

We hope you are enjoying your week and looking forward to the upcoming Independence Day holiday. First and foremost, we want to note recent activity in the 340B space and keep you informed of ACH's efforts. On June 10, we held a call with internal and external stakeholders about our position on the 340B ACCESS Act. For those who missed the call, we [posted a blog summarizing our message](#) (which was also covered extensively last week in the [340B Report](#).) ACH also released a [white paper on our proposed legislation, 340C](#), which we encourage members to share with their members of Congress.

The 340B fight and reauthorization of the CHC Fund will likely come to fruition in the lame-duck period at the end of the year. In light of the importance of the upcoming elections and the continued need for bipartisan support of health centers, we will be rolling out an advocacy plan for **Health Center Grassroots Week of Action (August 4-10)** with member call-in days, and other tools to remind our officials of the vital role health centers play in serving the health of the constituents and communities they represent.

## The Latest News from DC

The House is in session this week, while the Senate is in recess. Both houses of Congress are out of session next week in observance of the July 4<sup>th</sup> holiday. With the election 131 days away, little time remains for the House and Senate to enact meaningful legislative reform before members of Congress head to their states and districts to campaign. While the annual appropriations (funding) process is underway, we anticipate that election-year politics will ultimately require another stopgap funding bill in October to keep the government open. Other substantive issues, including increased health center funding, 340B reform, telehealth expansion, PBM reform, reporting and transparency requirements, etc. will likely be delayed until the lame-duck session (and more likely into the new Congress). ACH, however, will continue our advocacy work in DC on behalf of health centers, elevating our message through media on and off the Hill, and creating tools and resources for district-level outreach and advocacy.

## Updates on ACH Priorities and Legislation

### CHC Invest

- **CHC Fund Reauthorization:** On March 4th, as part of a continuing resolution to fund parts of the government through the end of the year, Congress reauthorized the Community Health Center Fund with a 10% increase through December 31, 2024 with broad bipartisan support. The National Health Service Corps (NHSC) and Teaching Health Center Graduate Medical Education Program (THCGME) also received funding increases through the end of the year. [ACH commends Congressional leaders for coming together to pass this crucial legislation](#) but continues to advocate for long-term, increased, and sustainable funding. We anticipate the next opportunity to reauthorize the Community Health Center Fund at a higher level and for a longer period will be after the November elections.
- **FY 2025 Appropriations Update:** Today, the House Labor, Health and Human Services, and Education Appropriations Subcommittee (LHHS) released its FY25 legislation, which will be marked

up in the subcommittee tomorrow. The Health Center Program received flat funding at \$1.858 billion, the same as it received in FY24 and FY23. The bill also cuts and eliminates several other programs and line items. However, this is just the start of negotiations on funding that are likely to be completed with a package at the end of the year, and the Senate LHHS Subcommittee has yet to release its own version of the legislation. [Find the Republican summary of the bill here](#). [Find the Democratic summary of the bill here](#). Also, on May 23rd, the [House Appropriations Committee convened](#) to consider its first fiscal year (FY) 2025 bills. During the session, [House appropriators passed sub-allocations for each spending bill by a party-line vote, which included nearly 6% in cuts to nondefense spending for FY 2025](#). The House suballocation for the Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) bill would represent a nearly \$10 billion cut below FY 2024 enacted levels. On May 16th, House Appropriations Committee Chair Tom Cole (R-OK) released the [FY 2025 markup schedule](#) for all 12 appropriations bills. The Labor-HHS spending bill is set to be considered by the subcommittee on June 27th and by the full committee on July 10th.

