



Issues for the week ending February 18, 2022

Federal Issues

Legislative

Senate Passes Short-Term Funding Bill, Avoids Government Shutdown

On February 17, the Senate cleared the House-passed [continuing resolution](#) to extend government funding through March 11, as negotiators continue talks to reach a deal on a longer-term spending package through the end of fiscal year 2022. Although agreement on a top-line number on the package has reportedly been reached, negotiators will now have several weeks to sort out the details.

Key items to watch include:

- The fiscal year 2022 omnibus spending package will offer a possible vehicle to include other key Congressional priorities such as a telehealth extension, Medicaid maintenance of effort and, potentially, COVID-19 funding.
- Despite the potential for COVID-19 funding to be included in the omnibus package, the White House also put forth an [outline](#) for a separate \$30 billion COVID-19 emergency supplemental package that would include \$17.9 billion for medical countermeasures, \$4.9 billion for testing, \$3 billion for the uninsured and \$4.2

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billion for preparation of future variants. The fate of this request is uncertain, however, as some lawmakers continue to express skepticism over the need for additional COVID-19 funding and are asking the administration for a detailed breakdown of how previous funding has been spent and what funds remain unspent.



Senate Expresses Strong Bipartisan Support for Medicare Advantage

A bipartisan group of 63 Senators, led by Sens. Catherine Cortez Masto (D-NV) and Tim Scott (R-SC), sent a [letter](#) to the Centers for Medicare & Medicaid Services (CMS), urging the agency to protect MA for the more than 28 million American seniors and people with disabilities who choose it. The letter follows a similar effort in the House, that resulted in a record 346 Members signing on to that chamber's [letter](#) (80% of House membership).

Why it matters: The letter follows CMS' release of its annual MA Rate Notice and sends a strong signal to the administration that Congress is "committed to ensuring that our constituents who rely on Medicare Advantage enjoy the same access to affordable benefits in order to get the care they need, particularly as they navigate the persistent challenges of the pandemic."

The success of the letter campaign is due to the advocacy efforts of [AHIP](#), [BCBSA](#), and member plans, including Highmark, as well as on-the-ground work from the [Coalition for Medicare Choices](#).

Congress Continues Focus on Mental Health

Lawmakers continue increased bipartisan attention on the importance of mental health during the COVID-19 pandemic, driven in part by an [annual joint report](#) to Congress on the Mental Health Parity and Addiction Equity Act by the Departments of Labor, Health and Human Services and the Treasury.

- Last week, the Senate Finance Committee held a [hearing](#) on access to mental health care for youth and the House Energy and Commerce Oversight and Investigations Subcommittee on held a [hearing](#) to examine the "national mental health crisis."

Why it matters: COVID-19 and the ongoing opioid crisis continue to contribute to issues surrounding mental health and substance use disorders, fostering bipartisan interest in developing a comprehensive mental health legislative package. It is one of the few areas of bipartisanship in the health care space.

Other key areas of focus for previous and future hearings include strengthening the mental health workforce, increasing integration, coordination and access to care, ensuring parity and expanding telehealth.

Federal Issues

Regulatory

CMS Expands Coverage of Lung Cancer Screening with Low Dose Computed Tomography

The Centers for Medicare & Medicaid Services (CMS) issued a final national coverage determination (NCD) decision that expands coverage for lung cancer screening with low dose computed tomography (LDCT).

Why this matters: The decision lowers the starting age from 55 to 50 years for people with Medicare to get lung cancer screening with LCDT and also reduces the tobacco smoking history from at least 30 packs per year to at least 20 packs per year.

The final CMS decision also removes the requirement for the reading radiologist to document participation in continuing medical education. In addition, CMS added a requirement back to the NCD criteria for radiology imaging facilities to use a standardized lung nodule identification, classification, and reporting system. This announcement updates previous [guidance from USPSTF](#) from March 2021. The final decision can be found [here](#).

DHS Announces New Proposed Rule on Public Charge Determinations

The Department of Homeland Security (DHS) announced it will issue a Notice of Proposed Rulemaking (NPRM) that would return to the historical understanding of the term “public charge”. Specifically, individuals will not be penalized for accessing health benefits through programs like Medicaid and CHIP, and other government services such as the Supplemental Nutrition Assistance Program (SNAP). The proposed rule would provide “fair and humane treatment” for noncitizens requesting admission to the United States or applying for lawful permanent residence from within the United States. DHS has posted an [advance copy](#) of the proposed rule on its website.

