AHA Releases New Report on Growth in Hospital Expenses & Continued Financial Challenges
On Monday, April 25, the American Hospital Association released a new report that highlights the significant growth in expenses for hospitals and health systems. The report provides detailed data on the jump in expenses for labor, drugs, and supplies, noting the ongoing impact of the pandemic and now inflation. OAHHS and hospital member representatives voiced similar financial challenges in meetings last week with Oregon Senators Ron Wyden and Jeff Merkley and Representatives Cliff Bentz and Kurt Schrader. The AHA report informs policy makers at a time when congressional support for provider relief fund flexibility, recoupment delay for the advance and accelerated payment program, and extending the Medicare sequester cut moratorium needs bolstering.

Two-Pronged Effort on Hospitals and Climate Related Issues
On April 22 the U.S. Department of Health and Human Services (HHS) announced an initiative aimed at reducing emissions from health care providers. The HHS release invites hospitals and other health care stakeholders to submit pledges to "reduce greenhouse gas emissions and increase their climate resilience." This initial step will be followed in June by a White House event to highlight progress made by health care providers.

The HHS initiative follows a solicitation by the House Ways and Means Committee on March 24 which sought input from hospitals/health systems and national health care organizations on their efforts to reduce their carbon footprint. The Request for Information (RFI) stated that the “impact of the climate crisis on health is well documented – from increasing rates of asthma in vulnerable communities, to an increase in deaths from extreme weather events, heat, infections and vector-borne diseases, and compromised food supplies.” This information gathering effort is expected to result in report later this year and likely to include recommendations on next steps.

Oregon Representative Schrader and Coalition Recommend 22 Bipartisan Health Bills
The House New Democrat Coalition announced on Wednesday, April 27 a list of 22 bills, with bipartisan support, which they recommend action on this year. The bills including proposals on substance use disorder, mental and behavioral health and maternal health. Congressman Kurt Schrader is the only Oregon member of the coalition, which tends to focus on more centrist issue with bipartisan support. The 22 bills the coalition is endorsing are:

- **H.R. 3259** — Non-Opioids Prevent Addiction in the Nation (NOPAIN) Act
- **H.R. 5141** — MOBILE Health Care Act
- **H.R. 7076** — Supporting Children's Mental Health Care Access Act of 2022
- **H.R. 2929** — Virtual Peer Support Act
- **H.R. 5218** — Collaborate in an Orderly and Cohesive Manner Act
- **H.R. 5407** — Enhancing Mental Health & Suicide Prevention Through Campus Planning Act
- **H.R. 1384** — Mainstreaming Addiction Treatment Act of 2021
- **H.R. 2067** — MATE Act of 2021
- **H.R. 4944** — Helping Kids Cope Act
- **H.R. 2376** — Excellence in Recovery Housing Act
- **H.R. 7232** — 9–8–8 and Parity Assistance Act of 2022
- **H.R. 2366** — STOP Fentanyl Act
- **H.R. 909** — Moms Matter Act
- **H.R. 1385** — Behavioral Health Coordination and Communication Act of 2021
- **H.R. 3514** — Humane Correctional Health Care Act
- **H.R. 3549** — Comprehensive Mental Health in Schools Pilot Program Act of 2021
• **H.R. 5469** — FOSTER Act
• **H.R. 6279** — Opioid Treatment Access Act of 2022
• **H.R. 5934** — Supporting Healthy Mothers and Infants Act of 2021
• **H.R. 5950** — Improving Patient Access to Care and Treatment (IMPACT) Act
• **H.R. 792** — Barriers to Suicide Act
• The Social Media and Pediatric Mental Health Working Group (not yet introduced)

**CMS Launches Federal Independent Dispute Resolution Portal**

On April 15, 2022, CMS announced that the Federal Independent Dispute Resolution (IDR) portal is open for providers, facilities, and health plans and issuers to resolve payment disputes for certain out-of-network charges. Following the *No Surprises Act*, which intends to protect consumers against unexpected medical bills resulting from receiving care from an out-of-network provider or facility, CMS issued three interim final rules. In particular, CMS issued an interim final rule with comment period entitled, *Requirements Related to Surprise Billing; Part II*, which established the IDR process to resolve disputes for certain out-of-network charges.

