



Health Policy Briefing

October 3, 2022

Congress Passes Stopgap Spending Bill, Takes Final Votes Before Midterm Elections

President Joe Biden signed a stopgap spending bill ([H.R. 6833](#)) on Friday, averting a government shutdown hours before the end of fiscal year 2022. The continuing resolution (CR) extends federal government funding until December 16 and reauthorizes medical product user fees at the Food and Drug Administration for five years. It includes \$12 billion in new assistance to Ukraine, \$2 billion for U.S. disaster relief, \$2.5 billion for New Mexico wildfires, and \$1 billion in home heating assistance. It also includes language to allow the Federal Emergency Management Agency to access \$35 billion in disaster relief funds to quickly aid victims of Hurricane Ian. The CR was passed by the Senate on Thursday in a 75-25 vote and by the House of Representatives on Friday in an 230-201 vote. Republicans who voted in opposition to the bill reportedly favored a CR that extended government funding into next year to give the GOP a better chance to enact its policy priorities should Republicans win back the House majority this November. Last week's votes were the last either chamber of Congress plans to conduct before the midterm elections. Congressional appropriators are expected to restart negotiations on top-line spending levels ahead of consideration of an omnibus package. A number of measures are already being floated by lawmakers for inclusion in the year-end spending bill, including the **PREVENT Pandemics Act** ([S. 3799](#)), revisions to the FDA's accelerated approval process, measures to increase clinical trial diversity, an overhaul of diagnostics, dietary supplement, and cosmetics regulations, a bipartisan mental health initiative, extension of insulin affordability requirements to the commercial market, funding for long-COVID research, and a Medicare payment fix to avert impending cuts to provider reimbursement.

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House Passes Mobile Health Clinic, Mental Health Bills

The House of Representatives passed the *Improving Trauma Systems and Emergency Care Act* ([H.R. 8163](#)) and the *Maximizing Outcomes through Better Investments in Lifesaving Equipment for (MOBILE) Health Care Act* ([S. 958](#)) last week. H.R. 8163 reauthorizes trauma care programs for five years and improves coordination during declared emergencies. The *MOBILE Health Care Act* would allow community health centers to use federal funding to establish mobile health care delivery sites in rural and underserved communities. The House also passed the *Mental Health Matters Act* ([H.R. 7780](#)) last week. The legislation would increase the number of elementary and secondary school-based mental health professionals and would allow education systems to connect with local trauma informed support and mental health systems. It would also provide the Department of Labor with more resources and greater authority to ensure compliance with mental health parity laws.

CBO Report on Reducing Prices for Commercial Insurers

The Congressional Budget Office (CBO) has released a policy [brief](#) on approaches to reduce what commercial insurers pay for hospital and physician services. The brief suggests that increased price transparency and competition among healthcare providers could reduce the prices paid for health care services by commercial insurers. CBO also projects that capping the growth rate of health care prices could reduce the amount insurers pay for hospital and physician services by more than 5% over the next decade. The brief attributes commercial health plan premium increases to the prices paid by commercial insurers for health care services, which are rising more quickly than the prices paid by public health insurance programs. CBO says these rising prices are driven by hospitals' and physicians' market power and consumers' and employers' lack of sensitivity to those prices. The policy brief discusses the advantages of plans with certain benefit designs and the option of taxing health care services whose prices exceed a maximum amount to encourage providers to reduce their prices.

Education & Labor Panel Releases *No Right to Deny Care* Report

House Education and Labor Committee Democrats have released a new [report](#) discussing the potential implications of the *Braidwood v. Becerra* federal district court decision. The report asserts that the ruling could restrict which forms of preventive care must be covered by insurers. The report titled *No Right to Deny Care* examines how the Affordable Care Act's preventive care coverage requirement has helped provide access to preventive care for the more than 14 million people with health coverage through the individual marketplace, as well as a vast majority of the people with coverage through their employment.

Joint Economic Committee Measures Cost of Opioid Crisis

The Joint Economic Committee of Congress has released a new [analysis](#) of the cost of the ongoing opioid epidemic. The Committee estimates that the opioid crisis cost the U.S. nearly \$1.5 trillion in 2020, a nearly 50% increase of \$487 billion over 2019. This cost includes expenses for health care, criminal justice, lost productivity, lower quality of life, and the projected value of lives lost. The data also indicates that 2020 and 2021 saw the highest number of fatal opioid overdoses ever reported – with 69,061 deaths in 2020 and 80,926 deaths in 2021.

FDA Moves to Harmonize Human Research Protections

The Food and Drug Administration (FDA) released two proposed rules last week that aim to harmonize human subject research protections between the FDA and the U.S. Department of Health and Human Services (HHS)'s Common Rule. The FDA proposes to incorporate the Common Rule's requirement to focus informed consent forms on key information for prospective research volunteers. The FDA would also allow the option of waiving documentation of informed consent if the research only poses minimal risk and the research volunteers belong to a "cultural group or community in which signing forms is not the norm, and there is an appropriate alternative mechanism for documenting that informed consent was obtained." The annual continuing review check-in could also be waived if the study has concluded and researchers are only working on data analysis or follow-up clinical data obtained from participants as a part of their clinical care. The new proposed rules would also update the definition of private information and private identifiable information to better align with the Common Rule. The proposals include a single institutional review board (IRB) requirement, which would allow the use of one IRB to review a study for all sites, instead of having IRBs at every study location.

