



Health Policy Briefing

August 10, 2015

Senate Adjourns for August Recess

McConnell Adamant about Avoiding Government Shutdown

The Senate has adjourned for a five week-recess and will not return until September 8, at which point Congress will continue work to pass a funding bill in order to avoid a government shutdown. Senate Majority Leader Mitch McConnell (R-Ky.) has said that he will not allow a government shutdown to occur, and has acknowledged that he is open to negotiating with Democrats in order to avoid a shutdown when budget authority expires at the end of September. Prior to this announcement, the majority leader had refused to agree to any bipartisan budget talks. Democrats have pledged to block all spending bills until budget negotiations take place. The White House and Democrats in Congress want to increase the budget caps put in place by sequestration, and have demanded a \$125 billion two-year sequester deal, or a \$75 billion one-year deal – with caps raised equally between defense and non-defense spending. It is likely that Congress will pass a short term continuing resolution to keep the government open through the end of 2015. While funding the government and preventing a shutdown will be the priority when Congress returns from August recess, the debt ceiling will also have to be lifted later this year. The U.S. is coming close to reaching the \$18.1 trillion debt ceiling set by Congress in February of 2014. Although the deadline for lifting the limit is unclear, Treasury Secretary Jack Lew has warned that it could occur as early as the end of October. After the conclusion of the August recess, the House will have 45 legislative days before the end of the calendar year, and the Senate will have 60.

CDC Announces Funding to Help States Address Infectious Disease

The Centers for Disease Control and Prevention (CDC) have announced \$110 million in awards to states and communities to strengthen capacities to track and respond to infectious diseases. This increase in funding will

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be dedicated to vaccine-preventable disease surveillance, foodborne disease prevention, advanced molecular detection, fighting Lyme and other tick-borne diseases, and responding to potential outbreaks of the mosquito-borne chikungunya virus. The funds will help support outbreak response, public health laboratories, and health information systems. These awards represent an increase of \$13 million over 2014 funding levels.

Energy and Commerce Release Report on Flaws of HHS Information Security

House Energy and Commerce Committee Chairman Fred Upton (R-Mich.) and Oversight and Investigations Subcommittee Chairman Tim Murphy (R-Pa.) have released a report titled “**Information Security and the Department of Health and Human Services**,” detailing the problems within the U.S. Department of Health and Human Services’ (HHS) information security practices. The report finds that these flaws have left the Department vulnerable to cyber attacks. The authors blame the current state of information security at HHS as a result of too much emphasis placed on operations rather than security. The report concludes that “the separation of management of information technology from the management of information security concerns would remove information security from the information technology ‘silo’ and would facilitate the inclusion of expertise across HHS in information security decisions,” and goes on to provide a number of additional recommendations for moving forward.

Bipartisan Bill on Prescription Drug Abuse Introduced in the Senate

Before adjourning for August recess, Sen. Pat Toomey (R-Pa.), Sen. Sherrod Brown (D-Ohio), Sen. Rob Portman (R-Ohio), and Sen. Tim Kaine (D-Va.) introduced S. 1913, the **Stopping Medication Abuse and Protecting Seniors Act**. The legislation is aimed at reducing prescription drug abuse and improving care for those at risk of abuse. S. 1913 would identify patients with histories of abuse in Medicare Part D and Medicare Advantage, and then lock them in to one prescriber and one pharmacy in order to reduce doctor and pharmacy shopping. The bill would also encourage insurers, Part D plan sponsors, and prescribers to better assist patients seeking substance abuse treatment. The sponsors estimate that S. 1913 would save between \$79 million and \$115 million in Medicare program prescription payments over the next decade.

Medicare and Medicaid News

President Signs Observation Status Bill into Law

Last week, President Obama signed into law the **Notice of Observation and Treatment and Implication for Care Eligibility (NOTICE) Act** (H.R. 836). The law will require hospitals to give each individual who receives observation services as an outpatient for more than 24 hours an adequate oral and written notification within 36 hours which explains the reasons for the individual’s status and the implications of the status. The law is aimed at improving patients’ understanding of their subsequent coverage eligibility for services furnished by a skilled nursing facility.

Health Legislation Recently Introduced

S. 1915 (EMERGENCY RESPONSE), to direct the Secretary of Homeland Security to make anthrax vaccines and antimicrobials available to emergency response providers, and for other purposes; AYOTTE; to the Committee on Homeland Security and Governmental Affairs; August 3

S. 1916 (SKILLED NURSING), to include skilled nursing facilities as a type of health care provider under section 254(h) of the Communications Act of 1934; THUNE; to the Committee on Commerce, Science, and Transportation; August 3

H.R. 3441 (PRENATAL SCREENING), to amend the Public Health Service Act to establish education programs for patients and health care providers regarding cell-free DNA prenatal screening, and for other purposes; HERRERA BEUTLER; to the Committee on Energy and Commerce; August 4

S. 1919 (PPACA), to amend the Patient Protection and Affordable Care Act to protect rights of conscience with regard to requirements for coverage of specific items and services, to amend the Public Health Service Act to prohibit certain abortion-related discrimination in governmental activities, and for other purposes; LANKFORD; to the Committee on Health, Education, Labor, and Pensions; August 4

S. 1921 (IMMUNIZATION), to amend title XIX of the Social Security Act to encourage States to adopt administrative procedures with respect to nonmedical exemptions for State immunization requirements; MURPHY; to the Committee on Finance; August 4

S. 1926 (MAMMOGRAPHY), to ensure access to screening mammography services; MIKULSKI; to the Committee on Finance; August 4

S.1961 (TERRITORIES), to amend titles XVIII and XIX of the Social Security Act to make improvements to the treatment of the United States territories under the Medicare and Medicaid programs, and for other purposes; SCHUMER; to the Committee on Finance; August 5

S. 1989 (PRIMARY CARE), to improve access to primary care services; CASSIDY; to the Committee on Finance; August 5

S. 2000 (VA), to amend title 38, United States Code, to allow the Secretary of Veterans Affairs to enter into certain agreements with non-Department of Veterans Affairs health care providers if the Secretary is not feasibly able to provide health care in facilities of the Department or through contracts or sharing agreements, and for other purposes; HOEVEN; to the Committee on Veterans' Affairs; August 5

S. RES. 242 (NIH), celebrating 25 years of success from the Office of Research on Women's Health at the National Institutes of Health; to the Committee on Health, Education, Labor, and Pensions; August 5