Before initiating the IDR process, providers, facilities, and health plans and issuers have a 30-business-day open negotiation period to negotiate after a provider or facility receives a payment denial notice or an unsatisfactory initial payment from a health plan. At the end of the 30-business-day open negotiation period, if the health plan and provider or facility cannot come to an agreement on payment, either party may initiate the IDR process. A certified IDR entity then decides the payment amount based on payment offers submitted by all parties involved in the dispute.

Under the Federal IDR process, providers, facilities, and health plans or issuers have four business days to initiate a dispute via the Federal IDR portal. However, following the recent decision in *Texas Medical Association, et al. v HHS*, disputing parties whose open negotiation period expired before April 15, 2022 will have 15 business days to initiate the process via the Federal IDR portal. To initiate the Federal IDR process, entities would need to provide information to identify the qualified IDR items or services; dates and location of the furnishment of items or services; types of items or services furnished; codes for the services and place-of-service; an attestation that the items or services under dispute are within the scope of the Federal IDR process; and the initiating party’s preferred certified IDR entity.

More information about the IDR process can be found [here](#). A full list of certified IDR entities can be found [here](#). A fact sheet about the CMS interim final rule with comment period entitled, *Requirements Related to Surprise Billing; Part II Interim Final Rule with Comment Period* can be found [here](#).

**HHS Distributes Additional $1.75 Billion in PRF Phase 4 Payments**

On April 13, 2022, HHS and HRSA announced that it is distributing more than $1.75 billion in Provider Relief Fund (PRF) Phase 4 General Distribution payments to 3,680 providers across the U.S. Including these recent payments, HRSA has distributed approximately $13.5 billion from the PRF to nearly 86,000 providers, as well as nearly $7.5 billion in *American Rescue Plan* (ARP) Rural payments to more than 44,000 providers since November 2021. In total, nearly $21 billion of the $25.5 billion originally allocated for COVID-19 provider funding has been distributed. More information can be found [here](#).

**COVID-19 PHE Declaration Renewed**

HHS Secretary Xavier Becerra announced a 90-day renewal of the COVID-19 public health emergency (PHE) determination that was set to expire on April 15, 2022. The COVID-19 PHE determination indicates that a public health emergency exists and has existed since January 27, 2020, nationwide. In December HHS Secretary Becerra pledged that the agency would provide a 60-day notice before the end of the PHE, so the current announcement was not unexpected.
Growing Number of Workforce Shortage Reports
Health Affairs published on April 13 an analysis drawn from their monthly data collection which shows that “growth in the registered nurse (RN) workforce plateaued during the first 15 months of the pandemic...covering the entirety of 2021, show the total supply of RNs” decreased by more than 100,000 in one year – a far greater drop than ever observed over the past four decades.”

Similarly, the National Association of Community Health Centers released earlier this week a report showing that 68% of community health centers stated that they were “losing 5%-25% of their workforce since October” and additional “15% of centers reported quarter to half of their staff” during the same time frame.

Rural Hospital Legislation Introduced to Protect Medicare-dependent, Low-Volume, and Sole Community Hospitals
Senators Casey (D-PA) and Grassley (R-IA) introduced legislation on April 6 to make permanent the Medicare Dependent Hospital (MDH) designation and the enhanced Medicare low-volume adjustment (LVA). These payment programs are both set to expire on October 1, 2022, and the Rural Hospital Support Act (S. 4009/H.R.1887) would not only make the program permanent, but also would update the base year the sole community provider hospitals and Medicare-dependent hospitals use to base their operating costs from – updating the base year from FY20212 to FY2016. This fact sheet provides background and additional detail. Oregon has several LVA and sole community hospitals.

Biden Administration Acts to Reduce Medical Debt
On April 11, 2022, the Biden Administration announced several actions to reduce the burden of medical debt on Americans and increase consumer protections. These actions are intended to increase accountability for medical providers and debt collectors who engage in harmful practices; reduce the influence of medical debt on access to credit; forgive medical debt for over half a million low-income American veterans; and better inform consumers of their rights.

