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## ACH Biweekly Update - April 22, 2024

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Dear ACH Members:

Happy Monday! With lots happening on the Hill and off, let's get to it.

Please save the date for our next **Emerging Issues Webinar**, which will be held on Wednesday, June 5th. The focus will be on the role of FQHCs in providing maternal health care in rural areas. [Register here](#). Recordings of previous Emerging Issues Webinars can be found in the [ACH Members-Only Portal](#).

Please also see attached calendar invites for the next **ACH Members-Only Virtual Office Hours** sessions, which give members an opportunity to speak with ACH staff in an informal setting about anything you'd like more information on. The next three office hours are from 12-1pm ET on April 24, May 29, and June 26.

We are also happy to share that ACH is considering hosting an additional member convening in Fall 2025, in addition to our Annual Member Meeting at the beginning of the year. We will be sure to keep you posted as we finalize our plans for next year's programming. Please do not hesitate to reach out with feedback or questions!

Please keep reading for additional updates on our activities in Washington and other relevant policy news.

### [The Latest News from DC](#)

As the world experiences a period of global instability, leaders on Capitol Hill are focusing on the United States' response. There is a ground war on Europe's doorstep with no sign of abating. The Middle East is in a moment of high tension (made more so by the escalating conflict between Iran and Israel). Meanwhile, Congress – which has many complex and serious issues it should address – struggles to perform the most basic of tasks. [On Saturday, the House finally passed legislation to provide funding to Israel, Ukraine, and Taiwan](#) despite opposition to Ukraine funding from far-right lawmakers, and the Senate will take up the bills this week. The aid package has damaged support in the GOP for Speaker Johnson, [and now three members have joined a motion to vacate the Speaker](#). The 118th Congress has been one for the books, brimming with tension among members, seeing [historic levels of retirements and resignations](#), and [is on track to be one of the least productive in US history](#). Whether or not Speaker Johnson maintains his role will have a major impact on what legislation comes together during the lame-duck period.

There were two key committee moves last week that are important to community health centers, highlighted by [Tom Cole \(R-OK\) being voted chair of the House Appropriations Committee](#), taking over for Rep. Kay Granger (R-TX), who resigned her post. Cole was most recently vice chair of the panel and previously chaired its Labor-HHS-Education Subcommittee. Cole's move is likely a boon to backers of boosting NIH funding, as he has long supported the agency's mission, with close family members having had Alzheimer's and multiple sclerosis. He is also a known supporter of the community health center program. [Meanwhile, Rep. Troy Balderson \(R-OH\) will shift over to the Energy & Commerce \(E&C\) health subcommittee](#). This move brings a digital health advocate onto the panel as lawmakers grapple with whether to extend telehealth waivers permanently and how HHS should regulate digital therapeutics and artificial intelligence. Balderson is the co-chair of a recently formed bipartisan [Congressional Digital Health Caucus](#).

### [ICYMI](#)

- [Produce Prescriptions Sound Good, but Data to Support Them Is Lacking—That Could Soon Change](#), JAMA
- [Community Health Centers Report The Impact of Medicaid Unwinding a Year Later](#), NACHC and GWU
- [A New Path Forward: A Progress Report on the Implementation of the Equity Commission's Recommendations](#) (including progress to advance equity for farmers, farmworkers, and their families), USDA
- [Recent Trends in Community Health Center Patients, Services, and Financing](#) | KFF

### [Updates on ACH Priorities and Legislation](#)

#### [CHC Invest](#)

**GAO Report and ACH Response:** Recently, the Government Accountability Office released a report: [“Health Centers: Revenue, Grant Funding, and Methods for Meeting Certain Access-to-Care Requirements.”](#) On April 8, Senate HELP Committee Ranking Member Bill Cassidy, M.D. (R-LA) and House Energy and Commerce Committee Chairwoman Cathy McMorris Rodgers (R-WA)

[released a statement](#) that highlighted the report's finding of a significant revenue increase during the FY2018 to 2022 time period, without noting important context about that funding.

