



## **In this Issue:**

**House Ways and Means Committee Announces Agreement on Surprise Billing Outline**  
**Continue your Messaging to Congress about Surprise Billing**  
**House Approves Legislation to Lower Prescription Drug Costs**  
**Senate Confirms Dr. Hahn to Lead FDA**  
**House Committee Discusses Universal Health Care**  
**FCC Moves Forward with Creation of a New Suicide Prevention Hotline**

### **House Ways and Means Committee Announces Agreement on Surprise Billing Outline**

On Wednesday, House Committee on Ways and Means Chairman Richard Neal (D-MA) and Ranking Member Kevin Brady (R-TX) announced a bipartisan agreement on a strategy to address surprise billing. While the announcement does not delve deep into specifics, the committee's outline takes patients out of the middle, addresses consumer protections and increases transparency, and "respects the private market dynamics between insurance plans and providers," including an independent mediated negotiation process to resolve billing disagreements.

Importantly, the Ways and Means proposal adds a new voice in the congressional debate, coming just a few days after Senate HELP Committee Chairman Lamar Alexander (R-TN) and the House Energy and Commerce Committee announced their own agreement on surprise billing legislation. While HELP and E&C have worked to add their legislation to a year-end government funding bill, W&M Chairman Neal has said that surprise billing will be one of the first items they consider in the new year. Given this development, it appears that Congress may be more inclined to resolve surprise billing in early 2020 as opposed to the year-end package that must be passed by December 20.

ACEP issued a [brief statement](#) in response to the proposal expressing appreciation for the committee's continued efforts to craft a thoughtful and fair legislative solution, and we anticipate further details in the very near future.

### **Continue your Messaging to Congress about Surprise Billing**

Your voice is making a difference in this debate. Please keep up the momentum by continuing to reach out to your members of Congress on surprise billing. It is critical that your legislators understand that emergency physicians share Congress' commitment to protecting patients from surprise bills, and want them to take a thoughtful, balanced approach to any solution. [Click here](#) to send a message today!

### **House Approves Legislation to Lower Prescription Drug Costs**

On Thursday, the House of Representatives passed H.R. 3, the "Lower Drug Costs Now Act," as amended, along a primarily party line vote of 230 to 192. 228 Democrats and two Republicans – Reps. Jaime Herrera Beutler (R-WA) and Brian Fitzpatrick (R-PA) – supported the bill. 191 Republicans and one Independent voted no. Eight Members (four Democrats/four Republicans), did not vote.

The bill would mandate that the government negotiate the price of at least 25 Medicare Part D drugs annually, ultimately requiring federal officials to hammer out the cost of at least 50 medicines a year. Commercial insurers could also take advantage of the deals. A separate set of provisions would limit drug manufacturers' ability to annually increase prices in Medicare, forcing them to rebate the portion

of the growth that is above the rate of inflation and envisions eventually expanding that requirement to the private sector as well. H.R. 3 would also place a first-ever cap on out-of-pocket drug costs for Medicare beneficiaries.

Democrats directed the bulk of the bill's projected savings toward an ambitious expansion of Medicare benefits that would extend dental, vision and hearing coverage to seniors. Additional investments are earmarked for federal research agencies like the National Institutes of Health, and efforts to slow the opioid epidemic.

### **Senate Confirms Dr. Hahn to Lead FDA**

Also on Thursday, the Senate voted 72 to 18 to confirm Stephen Hahn, MD, FASTRO, as the next Commissioner of the U.S. Food and Drug Administration (FDA). ACEP President Bill Jaquis, MD, FACEP, spoke to Dr. Hahn prior to his consideration by the Senate HELP Committee and discussed ACEP's actions to identify the root causes of drug shortages and our desire to use all available legislative and regulatory means to address this vital issue. ACEP supported Dr. Hahn's nomination and endorsed him on Nov. 15. To view ACEP's press statement following Dr. Hahn's nomination, click [here](#).

### **House Committee Discusses Universal Health Care**

On Tuesday, the House Energy and Commerce Committee's Health Subcommittee held a hearing entitled "Proposals to Achieve Universal Health Care Coverage." The hearing focused on Democratic proposals to expand access to health insurance coverage, including a "Medicare for All" single payer option.

Subcommittee Chairwoman Anna Eshoo (D-CA) and Democratic members generally applauded the Affordable Care Act (ACA) as having been an important first step but called for congressional action to expand coverage further and work to maintain the integrity of the ACA as passed. While there was general consensus among the Democratic majority to pursue expanded coverage, there was no effort during the hearing to reach consensus on any particular bill, nor were next steps discussed.

In sharp contrast, Subcommittee Ranking Member Michael Burgess, M.D. (R-TX), and Republican Members rejected single payer solutions and other Democratic expansion efforts, expressing concerns that resulting reduced provider payments will lead to: reduced care quality and hospital closures, especially in rural areas; rationing of care with long waits for services; and reduced drug development. Republican Members also warned that H.R. 3, the Lower Drug Costs Now Act, will stymie access in the same manner as Medicare for All.

To view the hearing, click [here](#).

### **FCC Moves Forward with Creation of a New Suicide Prevention Hotline**

On Thursday, the Federal Communications Commission (FCC) voted to establish "9-8-8" as a new, nationwide, 3-digit number for a suicide prevention and mental health crisis hotline. Their vote triggers a formal rulemaking process that, once completed, would require all telecommunications carriers to make any network changes necessary within 18 months to ensure that users can dial 988 to reach the lifeline. ACEP [supports](#) this effort to create a new hotline for mental health emergencies, as we believe that it would improve access to appropriate care and could reduce the prevalence of psychiatric boarding that is plaguing our EDs.



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