



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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Bipartisan Bills To Extend Fiscal 2024 Funding Slowly Take Shape Amid Ongoing Battles In House

With just days left to avoid a partial government shutdown, the seemingly inevitable – a bipartisan plan to extend fiscal 2024 spending until mid-December – may at last be taking shape. If so, the situation bodes well for at least temporary extensions of key health care priorities, such as Medicare's current broad coverage of telehealth.

In the House, Speaker Mike Johnson (R-LA) this week bowed to reality as his fractured caucus again rejected his plan for a six-month continuing resolution (CR). He signaled that he will now submit a CR that would end in mid-December which could be voted on early next week. The new measure will be “clean” – i.e., stripped of the [SAVE Act](#), a measure reviled by Democrats that would require people to provide documentary proof of citizenship when registering to vote in federal elections. But as negotiations continue over other provisions, such as changes to current-year spending and emergency aid for natural disasters, the fate of even a revamped House version of the CR seems uncertain at best.

Facing choices: Meanwhile, in the Senate, Majority Leader Chuck Schumer (D-NY) – anticipating that the House effort is likely to fail – is assembling a rival CR ending in mid-December, tailored to passing that chamber next week with bipartisan support. If it does, and the current House effort collapses, House Republicans will then be forced to choose between endorsing a Senate measure that many fear could deepen the budget deficit, or a partial shutdown that could cost them votes in the November elections.

Longtime budget-watchers are still betting that Johnson will eventually be forced to negotiate with Schumer on a plan that can pass both chambers and avoid a shutdown. If so, that development will set the stage for a post-election “lame-duck” session, when even bigger decisions must be made on spending for fiscal 2025.



House Moves Forward With Provisions On Telehealth And Chronic Disease Care

Both the full House and a key House committee advanced bills this week to make permanent Medicare’s coverage of telehealth and expand coverage for treating common chronic diseases within certain employer-provided health plans.

In a [markup](#) of multiple different bills, the House Energy and Commerce Committee sent to the House floor [legislation](#) that would make permanent the broad Medicare coverage of telehealth adopted during the COVID-19 pandemic. If the measure passes the full House, that could help pave the way for final votes in Congress to make telehealth flexibilities permanent in a lame duck session – provided that both chambers can agree on sizable budget “offsets” to cover the costs. The Congressional Budget Office has been [analyzing](#) these costs but has yet to produce its final estimates.

Lowering care costs: Separately, the full House passed a bipartisan [bill](#) advanced by the Ways & Means committee that would allow employers offering high-deductible health insurance to their employees to include pre-deductible coverage for treatment of common chronic illnesses. Among services covered could be blood pressure monitors, glucometers for patients with diabetes, and statins and testing for patients with heart conditions. The measure is aimed at lowering costs for workers and their families.

The bill has now moved to the Senate and referred to the Finance Committee, where its fate is unknown.



In Case You Missed It

- **Nearly 55 percent** of Medicare beneficiaries – some 33.8 million older adults and people with disabilities – are now **enrolled in Medicare Advantage plans**, a new [report](#) from the Better Medicare Alliance (BMA) says. The report notes that 30 percent of MA enrollees are Black, Latino, or Asian, compared to 18 percent in traditional Medicare.
- Joining an industry trend, **Humana plans to increase automated prior authorization** approvals, President and CEO Jim Rechtin said at a BMA conference this week. The company has previously indicated its support of proposed [legislation](#) that among other measures would establish a standardized electronic prior authorization process for Medicare Advantage plans.
- APG's President and CEO Susan Dentzer addressed the need for more ["delegated"](#) arrangements between health plans and medical groups at conferences this week of both [BMA](#) and the [Health Plan Alliance](#), arguing that the evidence shows that such arrangements yield superior outcomes for patients.



APG Announcements And Offerings

- [REGISTRATION IS OPEN!](#) - **APG's Fall Conference 2024 - Health Care Strong: Embracing Change and Thriving in Uncertain Times** - will be held **November 11 – 13 in Washington, DC**. Don't miss our superb lineup of speakers and unparalleled networking opportunities. Early Bird savings end on 9/30, so register today!
- The next APG Hosted Webinar, **"Intersecting Clinical Documentation Improvement (CDI) and Technology to Positively Impact Risk Adjustment and Patient Outcomes"** will take place on **Thursday, October 3, 2:00-3:00 pm ET**. The webinar will be presented by Episource. For more information, including the learning objectives and speakers, [click here](#). Please register [here](#).
- Want to get more involved in APG's Federal advocacy efforts? [Join APG Advocates today](#).

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