In response, Advocates for Community Health [released its own statement](#) welcoming GAO's data and analysis, noting that the rate of increase was slower than the preceding five years, with a more volatile funding mix than that of other primary care providers, and highlighting the impact of the COVID-19 pandemic and related policies on health centers during this time. The statement went on to say, "Despite revenue increases in FY 2018-2022, health centers today are severely under-resourced due a myriad of current financial challenges; they cannot continue to do more with less. We look forward to working with Congressional leaders on both sides of the aisle to ensure health centers can receive the investment needed to serve the nation's most vulnerable people and communities." [You can find ACH's statement here.](#)

**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.

On March 11th, [President Biden released his FY2025 budget proposal](#), which included increased funding for the Health Center Program (Section 330), THCGME, NHSC, and Medicare mental health benefits (additional information is detailed below). In particular, the budget included "a plan to create a pathway to **double the federal investment in the community health center program** to ensure that it can reach over 37 million people in need of and struggling to access primary care." HHS released further details in its [FY2025 Budget in Brief](#), and [ACH provided a detailed breakdown of the proposals of interest to ACH members](#). As a reminder, the President's Budget is nonbinding and serves as a statement of President Biden's priorities and values.

#### **340B/C:**

**Administrative Dispute Resolution:** On Thursday, HRSA finalized the [340B Drug Pricing Program: Administrative Dispute Resolution Regulation](#) rule with new requirements and procedures to make the ADR process more accessible and efficient for stakeholders. For example, HRSA finalized their proposal to have OPA staff serve on 340B ADR Panels given their specialized knowledge and expertise of the 340B Program. The Secretary will provide a roster of such eligible individuals. The Final Rule is effective on June 18, 2024, and HRSA will provide additional information, including a webinar, in the coming weeks on filing a claim.

ACH's SVP for Policy and Government Affairs, Stephanie Krenrich, [was quoted in the 340B Report about this new rule](#) on Friday. "The new rule makes the process more accessible to smaller and less-resourced organizations, who often rely on 340B savings the most and need timely, fair resolution of disputes," Krenrich said. "While we welcome improvements in the process to resolve issues that arise, we still believe that a whole-scale reform of the program is needed to put a stop to manufacturers overcharging health centers and placing unlawful restrictions on contract pharmacies." Krenrich reiterated a call for Congress to enact the group's proposal to create a new 340C drug pricing program that gives health centers, federal grantees, and rural hospitals more protection than the existing 340B program in exchange for more accountability.

**ASAP 340B:** As we discussed in our last update, we have been hearing that the [ASAP 340B](#) legislation could be introduced at any time. The legislative text has still not yet been made public or available, but we will continue to monitor the bill's progress and keep you posted.

**340B Gang of 6 Discussion Draft:** In February, the [Senate's bipartisan 340B working group released a legislative discussion draft](#) designed to reform the 340B program. This is the first viable federal full-scale reform effort for the 340B program that we have seen in years, and ACH is encouraged by this progress that could benefit community health centers. In response, [ACH issued a statement](#) applauding the group's efforts and [submitted comments to the Senate 340B Working Group's discussion draft Request for Information](#) this week.

**340B PATIENTS Act:** On March 12<sup>th</sup>, Rep. Doris Matsui (D-CA) introduced the [340B Pharmaceutical Access To Invest in Essential, Needed Treatments & Support Act of 2024 \(340B PATIENTS Act, H.R. 7635\)](#). **ACH has endorsed this legislation.** This act would codify covered entities' ability to use contract pharmacy arrangements to dispense covered outpatient drugs. [The legislation](#) supported by the AAMC, the American Hospital Association, 340B Health, and others would impose civil monetary penalties on pharmaceutical manufacturers found to violate these statutory protections.

