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WASHINGTON UPDATE



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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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House GOP Names Key Subcommittee Chairs, Sets First Hearings

House Republicans continued this week to populate key subcommittees of House panels with oversight over health and health care: The Energy and Commerce Committee's and the Ways and Means Committee's respective health subcommittees. Both panels play a pivotal role in setting the majority's health legislative agenda—and both will now be led by veteran lawmakers well respected by the Republican House leadership.

The high-profile Energy & Commerce Committee's health subcommittee will be led by Rep. Brett Guthrie (R-KY), who last year sponsored legislation to shore up the clinical workforce and has sponsored a bill to end the COVID-19 public health emergency. Guthrie previously served as the subcommittee's ranking member and

has held an Energy & Commerce Committee post for more than a decade. Among his new colleagues on the subcommittee will be Rep. Mariannette Miller-Meeks (R-Iowa), a physician; Rep. Diana Harshbarger (R-TN), a pharmacist; and Rep. Jay Obernolte (R-Calif.)

Meanwhile, Rep. Vern Buchanan (R-Fla.), who ran an unsuccessful bid to chair the full Ways and Means Committee, will now serve as vice chair of that panel and helm its health subcommittee.

These new health subcommittee leaders have begun signaling their priorities in the 118th Congress. Both subcommittee leaders are co-chairs of the House Republicans' [Healthy Future Task Force](#), which last year outlined broad policies around improving overall affordability and patient care, while also focusing on ways to expand the use of telehealth and simplify data exchange. Carrying some of that focus forward, Guthrie [told reporters](#) this week that he plans to focus on price transparency and telehealth; tackling the ongoing fentanyl crisis; preventing potential cybersecurity breaches; and the prohibition of quality-adjusted life years measures used to make coverage and payment determinations.

For his part, [Buchanan said](#) that the Ways and Means health subcommittee will promote policies focused on patient-centered and personalized care. The Floridian—the first from that state to chair the health panel—also said he would focus on preventive care.

MACPAC Offers Recommendations on Race, Ethnicity Data Collection

The Medicaid and CHIP Payment Access Commission (MACPAC) this week offered a set of recommendations on how states and the Department of Health and Human Services (HHS) can better obtain and use patient race and ethnicity information to help narrow health care disparities. The commission will finalize these recommendations in its March 2023 Report to Congress.

Under the current data collection and reporting process, applicants self-report race and ethnicity information during the states' application submission process, with eligibility workers, navigators, and application assistants having the option of explaining to applicants the purpose of the questions. Once this information is provided by the applicant, the information is stored within the state's eligibility system where the state may reformat it prior to storing it in their Medicaid Management Information Systems (MMIS). The state then also submits the race and ethnicity data to the Centers for Medicare & Medicaid Services (CMS) in a pre-approved Transformed Medicaid Statistical Information System (T-MSIS) format. From there, CMS cleans and reformats the data into research ready T-MSIS analytic files.

MACPAC commissioners had earlier identified potential gaps in data collection and reporting as one contributor to persistent care disparities between racial and ethnic populations and white Americans. These gaps, in turn, stem in part from concerns among those applying for Medicaid coverage that data they supply will be used to deny them coverage, or from their own confusion or uncertainty about their racial and ethnic backgrounds. The commission also highlighted other contributors to the data gap, including differences in state and federal data collection mechanisms, including Medicaid Management Information Systems (MMIS) and Transformed Medicaid Statistical Information System (T-MSIS).

Under the MACPAC recommendations, HHS would be asked to update race and ethnicity application questions through evidence-based approaches that would also include information for applicants regarding the purpose of the questions to increase their understanding, and to develop and provide training materials that would be shared broadly with the healthcare workforce so that they may better assist applicants in providing their information. The success of these measures would be judged by improvements in applicant response rates.

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