Notably, the Department of Health and Human Services (HHS) will evaluate how providers’ billing practices impact access and affordability of care and how medical debt is accrued. To do so, HHS will request data from providers regarding their medical bill collection practices, lawsuits against patients, financial assistance and services for patients, and third-party contracting or debt-buying practices. HHS will also include this information in its grant award process, issue public recommendations, and refer potential violations to relevant enforcement agencies. Additionally, the Consumer Financial Protection Bureau (CFPB) will investigate credit reporting companies and debt collectors and enforce accountability for those who violate patients’ and families’ rights. CFPB will also determine whether unpaid medical billing data should be included in credit reports. CFPB will further improve and expand its consumer education tools to help Americans navigate medical billing. The full White House Fact Sheet on these actions can be found here.

Biden Administration Proposes to Fix “Family Glitch” in ACA Premium Subsidies
On April 5, 2022, the Biden Administration announced a proposed rule to address the Affordable Care Act (ACA) “family glitch,” which has prevented family members from accessing federal subsidies to buy health insurance on the ACA health insurance marketplaces. Under the ACA, individuals who do not have access to affordable health insurance through their employers may qualify for a premium tax credit to purchase health insurance through the ACA’s health insurance marketplaces. However, current requirements define employer-based health insurance as “affordable” if the insurance plan is affordable solely for the employee, rather than his or her family members.

The Department of Treasury's proposed rule would allow family members of employees with affordable self-coverage and unaffordable family coverage to qualify for premium tax credits to purchase health
insurance on the ACA health insurance marketplaces. The proposed rule would expand coverage to an estimated 200,000 uninsured individuals and make health insurance more affordable for an additional one million individuals whose coverage would otherwise cost more than 10 percent of their household income. The White House released a fact sheet with additional information on the proposed rule.

COVID Supplemental Deal Reached, But Consideration Stalls
On April 2 congressional leadership reached a deal on a $10 billion bipartisan COVID supplemental package which would replenish exhausted pandemic funds for the development and procurement of vaccines, therapeutics, and COVID supplies. The bill would allow states greater flexibility on the use of the dollars including for infrastructure and community development projects. It does not include several important hospital priorities related to coverage uninsured COVID care, the provider relief fund, extending the Medicare sequestration moratorium (which moves to 2% on July 1). Despite GOP support for the agreement, the package stalled within days of the agreement due to questions on the Administration’s immigration policies. Congress hoped to get the agreement moving again following their return from a two-week recess on April 25, but the previous consensus on moving the bill forward has weakened and further action remains in limbo.

CDC Announces New Public Health Workforce Plan
On Wednesday, April 6, the Centers for Disease Control and Prevention (CDC) announced a new Public Health AmeriCorps program to help rebuild the state and local public health workforce. The program would provide 80 grant awards to state and local organizations to “partner with the Public Health AmeriCorps to support recruitment, training and development of a new generation of public health leaders,” according to the release. One of the stated goals is to help communities better prepare for surge capacity and support during emergencies.

HHS Announces Community Health Worker Training Program
On April 18, 2022, the Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), announced it would provide $226.5 million in American Rescue Plan (ARP) Act funding to launch the Community Health Worker Training Program (CHWTP). This new program is intended to increase the number of community health workers, who facilitate connections between patients and critical health care services. This multiyear program will prioritize education and on-the-job training to build the pipeline of public health workers. To do so, the program will support training and apprenticeship programs to help more people enter the health workforce. Through this program, HRSA plans to train 13,000 community health workers. More information on this program can be found here. Applications for the program are due June 14, 2022.

Biden Administration Launches COVID.gov Website
On March 30, 2022, the Biden Administration announced the launch of COVID.gov, a new one-stop shop website intended to help all Americans access COVID-19 vaccines, diagnostic tests, treatments, and masks, as well as provide updated information about COVID-19 across the U.S. In particular, COVID.gov features a new Test-to-Treat locator that will help Americans locate pharmacies, community health centers, and other sites where they can be tested for COVID-19 and receive appropriate treatments on the spot. The full White House Fact Sheet on COVID.gov can be found here.

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