**340C:** ACH continues to advocate on behalf of 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.

ACH will continue to advocate urgently for policies to address the actions that are chipping away at the 340B program. In the coming weeks, we will develop a comprehensive 340B/C white paper detailing the importance of the program, and the impact 340B

has on health centers. More information can be found [here](#).

### **Value-Based Care:**

**April 25 VBC Webinar- all invited!** On April 25, Canton & Company will host a [Rural-Focused Value Based Care Webinar](#), at 12 PM (EST) for the ACH VBC Learning Collaborative. Don McDaniel, the CEO and founder of Canton & Company, will host an open discussion regarding CHCs and their unique needs for underserved populations, including rural communities. Slides will be available after the webinar.

**Transforming Episode Accountability Model (TEAM) Model:** This new proposed, episode-based, [mandatory model](#) would select acute care hospitals in certain geographic areas to coordinate care for people with Traditional Medicare who undergo one of the surgical procedures included in the model (initiate an episode) and assume responsibility for the cost and quality of care from surgery through the first 30 days after the Medicare beneficiary leaves the hospital. The model would begin on January 1, 2026 and run for five years. All model policies would be finalized through rulemaking (as seen in the latest [IPPS proposed rule](#)). TEAM was designed based on lessons learned from previous episode-based payment models and from input from stakeholders in response to a Request For Information published in 2023. Please see the [fact sheet](#) and [FAQs](#) for more information.

**VBC Playbook:** America's Health Insurance Plans (AHIP), the American Medical Association (AMA), and the National Association of Accountable Care Organizations (NAACOS) have undertaken a significant collaboration to engage their members in helping identify and refine voluntary best practices to advance a sustainable future for VBC. While this playbook recognizes there is no single recommendation for the best VBC payment arrangement, it identifies several voluntary best practices sourced from the direct experience of physicians, VBC entities, and health plans focused on alleviating pain points where possible to deliver better health and smarter spending for patients and communities.

During the May ACH VBC Working Group call, the group will provide feedback about the ACH VBC webinar on rural health, VBC best practices, and discuss the new AHIP-AMA-NAACOS playbook.

### **Health Equity:**

ACH recently participated in a meeting of the [Data Equity Coalition](#) to discuss [OMB's finalized updates](#) to the federal standards for collecting race and ethnicity data (Statistical Policy Directive No. 15). The final update included many recommendations from the coalition, including adding a new category (Middle East and North Africa, MENA), combining race and ethnicity into one question, and more detailed measures to gather information on smaller populations. A more detailed summary of these changes can be found [here](#). The coalition plans to continue advocating for even more changes to the program, including mandatory participation among all payors, providers, and agencies. As a reminder, [ACH submitted comments](#) on OMB's initial proposals in April 2023.

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 members of the House Energy and Commerce Committee 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.

The 2024 **CMS Health Equity Conference** on May 29 - 30 has reached in-person capacity, but you can [register to attend virtually](#). This year's theme is "Sustaining Health Equity Through Action" and will align with the priority areas of the [CMS Framework for Health Equity 2022-2032](#).

ICYM!! Our very own Molly Grady and Kristen Constantine [presented](#) at the Walt Whitman High School's **Leadership Academy for Social Justice Fair** on April 13 in Bethesda, MD. They discussed ACH's and our members' work to advance health equity, health workforce opportunities, and the importance of healthcare coverage. ACH is sending the Academy more information about ACH, health centers, and loan repayment programs.

### **FQHC Workforce:**

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 are excited to announce that we anticipate this bill being introduced in the coming months!

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.

## **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 working group met recently to discuss the current landscape of the Pandemic and All-Hazards Preparedness Act (PAHPA), spending packages, and emergency preparedness resources. Feedback is due for the working group's 2024 policy agenda to see if there are any additional priorities to add for 2025.