### **340B/C**

- **340C:** ACH released a [white paper on our proposed 340C opt-in legislation](#) and preserving the 340B program for health centers. ACH continues to advocate for our 340C proposal, holding ongoing conversations with members, staff, and external stakeholders. Last year, ACH sent a [stakeholder letter](#) to the leadership of the Senate HELP and House Energy and Commerce Committees outlining the challenges health centers face in the 340B program and recommending [340C as a solution](#). The letter includes signatures from 104 national, state, and local organizations representing 25 states and DC and Puerto Rico.
- **ASAP 340B (ACCESS Act):** Reps. Larry Buschon (R-IN), Buddy Carter (R-GA), and Diana Harshbarger (R-TN) introduced the ASAP 340B legislation, [“340B Affording Care for Communities and Ensuring a Strong Safety-Net Act \(340B ACCESS Act\)”](#) last month. ACH released a statement following the introduction, stating, “While ACH strongly supports Congressional efforts to address ongoing issues within the 340B program, we are unable to support the 340B ACCESS Act in its current form.” ([Read the full statement here](#).) In the following days, ACH has been quoted in several news and industry outlets joining those vocalizing opposition to the legislation in its current form, including [340B Report](#), [Roll Call](#), [CBS News](#), and [U.S. News & World Report](#).
- Subsequently, the House Energy and Commerce Subcommittee on Oversight and Investigation held a hearing on June 4, 2024, entitled [“Oversight of 340B Drug Pricing Program.”](#) The hearing witnesses included Sue Veer from Carolina Health Centers, Anthony DiGiorgio, D.O. from UCSF Health, Matthew Perry from Genesis Healthcare System, and Bill Smith from Pioneer Institute. [ACH submitted testimony to the record](#) highlighting the importance of preserving the 340B program for health centers and our positions on related legislation.

ACH will continue to advocate urgently for policies to address the actions chipping away at the 340B program. More information can be found [here](#).

## **Value-Based Care**

- During the May ACH VBC Working Group call, the group met with Lauren McDevitt, the Making Care Primary Model Lead for CMMI, and had the opportunity to provide feedback about the model. The group also discussed VBC risks and opportunities for health centers to consider before entering a VBC contract, including information in the [VBC playbook](#) released last month by America's Health Insurance Plans (AHIP), the American Medical Association (AMA), and the National Association of Accountable Care Organizations (NAACOS).
- In late May, ACH members met with CMMI leadership to discuss CHC barriers to VBC participation, particularly in ACO arrangements and the lack of savings shared with health centers. While the Working Group will continue to weigh in on policy changes in the Administration and the Hill, there is a desire to do more shared learning and bring in external experts throughout 2024.
- **ACO Primary Care Flex Model:** CMS released the [RFA for the ACO PC Flex Model](#). Organizations interested in participating must have first applied — either as new ACOs or renewing ACOs — to the Shared Savings Program by June 17. Applicant ACOs must submit a supplemental ACO PC Flex application questionnaire by August 1, 2024. CMS plans to announce applicants selected to participate in October 2024. CMS held a recent webinar on the process, and a memo is forthcoming.
- **Oncology Care Model:** CMS announced a [Request For Applications \(RFA\) for a second cohort of participants in the Enhancing Oncology Model \(EOM\)](#) that will begin on July 1, 2025. EOM is a voluntary payment model intended to transform care for cancer patients and aims to improve care coordination, quality, and health outcomes for patients while also holding oncology practices accountable for total costs of care to make cancer care more affordable, equitable, and accessible for patients and Medicare. CMS also made notable changes to the model, including extending the model by two years, making a higher monthly payment for enhanced services, and raising the threshold for the point at which participants must pay CMS back for costs related to their patient care. The application portal for interested applicants will be open from July 1, 2024, to September 16, 2024.
- **Behavioral Health:** On June 17, CMS announced the release of the [NOFO](#) cooperative agreement application for the state-based Innovation in Behavioral Health (IBH) Model. The [IBH Model](#) is focused on improving the behavioral and physical health outcomes and quality of care for people with Medicaid and Medicare who experience moderate to severe behavioral health conditions. Applications from state Medicaid agencies (SMAs) are due September 9. Please [register here](#) for an upcoming July 11 NOFO webinar.

## **Health Equity**

- ACH continues to promote Rep. Yvette Clarke (D-NY)'s [Health Center Community Transformation Hub Act](#), HR 1072, on the Hill. ACH has reached out to Republican House Energy and Commerce Committee members to encourage bipartisan co-sponsorship and build support behind the bill. Following ACH's Hill Day, we secured a handful of new co-sponsors and will continue working with Rep. Clarke's office to advance the bill.
- ACH continues developing relationships with members of the Tri-Caucus (Congressional Black Caucus, Congressional Hispanic Caucus, and Asian-Pacific American Caucus) to elevate our shared

goals of improving health equity and workforce diversity. This month, ACH attended the Congressional Black Caucus Foundation's [Health Equity Summit](#), and we look forward to participating in the [2024 CBCF Annual Legislative Conference](#) this fall.

