In this Issue:

Urge Congress to Act Before Year-End to Prevent Medicare Reimbursement Cuts
Your Medicare reimbursements will be cut unless Congress acts before the end of the year. Help ACEP send Congress a strong message urging them to act to improve MACRA and stop the upcoming cuts to ensure Medicare patients continue to have access to high quality emergency care. Click here to learn more and send a message to Congress today.

Ways and Means Committee Hearing on Caring for Aging Americans
On Thursday, the House Committee on Ways and Means held a hearing, "Caring for Aging Americans," aimed largely at issues of long-term, post-acute, and end-of-life care for elderly individuals. The hearing featured personal stories and experiences from both committee members and panelists about the impacts on individuals, their families, and caregivers, as well as the substantial costs associated with long-term care. As the committee with jurisdiction over the Medicare program

The bipartisan hearing featured six panelists representing a broad array of perspectives: Kristina Brown, a caregiver and fourth-year medical student who had to postpone her hospital rotation and board exam in order to help care for her mother suffering from multiple sclerosis; Robert Egge of the Alzheimer's Association; Joanne Lynn, MA, MD, Director of the Altarum Program to Improve Eldercare; Robert Blancato of the Elder Justice Coalition; Richard Mollot of the Long Term Care Community Coalition; and Edo Banach, JD, of the National Hospice and Palliative Care Organization.

While this particular hearing was focused on post-acute, long-term, and end-of-life care, ACEP provided a statement for the record to highlight the growing Geriatric Emergency Department Accreditation (GEDA) Program and how acute care is an essential consideration in providing care for older Americans. To date, GEDA has accredited 99 hospitals and more than 200 are in the pipeline to take active steps to provide more specialized emergency care for this rapidly growing population.

House Committee Advances Several Health Care Bills
On Wednesday, the House Energy and Commerce Health Subcommittee approved several bills related to youth tobacco use, maternal care, and access to generic drugs. The "Reversing the Youth Tobacco Epidemic Act" (H.R. 2339) would increase the minimum age to purchase tobacco products to 21, prohibit characterizing flavors in all tobacco products, and direct the FDA to issue regulations to prohibit non-face-to-face sales of all tobacco products, including e-cigarettes. The "Maternal Health Quality Improvement Act" (H.R. 4995) would improve upon public health programs to address maternal health. The "Helping Medicaid Offer Maternity Services (MOMS) Act" (H.R. 4996) would create a new state plan option to extend continuous Medicaid or CHIP eligibility for one year postpartum. The "Stop the Overuse of Petitions and Get Affordable Medicines to Enter Soon (STOP GAMES) Act" (H.R. 2387) would allow the FDA to expeditiously reject a citizen petition submitted to delay approval of a generic drug.

All four bills were approved by voice vote and we expect the full Energy and Commerce Committee to mark-up these bills next week. To view the subcommittee mark-up, click here.

Hungry for some Regs & Eggs?
ACEP publishes a weekly blog focused on federal regulatory affairs, "Regs & Eggs," that provides updates on the major federal regulations impacting emergency medicine. Every Thursday morning, while you're eating your breakfast, we give you a heads up about new proposed or final regulations, demonstrations, grant opportunities, or other announcements from federal agencies, like CMS or the VA.

Want your Regs & Eggs freshly delivered? Click here to sign up for our distribution list.

Trump Administration Releases Price Transparency Regulations
Today, the Trump Administration released two price transparency regulations: one FINAL regulation that is finalizing previously-proposed requirements for hospitals and one PROPOSED regulation that proposes new requirements for health plans.
1. FINAL Hospital Price Transparency Regulation: This final rule would require hospitals to:

• **Create Comprehensive Machine-Readable File:** Make available all hospital standard charges (including the gross charges, payer-specific negotiated charges, the amount the hospital is willing to accept in cash from a patient, and the minimum and maximum negotiated charges) in a machine-readable format.

• **Display of Shoppable Services in a Consumer-Friendly Manner:** Make available public payer-specific negotiated charges, the amount the hospital is willing to accept in cash from a patient for an item or service, and the minimum and maximum negotiated charges, for 300 common shoppable services in a manner that is consumer-friendly and update the information at least annually. Shoppable services are services that can be scheduled by a consumer in advance.

To provide more time for hospitals to implement these requirements, the effective date of the rule will be January 1, 2021. However, major hospital associations have already indicated their intention to sue the Administration over the requirement to disclose payer-specific negotiated rates.

2. PROPOSED Health Plan Regulation: This proposed rule would require group health plans (including self-insured group health plans) and health insurance issuers in the individual and group markets to:

• **Give consumers real-time information about out-of-pocket costs:** Provide consumers with personalized out-of-pocket cost information for all covered health care items and services through an internet-based self-service tool and in paper form upon request. In other words, consumers would be able to get estimates of their cost-sharing liability for all services, both in-network and out-of-network. Plans would effectively be providing the same information available in the Explanation of Benefits (EOB) statement to consumers before they receive a service. Further, plans would be required to include a disclosure that states that out-of-network physicians and other health care practitioners and facilities can balance bill the patient and that the cost-sharing information provided does not consider these potential additional amounts.

• **Disclose on a public website their negotiated rates for in-network providers and allowed amounts paid for out-of-network providers:** Make available to the public, including stakeholders such as consumers, researchers, employers, and third-party developers the in-network negotiated rates with their network providers and historical payments of allowed amounts to out-of-network providers through standardized, regularly updated machine-readable files. The rule seeks comments on whether plans should be required to disclose the amounts out-of-network physicians

and other practitioners charge enrollees for covered services. In addition, the rule states that it would not be appropriate or reasonable for consumers to use this information in an emergency situation.

The rule also allows plans to include provisions that encourage consumers to shop for services from lower-cost, higher-value providers and to share the resulting savings with consumers. Plans can take credit for such "shared savings" payments in their medical loss ratio (MLR) calculations.

Finally, the rule solicits comments on:
• Whether group health plans and health insurance issuers should also be required to make the cost-sharing information available through a standards-based application programming interface (API); and
• How health care quality information can be incorporated into the price transparency proposals.

Comments on the proposed health plan regulation are due in 60 days. The major requirements in that rule would become effective one-year after the final rule is issued.

President Trump discussed both these regulations at an event at the White House today.

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