Roselyn Tso Sworn In to Lead IHS

U.S. Department of Health and Human Services Secretary Xavier Becerra formally swore in Roselyn Tso as Director of the Indian Health Service (IHS) on Tuesday. Tso is a member of the Navajo Nation. She has previously served as the IHS Navajo Area director and in other leadership roles at IHS for nearly four decades.

Recently Introduced Health Legislation

H.R.8984 — To amend the Internal Revenue Code of 1986 to provide a deduction for certain charity care furnished by physicians, and for other purposes; Sponsor: Higgins, Clay [Rep.-R-LA-3]; Committees: House - Ways and Means; Energy and Commerce

H.R.8988 – To amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to provide for requirements for electronic-prescribing for controlled substances under group health plans and group and individual health insurance coverage; Sponsor: O'Halleran, Tom [Rep.-D-AZ-1]; Committees: House - Energy and Commerce; Education and Labor; Ways and Means

S.4951 — A bill to amend title 38, United States Code, to prohibit collection of copayments for the first three outpatient mental health care visits of veterans each calendar year, and for other purposes; Sponsor: Ossoff, Jon [Sen.-D-GA]; Committees: Senate - Veterans' Affairs

S.4953 — A bill to repeal prescription drug price control provisions of the Inflation Reduction Act; Sponsor: Lee, Mike [Sen.-R-UT]; Committees: Senate – Finance

S.4965 — A bill to amend title XVIII of the Social Security Act to remove in-person requirements under Medicare for mental health services furnished through telehealth and telecommunications technology; Sponsor: Sullivan, Dan [Sen.-R-AK]; Committees: Senate – Finance

S.Res.804 — A resolution designating September 2022 as “National Childhood Cancer Awareness Month”; Sponsor: Manchin, Joe, III [Sen.-D-WV]; Submitted in the Senate, considered, and agreed to without amendment and with a preamble by Unanimous Consent.

S.Res.805 — A resolution supporting the designation of the week of September 18 through September 24, 2022 as “Telehealth Awareness Week”; Sponsor: Schatz, Brian [Sen.-D-HI]; Submitted in the Senate, considered, and agreed to without amendment and with a preamble by Unanimous Consent.

S.4970 — A bill to amend the Higher Education Act of 1965 to promote comprehensive campus mental health and suicide prevention plans, and for other purposes; Sponsor: Blumenthal, Richard [Sen.-D-CT]; Committees: Senate - Health, Education, Labor, and Pensions

S.4978 — A bill to amend the Public Health Service Act to reauthorize the State offices of rural health program; Sponsor: Barrasso, John [Sen.-R-WY]; Committees: Senate - Health, Education, Labor, and Pensions

H.R.8994 — To direct the Secretary of Health and Human Services to establish the Emergency Medical Services (EMS) Grant Program through which the Secretary may make grants to EMS organizations, and for other purposes; Sponsor: Kim, Andy [Rep.-D-NJ-3]; Committees: House - Energy and Commerce

H.R.8995 — To require the Secretary of Health and Human Services to establish a program to reimburse health care providers for furnishing rabies postexposure prophylaxis to uninsured individuals; Sponsor: Bera, Ami [Rep.-D-CA-7]; Committees: House - Energy and Commerce

H.R.8999 — To amend the Occupational Safety and Health Act of 1970 to provide for the expiration of emergency temporary standards after 6 months; Sponsor: Cawthorn, Madison [Rep.-R-NC-11]; Committees: House - Education and Labor

H.R.9001 — To secure schools, to increase access to mental health resources, and for other purposes; Sponsor: Flores, Mayra [Rep.-R-TX-34]; Committees: House - Judiciary; Education and Labor; Ways and Means

H.R.9002 — To direct the Secretary of Veterans Affairs to establish a pilot program for gynecologic cancer care coordination at the Department of Veterans Affairs, and for other purposes; Sponsor: Garcia, Sylvia R. [Rep.-D-TX-29]; Committees: House - Veterans' Affairs

H.R.9005 — To direct the Secretary of Veterans Affairs to carry out a pilot program for the cognitive care of veterans, and for other purposes; Sponsor: Harshbarger, Diana [Rep.-R-TN-1]; Committees: House - Veterans' Affairs

H.R.9007 — To authorize the Secretary of Health and Human Services to provide grants to medical and other health profession schools to expand or develop education and training programs for substance use prevention and treatment, and for other purposes; Sponsor: Kim, Andy [Rep.-D-NJ-3]; Committees: House - Energy and Commerce

H.R.9011 — To amend the Federal Food, Drug, and Cosmetic Act to direct the Secretary of Health and Human Services to establish a process to allow the holders of abbreviated new drug applications to make labeling changes to include new or updated safety-related information, and for other purposes; Sponsor: McEachin, A. Donald [Rep.-D-VA-4]; Committees: House - Energy and Commerce

H.R.9019 — To amend title XVIII of the Social Security Act to require complete and accurate data set submissions from Medicare Advantage organizations offering Medicare Advantage plans under part C of the Medicare program to improve transparency, and for other purposes; Sponsor: Porter, Katie [Rep.-D-CA-45]; Committees: House - Ways and Means; Energy and Commerce