- In May, ACH joined the National Association of Rural Health Centers in a [joint Letter to Energy & Commerce Leadership in strong support of the Telehealth Modernization Act \(H.R. 7623\)](#), which fixes an existing COVID-era special payment rule and creates payment parity for FQHCs and RHCs that provide health care via telehealth.
- Last month, ACH joined the [National Health Law Program and 103 additional stakeholders](#) supporting the development of a universal symbol for language assistance services responding to the Office of Minority Health's Request for Information regarding the Development of a Universal Symbol for Language Assistance Services in Health Settings.
- Finally, ACH is working with the co-chairs of the Congressional Caucuses on Maternal Health and Rural Health Care to develop a congressional briefing on access to maternal health care, the important role health centers play, and the fiscal and policy challenges they face in July. [Reps. Robin Kelly (D-IL) and Young Kim (R-CA) co-chair the maternal health caucus, while Reps. Dana Harshbarger (R-TN) and Jill Takoda (D-HI) co-chair the rural health caucus]. This briefing complements a recent [CMS Maternal Health Infographic](#) that provides a snapshot of demographics, health outcomes, risk factors, access and utilization, and disparities among Medicaid beneficiaries and the release of the HHS Task Force on Maternal Mental Health's [National Strategy to Improve Maternal Mental Health Care \(HHS/SAMHSA\)](#).

## **FQHC Workforce**

- **Labor and Delivery Units:** On June 17, Senator Ron Wyden (D-OR) announced [draft legislation](#), the [Keeping Obstetrics Local Act](#), (summary found [here](#)), aimed at helping hospitals in rural and underserved communities provide obstetrics services in the face of a trend of closures due to financial distress through Medicaid funds. The bill aims to also address workforce shortages and low rates of maternity care reimbursement. ACH is working with Wyden's team to include FQHCs into the bill.
- Rep. Raul Ruiz (D-CA) officially agreed to be the lead sponsor of the *Developing the Community Health Workforce Act*. Pending a handful of district events and locking down a Republican cosponsor, we anticipate this bill being introduced in the coming months. ***Thank you to those on the Workforce Working Group who have contributed extremely valuable feedback!***
- ACH continues to recommend at least \$950 million in FY25 for the National Health Service Corps (NHSC), which was also included in the Primary Care and Health Workforce proposal ([Section 103 National Health Service Corps](#)). We also support the *Restoring America's Health Care Workforce and Readiness Act*, S. 862, a three-year reauthorization introduced by Senators Dick Durbin (D-IL) and Marco Rubio (R-FL) for the NHSC that would double the mandatory funding from \$310 million to \$625 million in FY24 and increase to \$825 million in FY26. For the Teaching Health Centers Program, ACH recommends an investment of at least \$300 million for FY25.
- **Medicare Graduate Medical Education:** On [May 24](#), the Senate Finance Committee Chair Ron Wyden (D-OR), along with seven bipartisan members of the Finance Committee, released a [policy outline](#) describing improvements to the Medicare Graduate Medical Education (GME) program to address physician workforce shortages across the country, primarily related to primary care and

psychiatry, and to improve the distribution of physicians to rural and underserved communities. The outline includes proposals to expand and enhance the distribution of Medicare-supported GME residency training positions to rural areas and specialties in shortage, help rural hospitals with the infrastructure needed to support residency training programs and improve federal data collection to make sure that federal GME dollars are using these programs to train in specialties and geographic areas facing a physician shortage.