**Pandemic Plan:** [The Biden administration laid out the United States' position on some of the most contentious issues being negotiated at the World Health Organization \(WHO\) as part of a global pandemic agreement.](#) The statement from HHS and the State Department came a day after negotiators from all 194 WHO member countries decided to extend the talks for an additional two-week round, to start on April 29, as they failed to agree on any of the main issues being discussed. The U.S. didn't promise any new funding for pandemic prevention and preparedness, noting that it wants existing funding mechanisms to be better aligned for that purpose.

**Climate and Health Outlook:** HHS has released the latest [Climate and Health Outlook](#), an effort to inform health professionals and the public about the intersection of health equity, environmental justice, and emergency preparedness related to forecasted climate-related events. This edition provides forecasts for heat, flooding, drought, and wildfire in April 2024 and how to protect yourself and others' health from these climate hazards. This edition also provides information and stories on well water considerations in times of drought and flooding, plus a look at how climate change influences pollen.

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

### **The White House**

**Health Privacy Rule:** The Biden administration plans to release a final rule this week that expands existing health privacy law to shield abortion patients. [A draft version released last year would expand the protections of the decades-old HIPAA, to protect people who seek, obtain or provide abortions.](#) The rule, if finalized as proposed, would prevent providers and insurers from turning over information to state officials investigating or prosecuting someone seeking or providing a legal abortion. If agency regulations aren't finalized in the coming weeks, a Trump administration and Republican-led Congress could repeal them using the Congressional Review Act.

**ACP Funding:** [Biden administration officials are blaming congressional Republicans for stalling necessary funding for the Affordable Connectivity Program \(ACP\), an integral broadband program for telehealth patients in marginalized communities.](#) The administration disclosed enrollment data broken down into congressional districts, which shows that millions of constituents from both parties will soon be notified that the program is ending unless Congress acts.

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

**Care Transition for the Incarcerated:** Aligned with the [White House Second Chance Initiative](#), HHS announced the availability of [\\$51 million for the first-ever funding opportunity for HRSA-funded health centers to implement innovative approaches to support transitions in care for people leaving incarceration.](#) Additionally, HRSA's updated policy makes clear that health centers can provide health services to incarcerated individuals who are expected to be or are scheduled for release from a carceral setting within 90 days to help ensure continuity of care as people move home to the community. Applications are due in Grants.gov on June 10, 2024. More information is found [here](#), which includes information for an applicant technical assistance webinar being held April 24.

HRSA Administrator Carole Johnson stated that they will take public comments through June 14, but grant applications for health centers to implement the policy will be available immediately. ACH plans to submit a comment letter.

**UDS 2024:** The final [2024 Uniform Data System \(UDS\) Program Assistance Letter \(PAL\) \(PDF\)](#) is now available. The PAL details changes to updates to UDS clinical quality measures to align with current eCQMs and reporting the number of health center patients screened for family planning needs, including contraceptive methods. For more information, [register](#) for their webinar being held June 5 at 2 PM ET.

### **USDA**

**WIC Final Rule:** [USDA's Food and Nutrition Service \(FNS\) finalized updates to the proposed rule revising the Special Supplemental Nutrition Program for Women, Infants and Children \(WIC\) food packages published in November 2022.](#) It revises regulations to align the WIC food packages with the current Dietary Guidelines for Americans and to reflect recommendations from the National Academies of Science, Engineering, and Medicine while promoting nutrition security and equity and considering program administration. Changes include limiting juice, providing more vegetables, and including canned beans, canned fish, and quinoa.

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

**Medicaid Unwinding:** According to the [KFF Tracker](#), as of April 18, for states with available data, about 20.3 million people have been disenrolled from Medicaid, and 43.6 million have had their coverage renewed. Of those who have been enrolled, 69% were terminated for procedural reasons. Of those who had coverage renewed, 59% retained Medicaid coverage through ex-parte processes compared to 41% retaining coverage through renewal forms. Among states reporting age data, children account for almost 4 in 10 disenrollments across 14 states.

