May 19, 2023

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

Know people who may enjoy receiving it? Forward this email and have them email communications@apg.org to be added to the subscription list. And remember to visit APG's website for more news and resources, or contact a member of APG's Washington, DC, policy and communications team below.

Matt DoBias
Vice President, Congressional Affairs
mdobias@apg.org

Jennifer Podulka
Vice President, Federal Policy
jpodulka@apg.org

Garrett Eberhardt
Executive Director, Medicaid Policy
geberhardt@apg.org

Greg Phillips
Director of Communications
gphillips@apg.org

Table of Contents

Ownership Transparency Bills Advance as Broader Package Emerges in the House

Proposed legislation that would add new reporting requirements for physician practices undergoing ownership changes and require the federal Department of Health and Human Services (HHS) to monitor and report on provider and payer consolidation, advanced in a key House panel this week. The measures reflect growing congressional concern about broad changes in the health care marketplace that could alter competitive dynamics and raise prices for consumers.

As previously reported in *Washington Update*, the House Energy and Commerce Health Subcommittee has been considering a bill to impose mandatory public reporting about mergers, acquisitions, and changes in ownership on any physician

practice with more than 25 physicians. The measure would apply to independent physician groups as well as to those owned by health plans, hospitals, private equity groups, and venture capital firms. The bill moved forward this week as part of a broader legislative package that could be taken up by the full House Energy and Commerce committee as soon as next week.

Separately, the Health Subcommittee also advanced the Providers and Payers COMPETE Act, requiring HHS to report about the impact of Medicare regulations on provider and payer consolidation. The Centers for Medicare & Medicaid Services (CMS) and the Center for Medicare and Medicaid Innovation (CMMI) would both be required to evaluate all Medicare and Medicare Advantage regulations, and CMMI care models, for their potential impact on consolidation.

APG is monitoring all this proposed legislation and consulting with congressional staff to shape the measure requiring reporting about ownership changes by physician groups. Some APG members have expressed fears that the measure could fuel attempts to block ownership transfers, including acquisitions of primary care practices. Comparable legislation is also likely to be taken up soon by the Senate Finance Committee. *Please contact Matt DoBias, Vice President of Congressional Affairs, as soon as possible at mdobias@apg.org to share your advocacy positions.*

CMS Releases Updated Medicaid Unwinding Guidance Outlining Providers' Ability to Assist Patient Renewals

State Medicaid and CHIP agencies can share beneficiaries' information with their providers to help them complete the Medicaid renewal process, the Centers for Medicare & Medicaid Services (CMS) said in updated guidance released this week. Providers will simply have to meet existing standards of confidentiality when handling this information. The clarification is part of updated guidance that also reminds States that, in order to claim federal matching Medicaid dollars, they must contact beneficiaries in multiple ways (e.g., email, telephone, mail) before terminating enrollment on the basis of returned mail.

Debt Limit Talks Continue Amid Medicaid Work Requirement Standoff

As a projected default date of June 1 approaches, negotiations between the Biden Administration and Congressional Republicans continued this week, with hints of convergence in some areas even as broad differences remain. One item of disagreement is a GOP proposal for federal work requirements in Medicaid, which would require Medicaid enrollees to log a total of at least 80 hours per month on some combination of work, community service, or work program.

House Speaker Kevin McCarthy (R-CA) has insisted that any legislative compromise to lift the debt limit must include work requirements for Medicaid and other safety-net programs, such as food stamps.

President Biden has sent mixed signals on the issue, having supported comparable requirements as a Democratic Senator from Delaware in the 1990s. However, in more recent comments to news media, he said he would not accept provisions in any compromise over lifting the debt limit that would disrupt access to health care coverage. The Congressional Budget Office estimates that 600,000 Medicaid recipients could become uninsured if work requirements were implemented.

###