## **Emergency Preparedness**

- ACH continues to work with Rep. Nanette Barragan (D-CA) on the *Emergency Preparedness for Underserved Populations Act* to create a fund that will help health centers prepare for pandemics, natural disasters, and other emergencies and is working to identify a Republican lead co-sponsor.
- The Emergency Preparedness Working Group met in May to discuss future policy priorities, including climate change and flexible spending for patients to buy air conditioners. The group acknowledged that CHCs are the first to respond to emergencies and are good at doing so; efforts must be made to ensure they are paid accordingly. As a reminder, ACH has endorsed the Health Care Practitioner Disaster Protection Act, [HR 5829](#), which extends sponsorship and liability coverage to health practitioners who provide voluntary health care services during declared emergencies through a health center other than the one initially sponsored by them.
  - The group reviewed [HRSA's Emergency Information Kit: Key Resources for Health Centers](#).
  - **Save the Date!** HRSA will host the first annual emergency management process webinar on [June 25](#). The agency will cover communications, grant-related actions, CMS' emergency preparedness rule, and resources
  - The working group reviewed the latest HHS tool that provides local information on health outcomes associated with current heat levels. The [Heat and Health Index \(HHI\)](#) provides ZIP code-level information. It combines historic temperature data and Emergency Medical Services (EMS) data on heat-related emergency responses from the past three years with information on communities like demographic and environmental characteristics to generate a heat and health index rating.
- **Workforce Emergency Preparedness Readiness:** The [National Nurse-Led Care Consortium \(NNCC\)](#) recently shared a collaborative learning project designed to enhance workforce readiness among health center staff so that they can respond to various hazards effectively. The series will guide participants through the recently released All Hazards Emergency Preparedness and Response Competencies for Health Center Staff, a comprehensive framework developed with input from the Primary Care Association Emergency Management Advisory Committee (PCA-EMAC) and health center staff nationwide. Each session has been approved for 1.0 NCPD contact hours. [All resources, templates, slides, and CE credit information are available on the website.](#)

## **Other News from Across the Federal Government**

### **The White House**



- **Combating Drug Misinformation:** The White House budget office is reviewing a draft FDA guidance on how the industry can address misinformation about drugs and medical devices. [FDA sent the draft guidance to the White House Office of Management and Budget \(OMB\) on May 21](#), signaling the agency will offer companies more guidance on what to do if false information spreads about their products in an era of mounting distrust in health science. The OMB submission also references proposed information collection activities to be undertaken by FDA.
- **Medical Debt:** The Vice President and the Consumer Financial Protection Bureau (CFPB) have [proposed](#) removing medical debt from credit reports, making it easier for millions of Americans to buy a new home or finance a car. The CFPB proposal also blocks new medical debt from appearing on credit reports and raises credit scores by around 20 points. Under the rule, credit reporting agencies can no longer use patients' medical devices as collateral or repossess them. The proposal also works with provisions in the American Rescue Plan, a pandemic-era law that allows local governments to partly cancel debt for their constituents.
- **Funding for Behavioral Health Needs:** The Administration and SAMHSA have announced another [\\$31.4 million in notices of funding opportunities](#) aimed at improving behavioral health for racial and ethnic minorities and other underserved populations, providing training and technical assistance to programs serving these populations, and integrating primary and behavioral health care. The funding addresses mental health, substance use disorder, and the disproportionate impact of HIV on racial and ethnic minorities. Please see the funding opportunities in the linked press release for more information or the [ACH Members Only Portal](#).

### **Health Resources and Services Administration**

- **New Access Point Grants:** [HRSA announced that applications to establish New Access Points \(NAPs\)](#) to expand access to high-quality primary health care, including mental and SUD services, for underserved communities and populations are now open. Applications are due by August 15, 2024. *\*Please note awards will only be available if Congress appropriates additional funds for the Health Center Program in FY (2025).*
- **Maternal Health:** HRSA [announced](#) a combined investment of \$15 million over four years through the Rural Maternity and Obstetrics Management Strategies ([Rural MOMS](#)) Program to improve maternal health in rural communities and a new program focused on strengthening maternal care and reducing disparities in the Delta region (within Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee). The Rural MOMS Program awardees will each receive start-up funding of almost \$4 million over 4 years to test new approaches to support, enhance, and expand access to maternal care, including obstetric care, in rural communities. The Rural MOMS Program focuses on a network model approach to coordinate care across rural hospitals, medical centers, community health centers, and rural health clinics. ***Our congratulations go out to ACH member Mariposa Community Health Center in AZ!***
- **Rural Health Residencies:** HRSA [awarded](#) more than \$11 million to 15 organizations to establish new residency programs in rural communities. Recipients will each receive up to \$750,000 over three years to establish new rural residency programs. They will use this funding to support accreditation costs, curriculum development, faculty recruitment and retention, resident recruitment activities, and consultation services for program development.

- **UDS Manual:** The [2024 UDS manual](#) is now available. Reporting requirements include the approved UDS changes for the calendar year. The 2024 Program Assistance Letter ([PAL](#)) provides an overview of major changes.