**Medicare Advantage (MA) Rates:** [Medicare Advantage \(MA\) payments will increase by 3.7 percent in 2025, or over \\$16 billion, from 2024 to 2025](#), a blow to insurers that argue the new rates are insufficient given rising medical costs. CMS proposed the same 3.7% bump in January. The notice implements changes to the Part C risk adjustment model finalized in the CY 2024 final rule. The changes will be phased in over a three-year period. CMS also finalized technical updates to the Part C and D star ratings and will implement changes to the standard Part D drug benefit required by the Inflation Reduction Act of 2022. This includes capping annual out-of-pocket costs for people with Medicare Part D at \$2,000 in 2025.

**MA Marketing Rule:** The Biden administration finalized several changes to neutralize the aggressive marketing of privately run Medicare Advantage (MA) plans, addressing a growing complaint from Capitol Hill. [CMS released a final rule that caps agent and broker compensation, nixing a loophole it says incentivizes aggressive tactics](#). The new rule, which includes policy changes for 2025, aims to build on “efforts to strengthen consumer protections so that people with Medicare can more easily choose the Medicare coverage options that are right for them,” CMS Administrator Chiquita Brooks-LaSure said in a statement.

**\$3.2B Pay Increase for Hospitals:** The Biden administration proposed a \$3.2 billion increase to inpatient hospital payments for fiscal 2025 that begins Oct. 1 and more funding to reduce drug shortages. [CMS released the proposed Inpatient Prospective Payment System rule \(IPPS\) that lays out new payment policies for the federal budget year](#). The agency proposed a 2.6% hike to inpatient hospital payments, slightly below the 3.1% boost finalized for the current fiscal year. The American Hospital Association said last year’s pay bump did not accurately reflect hospitals’ higher costs to deliver patient care. CMS also projected that payments to safety net hospitals in fiscal 2025 would increase by approximately \$560 million compared to the prior year.

**MedPAC & Telehealth:** [Research from Medicare Payment Advisory Commission \(MedPAC\) analysts painted a positive picture of eased pandemic telehealth rules in a panel meeting, saying the measure didn’t impede in-person care](#). Analysts found that telehealth usage fell substantially between 2020 and 2022 in traditional Medicare, federally qualified health centers, and rural health clinics. However, 90% of patients in a 2023 focus group of dozens were satisfied with virtual care, and 35 percent said they’d like telehealth to remain an option.

**Medicaid School-Based Services Technical Assistance Center FAQs:** On April 5, CMS released the first set of Medicaid School-Based Services (SBS) Technical Assistance Center (TAC) [FAQs](#), which are comprised of the most commonly asked questions the TAC receives from state Medicaid agencies, local education agencies (LEAs), and school-based entities as they work to provide greater assistance to children enrolled in Medicaid. The TAC assists state Medicaid agencies, LEAs, and school-based entities as they operationalize school-based services. The FAQs is one of several resources that the TAC supplies to support school-based services. Schools provide a venue to enhance early identification of health needs and connect students to a broad range of health care services, including behavioral health resources. Additional information on Medicaid SBS can be found [here](#)

**CMS 2024 Quality Conference:** On April 8-10, CMS hosted the [2024 Quality Conference](#), attracting more than 5,000 health care leaders from across the country to explore how best to develop and share solutions to address America’s most pervasive health system challenges. A robust [agenda](#) and slate of presenters reflected the conference theme “Resilient and Ready Together: Creating an Optimal Environment for Quality Healthcare for Individuals, Families, and Communities.” Attendees, both in-person and virtual, heard from CMS Administrator Chiquita Brooks-LaSure and other leaders on the agency’s ongoing efforts to improve quality, equity, and innovation throughout the health care sector. In conjunction with the conference, CMS released an update on its [National Quality Strategy](#) and an update summarizing accomplishments of the CMS [Behavioral Health Cross-Cutting Initiative](#).