Why this matters: Under this proposed rule, DHS states it will return to the historical understanding of the term “public charge” and individuals will not be penalized for accessing health benefits through programs like Medicaid and CHIP, and other government services such as the Supplemental Nutrition Assistance Program (SNAP).

The proposed rule will have a 60-day public comment period that begins on the date specified in the forthcoming publication in the *Federal Register*.

COVID-19

- The Centers for Medicare & Medicaid Services (CMS) [updated](#) their Frequently Asked Questions (FAQ) guidance on Medicare fee-for-service billing. The updated guidance includes updated information on CMS payment of remdesivir as COVID-19 treatment for certain individuals in outpatient settings.
- The Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) [issued](#) \$55 million in American Rescue Plan funding this week in an effort to increase health care access and quality for underserved populations through virtual care such as

telehealth, remote patient monitoring, digital patient tools, and health information technology platforms.

- The Centers for Disease Control and Prevention (CDC) also [released](#) an overview of interim guidance this week on developing a COVID-19 case investigation and contact tracing plan.
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State Issues

New York

Legislative

Medicaid Procurement Update

The Division of the Budget released the 30-day amendments to the 2023 Executive Budget proposal, which included a requirement that the Department of Health undertake a procurement process for the bulk of the Medicaid managed care program.

Why this matters:

- This proposal, which includes mainstream Medicaid managed care, HARP, MLTC and MAP but excludes HIV/SNP plans, directs DOH to reduce the number of health plans in the Medicaid program to “at least two, but no more than five plans” in each of the state’s Medicaid regions.
- This will result in fewer Medicaid managed care plans, limiting choices available to the state’s most vulnerable residents, and disrupting care for patients and providers.

Not surprisingly, the Medicaid procurement remained in the 30-day amendments to the 2023 Executive Budget proposal released last week. With this development, our advocacy opposing it now shifts to the Legislature. We continue to work with other plans, the Health Plan Association (HPA), and a broad range of provider, community and business organizations to oppose the proposal.

Assembly Hearing on COVID Impact on Insurance Scheduled this Week

The Assembly Insurance Committee is hosting a virtual hearing on February 24 to explore the impact COVID-19 has had for businesses and consumers, looking across the spectrum of insurance -- including property casualty insurance and motor vehicle insurance, life insurance and health insurance. HPA has been invited to testify; Highmark has provided input from our experience.

State Issues

Pennsylvania

Regulatory

Insurance Commissioner to Resign

On February 15, Governor Tom Wolf announced Commissioner Jessica Altman will resign her position on Feb. 25. Governor Wolf stated, "Commissioner Altman has been a steadfast leader for Pennsylvanians throughout her tenure in state government including protecting access to high-quality, affordable health care by holding insurance companies accountable, ensuring adequate consumer protections and education is available and easily digestible, and overseeing the creation of the commonwealth's very own state-based exchange, Pennie." The Governor expressed appreciation for her service.

Commissioner Altman was named acting insurance commissioner in August 2017 and confirmed by the Senate in 2018. Prior to her appointment, she was the department's chief of staff. She previously held positions at the U.S. Department of Health and Human Services' Center for Consumer Information and Insurance Oversight, where she developed policy and facilitated the implementation of the Affordable Care Act. Her future plans have not been announced as of yet. The department's chief of staff, Mike Humphreys, will assume the role of acting insurance commissioner following her departure.

Interested in reviewing a copy of a bill(s)? Access the following web sites:

Delaware State Legislation: <http://legis.delaware.gov/>.

New York Legislation: <https://nyassembly.gov/leg/>

Pennsylvania Legislation: www.legis.state.pa.us.

West Virginia Legislation: <http://www.legis.state.wv.us/>

For copies of congressional bills, access the Thomas website – <http://thomas.loc.gov/>.

If you have any questions about a DE, NY, PA, WV, or congressional bill, contact the Government Affairs Department at (717).302.3978.

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