

Get Ready for Medicare Policy Changes Coming in January

As *Washington Update* reported last week, CMS has finalized significant new Medicare policies that will go into effect in 2023. These changes affect physician

pay rates, telehealth flexibilities, the Shared Savings Program, the Quality Payment Program, and payment for services provided in hospital outpatient departments.

To learn more, [register](#) for APG's Deep Dive Webinar on Impact of the Medicare 2023 Final Rules. The webinar will take place Monday, November 14th at noon ET. The slide deck and a recording will be available after the fact to everyone who registers.

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