**Climate Change in Health Care Industry:** On April 10, CMS proposed the [Decarbonization and Resilience Initiative](#), a voluntary element of the proposed [Transforming Episode Accountability Model \(TEAM\)](#), to assist selected hospitals by collecting, monitoring, assessing and addressing the threats of climate change. The health care industry is a significant source of harmful greenhouse gasses, some of which come from building energy emissions, vehicles used for transportation, and anesthetic gas used in surgeries that escapes into the atmosphere. This initiative is the first time HHS proposes to collect data on health care greenhouse gas emissions and its effects on health outcomes, costs, and quality.

**Fact Sheet for Potential Medicare Coverage of PrEP Using Antiviral Drugs:** On April 15, CMS issued a [fact sheet](#) in preparation for a potential National Coverage Determination (NCD) for Preexposure Prophylaxis (PrEP) using antiretroviral drugs to prevent HIV infection. CMS is not announcing any coverage changes at this time. However, CMS is sharing this information before issuing an NCD to avoid any possible disruptions for people with Medicare and encourage pharmacies and other interested parties to review Medicare enrollment instructions and other important information.

## CDC

**Public Health Data:** CDC is renewing its focus on collecting real-time electronic public health data to catch potential threats sooner. [Director Mandy Cohen laid out the plan at the Kaiser Permanente Health Action Summit in Washington](#). She said the agency will focus on reporting from emergency rooms, critical access hospitals, and labs over the next two years. The agency is focused on making “practical changes” to how it collects data nationwide, with the goal of increasing the percentage of emergency rooms providing real-time reporting from 78% to 95% this year.

## NIH

**Primary Care Clinical Research:** [NIH Council of Councils, which advises the director, voted unanimously to pilot a clinical research network in primary care settings.](#) “We are very worried about the overall health of the United States’ population,” said NIH Director Monica Bertagnoli, citing “deaths of despair” from drug overdoses, alcohol, suicide and obesity. The plan includes piloting a cross-NIH research network in a small number of primary care sites for two years, with a goal of engaging underserved communities, such as minority groups, older adults, children and rural Americans. A three-year implementation phase would follow. While the agency anticipates \$5 million in funding for the program in fiscal year 2024 and \$25 million in fiscal year 2025, Bertagnoli acknowledged the larger reality of NIH’s tight budget

### **Congress:**

**NIH Funding for Long COVID:** Chair of the Senate HELP Committee, Bernie Sanders (I-VT) released a [draft proposal](#) to provide \$1 billion in mandatory funding per year for ten years to the National Institutes of Health (NIH) to respond to the Long COVID crisis. The bill would also create a centralized coordinating entity for the majority of Long COVID research activities at NIH and require NIH to establish a Long COVID database for the storage and dissemination of de-identified patient data.

### **Senate Finance Committee:**

**Chronic Care Hearing:** On April 11, the Senate Finance Committee held [“Bolstering Chronic Care through Medicare Physician Payment.”](#) The hearing focused on updating traditional Medicare for the next generation by focusing on managing and treating chronic illness and on payment methods for physicians and other clinicians. Committee members and witnesses sought to address the challenges of fragmented care coordination, outdated payment models, and primary care underinvestment to modernize Medicare and better serve the needs of seniors managing chronic illnesses. Committee Ranking Member Mike Crapo (R-ID) pushed for financial incentives and structural enhancements rooted in clinical expertise to drive meaningful reforms. Witnesses emphasized the pivotal role of primary care in fostering long-term relationships with patients, leading to enhanced management of chronic diseases and improved health outcomes. [Senator Sheldon Whitehouse \(D-RI\) referenced his recently released discussion draft of legislation introducing hybrid payment models for primary care and establishing a physician payment expert panel to streamline payment structures.](#) Witnesses anticipated that this proposed hybrid payment model could stabilize payments and facilitate investments in chronic disease care, ultimately improving patient outcomes. Senator Whitehouse also advocated for mandating insurance companies to demonstrate true medical justification before applying prior authorizations to providers, with oversight from the CMS. He stated this requirement would primarily apply to providers participating in APMs emphasizing incentives and value-based practices.