### **National Institutes of Health**

- **Equitable Medicine Access:** NIH has [issued a first-ever policy proposal to use its licensing process to achieve equitable and affordable access to drugs, vaccines, devices, and treatments developed from NIH-owned inventions](#). The move comes as Senate Health Committee Chair Bernie Sanders (I-VT) and drug price control groups push to expand HHS' best-price provisions in Project NextGen pharmaceutical contracts to NIH-developed drugs. However, the price control groups describe the newly unveiled NIH proposal as “narrow,” as it would only apply to NIH-owned inventions, not NIH-funded ones.

### **Administration for Community Living**

- **National Plan on Aging:** ACL and HHS released “[Aging in the United States: A Strategic Framework for a National Plan on Aging](#).” The report lays the groundwork for a coordinated effort – across the private and public sectors and in partnership with older adults, family caregivers, the aging services network, and other stakeholders – to create a national set of recommendations for advancing healthy aging and age-friendly communities that value and truly include older adults. This Interagency Coordinating Committee (ICC) on Health Aging and Age-Friendly Communities was supported by first-ever appropriations in FY 2023. The ICC officially opened up a public period for comments on the Strategic Framework for a National Plan on Aging. [Comments](#) are due September 15, 2024.

### **Centers for Disease Control and Prevention**

- **Flu Surveillance in States:** The CDC asked local and state health officials to [maintain flu surveillance operations at peak-season levels over the summer](#) to remain watchful for any signs of human-to-human spread of the H5N1 bird flu virus.

### **Centers for Medicaid and Medicare Services**

- **Medicaid Unwinding:** [KFF Tracker](#) reports that as of June 14, states with available data have reported over 23 million people have been disenrolled from Medicaid, and 50.8 million have had their coverage renewed. Of those disenrolled, 69% were terminated for procedural reasons. Of those with renewed coverage, 60% retained Medicaid coverage through ex-parte processes compared to 40% retaining coverage through renewal forms. Net Medicaid enrollment declines range from 35.3% in Utah to 0.3% in North Carolina since the start of the unwinding period in each state.
- **Change Healthcare Repercussions:** CMS is [ending](#) its accelerated and advanced payment program for providers impacted by the massive Change Healthcare attack on July 12. The agency will stop new applications for the program, which so far has offered more than \$3 billion in payments to thousands of providers and suppliers.
- **Medicare DSH Calculations:** [The Supreme Court will revisit how CMS calculates Medicare DSH payments, per their June 10 order](#). The case centers on HHS counting SSI recipients in DSH

calculations. Stakeholders argue this practice contradicts a 2022 Supreme Court ruling ([Becerra V. Empire Health Foundation](#)), costing hospitals billions and may result in loss of access to other federal programs. In the 2022 case, the Supreme Court ruled that HHS can exclude patients who have exhausted their Medicare Part A benefits from hospitals' DSH payments. The key issue was the distinction between beneficiaries entitled to Medicare benefits and those eligible for them. But hospitals say HHS is not following the standard determined in the 2022 case.

- **Health Spending Record:** National health spending is expected to reach \$7.7 trillion by 2032, making up roughly 20 percent of the U.S. economy, according to estimates released by the Centers for Medicare and Medicaid Services. That's up from 17.6 percent of the economy in 2023, or \$4.8 trillion, and 17.2 percent in 2022. National health spending grew 7.5 percent in 2023, according to the study from CMS' Office of the Actuary. Health spending from 2023 to 2032 is projected to grow 5.6 percent a year on average, outpacing the overall economic growth rate estimate of 4.3 percent. The report also captures the Inflation Reduction Act's anticipated effects on Medicare drug spending. The annual growth in what patients themselves spend on drugs will be roughly halved to 3.7% in 2025-26 as provisions like an out-of-pocket cap and drug price negotiations kick in. But the out-of-pocket cap is also expected to drive up Medicare spending as more drug costs are shifted onto the government. However, actuaries project that spending will be pushed down by manufacturer discounts for low-income patients starting in 2025, as well as drug price negotiations and the linking of price increases to inflation.

## Congress

- **New Health Caucus:** Bipartisan members are launching the [Congressional Preventive Health and Wellness Caucus](#). The group, led by Reps. Vern Buchanan (R-FL), chair of the House Ways and Means Health Subcommittee, and Gwen Moore (D-WI), aims to tackle the obesity epidemic, focusing on prevention, research, food as medicine, exercise, and health disparities. The caucus will also address the impact of obesity on military readiness. Additionally, the group intends to calculate the costs of obesity to the nation, hold fact-finding hearings on the topic, and introduce legislation that would support treating, preventing, and researching obesity.

