

McDermottPlus Check-Up

McDermott+Consulting is pleased to introduce the McDermottPlus Check-Up, your regular update on health care policy from Washington, DC.



This Week's Diagnosis: Consideration of the Kavanaugh nomination dominated airtime in the Senate this week, but the House stayed on-task, pushing through a number of health-related bills.

CONGRESS

+ HOUSE PASSES SLEW OF HEALTH BILLS.

- *Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act* ([HR 6](#)) is expected to pass the House later today. Last week, [we highlighted](#) two of the more difficult issues legislators were debating: personal health records and Medicaid funding for treatment services. Ultimately, the final bill *does not* include the privacy provisions related to the sharing of personal substance use medical records. There is already dialogue on how to get this measure passed during the lame duck session. The bill *does* include a provision which temporarily lifts the cap on Medicaid funding for all substance abuse treatment at mental health treatment facilities. The bill now heads back to the Senate for consideration, where it is expected to be voted in and passed as soon as possible.
- *Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2018* ([HR 6378](#)) passed the House by voice vote on Tuesday. This is a reauthorization (authorities run out on September 30, 2018) and update for the US Department of Health and Human Services (HHS) to prepare for and respond to public health emergencies. It now awaits consideration by the Senate, where it is expected to pass without any changes.
- *Patient Right to Know Drug Prices Act* ([S 2554](#)) and *Know the Lowest Price Act* ([S 2553](#)) passed the House by voice vote on Tuesday. These bills would remove the so-called “gag clauses” on pharmacy providers by health insurance issuers and group health plans, including Medicare and Medicare Advantage plans. They now await the President’s signature. He is expected to sign.
- *Department of Defense and Labor, Health and Human Services, and Education Appropriations Act* ([HR 6157](#)) passed the House on Wednesday evening by a vote of 361-61. This minibus appropriations package includes funding for HHS for fiscal year 2019, which begins on October 1, 2018. The bill also includes a continuing resolution to fund the rest of the federal agencies through December 7, 2018. This would effectively avoid a shutdown. It now heads to the President, who has recently stated his intentions to sign this bill despite previously issuing veto threats.

- + **SENATE SUBCOMMITTEE HEARING ON RURAL HEALTH.** The Senate Health, Education, Labor and Pensions (HELP) Subcommittee on Primary Health and Retirement Security held a hearing on Tuesday entitled, “[Health Care in Rural America: Examining Experiences and Costs](#)”. The hearing was more of a roundtable discussion between Senators and witnesses. The witnesses described the on-going challenge of providing appropriate and adequate care in rural communities: including, available and affordable health insurance, workforce shortages, high closure rate of rural hospitals, and health disparities. Senators were engaged and interested in examining how to address the unique challenges facing providers in rural communities.
- + **SENATE HELP POSTPONES HEARING.** As we noted [in last week’s report](#), the Senate HELP Committee was scheduled to hold a hearing on improving affordability through innovation as part of the Committee’s series on health care costs. This hearing was postponed and has not yet been rescheduled.

Administration

- + **DHS ANNOUNCES NEW PROPOSED RULE ON PUBLIC CHARGE DEFINITIONS.** The US Department of Homeland Security (DHS) released a [proposed rule](#) that would redefine “public charge” status, a term used to determine whether someone seeking permanent resident status is likely to become primarily dependent on the government. Public charge designations can undermine applications for permanent residence in the US. Currently, inadmissibility based on public charge grounds is determined by looking at certain factors such as age, health, education, and skills. The proposed rule seeks to amend the definition of public charge to include additional factors such as the use of certain public benefits above defined thresholds or exceeding an established amount of time. The public benefits specified in the rule include Medicaid, Medicare Part D low income subsidy and food stamps. DHS proposes to consider current and past receipt of public benefits above the thresholds as a heavily weighted negative factor. Observers expect that this policy will discourage the use of public benefits. We expect an impact on the use of health care services as a result of the negative consequences of using Medicaid and CHIP, including reduced use of preventive care services and potential increases in emergency department use.

Next Week’s Dose

- + The House skips out of town and will not return to session until after the elections in November. The Senate will remain in session with a large agenda to get through, including the Supreme Court nomination. Of note, the Senate HELP Subcommittee on Children and Families is holding a hearing entitled, “[Rare Diseases: Expediting Treatment for Patients](#)” on Wednesday.

For more information, contact [Mara McDermott](#) or [Rachel Stauffer](#).

To subscribe to the McDermottPlus Check-Up, please contact [Jennifer Randles](#).



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