**Substance Use Disorder Hearing:** The Senate Finance Committee’s Subcommittee on Health Care hosted a roundtable on April 9<sup>th</sup> titled [“Closing Gaps in the Care Continuum: Opportunities to Improve Substance Use Disorder Care in the Federal Health Programs.”](#) The conversation was an informal discussion among senators and witnesses regarding strategies for enhancing access to treatment through legislative and regulatory reforms at the federal level. Several witnesses spoke of the difficulty of providing treatment to patients on Medicaid due to the financial and regulatory burdens. Multiple witnesses highlighted how the reimbursement rate is significantly lower for Medicaid patients at only \$200 on average compared to over \$1000 on average for private insurance. Also noted as a major problem is the regulatory and administrative burden of prior authorizations, which many providers say disrupts the continuity of treatment, leading to delays that provide an increased risk of relapse and overdose for patients acutely at risk. Several witnesses spoke of the need to expand the ability of clinicians to prescribe methadone and allow access beyond clinics. Both Senators and witnesses noted that the rules on dosage for medication used to prevent overdose must be revisited due to fentanyl increasingly being present in drugs across the country.

### **Senate HELP Committee:**

**Food is Medicine:** HELP and their subcommittee on primary health and retirement security has postponed a [hearing](#), “Feeding a Healthier America: Current Efforts and Potential Opportunities for Food is Medicine.” The hearing was scheduled to take place on April 17 and has not yet been rescheduled. Nevertheless, please see our submitted Statement for the Record [here](#).

### **House Energy and Commerce Committee:**

**Telehealth Hearing:** The House Energy and Commerce Committee’s Subcommittee on Health held a hearing on April 10<sup>th</sup> titled [“Legislative Proposals to Support Patient Access to Telehealth Services”.](#) Members supported permanently extending the Medicare telehealth flexibility waivers expiring at the end of 2024. Many suggested passing [H.R.7623 – The Telehealth Modernization Act of 2024](#) to extend those flexibilities. Members emphasized that telehealth supports rural and underserved communities and can help overcome workforce shortages in the healthcare industry. They also stressed that telehealth is especially important for mental healthcare. Members advocated various ways to improve and ensure the quality of telehealth services, including addressing difficulties in providing coverage across state lines and supporting audio-only modalities. They sought ways to avoid overuse, overspending, and fraud in Medicare reimbursements. Members stressed that telehealth should not replace in-person care and examined when each practice might be preferred. Democrats emphasized providing equitable access to care in telehealth.

**Cybersecurity:** On Tuesday, the House Energy and Commerce Committee’s Subcommittee on Health held a hearing titled, [“Examining Health Sector Cybersecurity in the Wake of the Change Healthcare Attack,”](#) in response to the February 2024 cyberattack on Change Healthcare. The members discussed cybersecurity standards and called for investigations into healthcare mergers and acquisitions. Health Subcommittee Ranking Member Anna Eshoo (D-CA) raised concerns about the adequacy of the federal budget allocated for cybersecurity within the health care sector. Witness Greg Garcia, the Executive Director of the [Healthcare and Public Health Sector Coordinating Council Cybersecurity Working Group](#), emphasized that cyber safety is patient safety. One of his recommendations included investing in a cyber safety net for the nation’s underserved providers, built on accountability and incentives.

**Oversight:** On Tuesday, the Oversight and Investigations Subcommittee held a hearing entitled “[Examining How Improper Payments Cost Taxpayers Billions and Weaken Medicare and Medicaid](#).” The hearing focused on potential solutions to reduce improper payments and increase transparency in the Medicare and Medicaid programs, particularly around Medicare Advantage. GAO submitted its report, “[Medicare and Medicaid: Additional Actions Needed to Enhance Program Integrity and Save Billions](#)” as written testimony for the hearing. The report found a combined total of more than \$100 billion in improper CMS payments in FY 2023, representing 43% of the government-wide total of estimated improper payments that agencies reported for that year.