## House

### Energy and Commerce Committee

- **Spread Pricing Ban:** The House Energy & Commerce Committee laid plans to use a policy banning spread pricing by pharmacy benefit managers in Medicaid to pay for legislation that would facilitate children's access to out-of-state Medicaid services, according to a revised version of the Accelerating Kids Access to Care Act. The PBM addition largely mirrors the spread pricing ban included in Section 202 of the bipartisan, House-passed Lower Cost, More Transparency Act, which limits compensation to ingredient costs and fair market administrative fees, as well as Section 5 of the Modernizing and Ensuring PBM Accountability Act. While the Congressional Budget Office has not scored the Accelerating Kids Access to Care Act, a source familiar with the effort told [Inside Health Policy](#) that a version introduced in an earlier session would be in the \$4 billion range, but supporters were working to lower the costs. The source also noted the amended bill was tweaked to make it clear that a state



must approve any services before they're provided, a move that likely reduced the costs.

- **CMMI Hearing:** On June 13, Elizabeth Fowler, deputy administrator and director of CMMI, played defense against House Energy and Commerce Committee Republicans, who criticized the organization for its \$5.4 billion increase in government spending and largely unsuccessful payment models. The [hearing](#) centered on CMS' transition to value-based care, a payment model for Medicare that focuses on improved health benefits to guide costs — something CMMI has been trying to implement. Fowler pushed back against GOP accusations that CMMI's operations are too expensive, arguing that CMS heeds providers' advice and reducing spending is CMMI's "statutory mission."
- **E&C Markup:** On June 12, House Energy and Commerce Committee Chair Cathy McMorris Rodgers (R-WA) and Ranking Member Frank Pallone (D-NJ) convened a [markup](#) of 13 bipartisan bills to enhance patient health nationwide. All 13 bills were unanimously advanced out of committee to the full House. Proposals included legislation to strengthen Medicaid, organ donor protections, provider education, and expanding access to telehealth for mental health care.

## **Budget Committee**

- **Medicare Solvency:** On June 13th, the House Budget Committee [held](#) a hearing on Medicare and Social Security's solvency and impact on the federal budget. Rep. Arrington, among other Republican and Democrat members, noted the importance of working together to improve both programs' financial solvency and stability, as they are widely used by over 60 million older adults daily. The hearing included an overview of the 2024 CMS and SSA data, the need for bipartisan collaboration, persevering the Medicare program, shifting demographic/cultural factors, the Inflation Reduction Act, and Medicare funding warnings.

## **Senate**

### **Finance Committee**

- **Addiction Prevention:** The committee convened a hearing entitled "[Front Lines of the Fentanyl Crisis: Supporting Communities and Combating Addiction through Prevention and Treatment.](#)" The hearing explored ways to address the fentanyl crisis in prevention and treatment, paying particular attention to adolescent use and recovery for incarcerated individuals.
- **Payment Reform:** Senators Wyden (D-OR) and Crapo (R-ID), with the Senate Committee on Finance, highlighted bipartisan options to strengthen primary care for seniors and people with disabilities in their white paper, [Bolstering Chronic Care through Physician Payment: Current Challenges and Policy Options for Medicare Part B.](#) *The Senators also issued an [RFI within the white paper.](#) See ACH's response [here.](#)*

### **Health, Education, Labor, and Pensions (HELP) Committee**

- **Abortion Bans:** On June 4, the Committee held a hearing entitled "[The Assault on Women's Freedoms: How Abortion Bans Have Created a Health Care Nightmare Across America,](#)" examining the consequences of the Supreme Court overturning *Roe v. Wade*.
- **Health-Related Reauthorizations:** [On May 23, 2024, the Senate HELP Committee approved six bills to reauthorize health care programs,](#) including the BOLD Infrastructure for Alzheimer's Act and Dr.

Lorna Breen Health Care Provider Protection Act. The vote comes two months after the House Energy & Commerce Committee passed several bills, including proposals reauthorizing the same six programs the senators approved this week. Lawmakers have not mentioned any differences between the Senate and House versions of the reauthorizations.

## **Legislation of Interest**

- **Agricultural Committee Hearing:** The House Agricultural Committee held a markup on the [Farm, Food, and National Security Act of 2024](#). The session focused on the bill's impact on SNAP funding, support for farmers, and rural economic stability, highlighting partisan divisions over the legislation's provisions and overall approach. (View the [2024 Farm Bill Title-by-Title Summary](#))
- **SCREEN for Type 1 Diabetes Act:** U.S. Senators Susan Collins (R-ME) and Jeanne Shaheen (D-NH), Co-Chairs of the Senate Diabetes Caucus, announced new bicameral, bipartisan legislation, the Strengthening Collective Resources for Encouraging Education Needed ([SCREEN](#)) for Type 1 [Diabetes Act](#), to improve early detection and screening for Type 1 diabetes. A companion bill is being led in the House of Representatives by Congresswoman Kim Schrier (D-WA) and Congressman John Joyce (R-PA).
- **Pay PCPs:** Senators Whitehouse (D-RI) and Cassidy (R-LA) introduced the [Pay PCPs Act of 2024 \(S.4338\)](#) to improve seniors' access to comprehensive primary care. This proposed legislation widely offers hybrid payment, waves some patient cost-sharing, and proposes new sources to inform CMS valuation decisions. ***The Senators also put out an [RFI](#), with comments due July 15. ACH will respond accordingly.***

## **In Case You Missed It**

- **June Reports:**
  - [MedPAC](#) Report to Congress
  - [MACPAC](#) Report to Congress
- **Health Affairs:** [“The Role of Payers in Achieving Environmentally Sustainable and Climate Resilient Health Care”](#)
- **CMS & DOJ:** [“Returning to the Community: Health Care after Incarceration. A Guide for Health Care Reentry”](#)
- **URAC Accreditation Program:** The Utilization Review Accreditation Commission (URAC), an independent quality and safety nonprofit, will accredit organizations that employ or contract with community health workers in an attempt to standardize their roles across the industry. The accreditation program, unveiled on June 12th, will be available to any entity with a community health worker program, including health systems, state and local governments, public health departments, insurers, and community-based groups. Around 58,500 community health workers were employed as of May 2023, and this number is expected to grow 14% by 2032, according to data from the U.S. Bureau of Labor Statistics.
- **Calls for Site-Neutral Hearing:** A coalition of nearly 50 organizations, including advocates,

businesses, unions, providers, and other health care stakeholders, like Families USA and Third Way, is urging the Senate Finance Committee to hold a hearing on the high-cost of health care in America and specifically discuss enacting site-neutral payments for drug administration services and requiring off-campus hospital outpatient departments (HOPDs) to use separate billing identifiers to prevent overcharging--policies from the House's landmark health care transparency package that passed last December but has yet to be taken up by the Senate. They also advocate for making permanent the enhanced Advanced Premium Tax Credits, which were extended by the Inflation Reduction Act through December 2025, to help families afford insurance premiums.

- **First AI Law:** [Colorado Gov. Jared Polis has signed the first sweeping state law to regulate artificial intelligence use in the private sector, including health care.](#) The new law offers what could be a national model for AI regulation, as lawmakers in Congress are still in the early stages of AI policymaking. The legislation would bolster consumer protections when key decisions are made via AI related to health care and add requirements for developers and deployers to address algorithmic bias based on reproductive health, genetic information, and other data.
- **Minnesota Medicaid Ban:** [Minnesota will no longer allow for-profit health insurers to participate in its Medicaid program starting in 2025 under a provision in an omnibus bill signed into law.](#) The ban will only immediately affect UnitedHealthcare, the sole for-profit managed care organization with a Medicaid contract in the state. The legislation restricts Medicaid contracts to nonprofit entities, restoring Minnesota's four-decade-long ban that was briefly overturned in 2017 by the state's then-Republican legislature. Before the 2017 repeal, Minnesota was the only U.S. state that banned for-profit companies from selling health insurance. Now, once again, "the commissioner must not enter into a contract with a health maintenance organization."

### Upcoming Events of Interest

- **June 27:** [Today With Macrae](#), 3:15 - 4:30, *Virtual*
- **August 4-10:** National Health Center Week
- **September 9-11:** National Academy for State Health Policy: [NASHP Annual Conference](#), *Nashville, TN*
- **December 2-4:** [Third Annual Social Determinants of Health Policy Forum](#), *Washington, DC*

Please let us know if you have any questions and have a great rest of your week!

Sincerely,

### **Your ACH Policy & Government Affairs Team**

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