### Legislation of Interest:

**Health Workforce:** Sen. Tim Kaine (D-VA) introduced the [Welcome Back to the Health Care Workforce Act](#) on April 9, which would create a grant program administered by HRSA to help internationally educated health care professionals overcome common barriers to entering the health care workforce in the U.S.

**Health Education:** Last week, Sen. Tim Kaine (D-VA) introduced the [Primary Care Team Education Centers Act](#), which expands on the existing Teaching Health Centers program to support the education and clinical training of new primary care professionals.

### Letters of Interest:

**Medicaid Changes:** [Eight governors have sent a letter to President Joe Biden urging his Administration to reconsider its plans to change the approaches states may use to fund the non-federal share of Medicaid payments and increase oversight of how provider taxes are used.](#) The governors argue that the change will result in a costly administrative burden and could reduce Medicaid funding by \$48 billion each year for states relying on provider taxes.

### In the States:

**Mississippi Study to Test Food is Medicine Pilot Program.** [Researchers will evaluate a food prescription program launched in the rural Mississippi Delta region.](#) The pilot, slated to run for one year, focuses on regional farmers who can supply fresh fruit and vegetables to patients with diabetes via the Delta Health Center. Dubbed Delta GREENS (Growing a Resilient, Enriching, Equitable, Nourishing food System), the program is designed to address food insecurity and assess the impact of integrating food into healthcare programs. Results from the program may help inform future reimbursement policies for similar food as medicine programs offered by public healthcare programs such as Medicaid.

**CMS Approves Mobile Crisis Service for Maryland Medicaid Program:** On April 15, CMS approved a [state plan amendment](#) (SPA) for mobile crisis services in Maryland. Authorized under President Biden’s American Rescue Plan, states have a new option for supporting community-based mobile crisis intervention services for individuals with Medicaid. Mobile crisis intervention services are essential tools to meet people in crisis where they are, and rapidly provide critical services to people experiencing mental health or substance use crises, by connecting them to a behavioral health specialist 24 hours per day, 365 days a year. This option helps states integrate these services into their Medicaid programs, a critical component in establishing a sustainable public health-focused support network. This is the 18<sup>th</sup> mobile crisis SPA approved.

### Upcoming Events of Interest:

- **April 24: ACH Members-Only Office Hours**, 12:00 - 1:00 (EST), Virtual
- **April 24: Transitions in Care for Justice-Involved Populations - Applicant Technical Assistance Webinar**, HRSA, 11:00am-12:00pm ET, Virtual.
- **April 25: ACH Value Based Care Webinar: Rural Health Focus**, 12 PM (EST), Virtual
- **April 30: CMS Quarterly National Stakeholder Call**, 1:00 PM – 2:00 PM (ET), Virtual.
- **May 29-31: The Healthcare Innovation Congress**, thInC360, Washington, DC
- **May 29: ACH Members-Only Office Hours** 12:00 - 1:00 (EST), Virtual
- **June 5: ACH Emerging Issues Webinar: FQHCs and Maternal Health; Save the Date** - additional details TBA
- **June 26: ACH Members-Only Office Hours** 12:00 - 1:00 (EST), Virtual
- **September 9-11: National Academy for State Health Policy: NASHP Annual Conference**, Nashville, TN

### Other ACH Member Resources:

- On ACH’s [Members-Only Portal](#) (enter password: **ACHMember**), you will find:
  - [Government grant opportunities](#)
  - [Event recordings](#) and resources
  - [Newsletter archives and policy updates](#),
  - [2024 Policy Agenda](#)
  - [Grassroots Advocacy Resources](#)

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

Best,

Stephanie

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*My work day may look different than your work day. Please do not feel obligated to respond out of your normal working hours.*

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**4 adjuntos**



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 **May ACH Member-Only Office Hours.ics**  
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 **June ACH Member-Only Office Hours.ics**  
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