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### **Take Action Today! Lawmakers Need to Hear from you Regarding Surprise Medical Bills!**

Your meetings, calls, and e-mails are working! Keep it up! Contact your two U.S. Senators and your U.S. Representative today regarding surprise medical bills. This is an evolving, fast-moving issue and Congress needs to hear from you on the latest specifics of their legislative proposals and what we need them to do to protect patients and access to emergency medical services.

[Click here](#) to go to our Action Alert site.

#### **House Committee Advances Surprise Medical Bill Legislation**

On Thursday, the House Energy and Commerce Health Subcommittee considered and approved 10 health care-related bills. Of most importance, the Subcommittee advanced legislation to address surprise medical bills, the "No Surprises Act" (H.R. 3630), which ACEP opposes. To read ACEP's letter of opposition, [click here](#). Of all the bills considered, it was the one to generate the most criticism during the mark-up with nine bi-partisan lawmakers expressing concern with the legislation in its current form. Most notably, Drs. Raul Ruiz (D-CA) and Larry Bucshon (R-IN) argued that the bill would give insurance plans too much power and reduce network adequacy. ACEP continues to work with the House and Senate leadership and the leadership of the various congressional committees of jurisdiction to find a solution to surprise medical bills that takes patients out of the middle of these billing disputes, but does so in a more even-handed manner so as not to unduly and artificially influence contract negotiations between physicians and insurers.

The other nine bills approved yesterday by the Subcommittee include: "EMPOWER for Health Act" (H.R. 2781), sponsored by Rep. Jan Schakowsky (D-IL); "Title VIII Nursing Workforce Reauthorization Act" (H.R. 728), sponsored by Rep. David Joyce (R-OH); "Autism CARES Act" (H.R. 1058), sponsored by Rep. Chris Smith (R-NJ); "Newborn Screening Saves Lives Reauthorization Act" (H.R. 2507), sponsored by Rep. Lucille Roybal-Allard (D-CA); "Emergency Medical Services for Children Program Reauthorization Act" (H.R. 776), sponsored by Rep. Peter King (R-NY); "Lifespan Respite Care Reauthorization Act" (H.R. 2035), sponsored by Rep. Jim Langevin (D-RI); "FAIR Drug Pricing Act" (H.R. 2296), sponsored by Rep. Jan Schakowsky; "Community Health Investment, Modernization, and Excellence Act" (H.R. 2328), sponsored by Rep. Tom O'Halleran (D-AZ); and "Territories Health Care Improvement Act" (H.R. 3631), sponsored by Rep. Darren Soto (D-FL).

All bills and amendments considered during the mark-up were approved by voice vote. The full Energy and Commerce Committee is expected to consider these bills sometime next week.

#### **House Committee Conducts Hearing on Childhood Trauma**

Also on Thursday, emergency physician Deb Houry, MD, MPH, testified at a hearing on childhood

trauma conducted by the House Committee on Oversight and Reform. Dr. Houry is the Director of the CDC's National Center for Injury Prevention and Control and focused her testimony on how adverse childhood experiences (ACEs) increase risks for long-term negative effects on learning, behavior, and health. Other witnesses included trauma survivors, public health experts, and government officials.

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

### **President Trump Signs Executive Order on Price Transparency**

On June 24, President Trump signed an [Executive Order](#) called "Improving Price and Quality Transparency in American Healthcare to Put Patients First." The Executive Order requires federal agencies to take specific regulatory actions around price transparency. It also requires the Secretary of the Department of Health and Human Services (HHS) to submit a report to the President on additional steps the Administration could take to implement the [principles on surprise medical billing](#) announced on May 9, 2019. Please note that ACEP put out a [statement](#) responding to these principles, in which we expressed concern about the Administration's call for a single hospital bill. The Executive Order also does NOT specifically mention emergency services or EMTALA.

### **HHS Announcement: Adam Boehler Leaving CMMI**

Adam Boehler, who currently serves as the Director of the Center for Medicare & Medicaid Innovation (CMMI) within CMS and as the HHS Secretary's Senior Advisor for Value-Based Transformation and Innovation, will be stepping down from these roles. On Wednesday, President Trump officially nominated Mr. Boehler to lead the Overseas Private Investment Corporation.

That same day, CMMI released a series of models aimed at [improving kidney care](#). These models were a high priority for Mr. Boehler and the HHS Secretary, and were part of a broader [Executive Order](#) that President Trump issued on this issue.

### **Regs & Eggs: Regulatory Affairs Blog**

ACEP has started a new blog focused on federal regulatory affairs, ["Regs & Eggs."](#) Every Thursday morning, while you're eating your breakfast, ACEP's Director of Regulatory Affairs, Jeffrey Davis, will provide weekly updates on the major federal regulations impacting emergency medicine. It's the calm before the storm as Reg Season is about to kick into high gear. Any day, the Centers for Medicare & Medicaid Services (CMS) will release proposed Medicare payment regs that will have a significant impact on emergency medicine—affecting both your payment and your hospital's payment for emergency services. Stay tuned to [Regs & Eggs](#) for updates!

### **ACEP Responds to ACA Section 1332 Waiver Request for Information**

On July 1, ACEP responded to a request for information (RFI) on concepts related to state waivers authorized by Section 1332 of the Affordable Care Act (ACA).

Section 1332 of the ACA allows states to submit a state waiver plan to CMS that, if approved, would allow the state to develop a different way of providing private health insurance to their residents than the ACA required. The ACA included "guardrails" to ensure that the state plans would offer coverage that was as comprehensive and affordable as residents would have received in the ACA Exchange.

Over the past year, CMS and the Department of Treasury have provided guidance and articulated principles related to Section 1332 waivers. The guidance and principles chip away at the guardrails in an attempt to give states more flexibility to offer additional health care insurance options to consumers. Overall, we are very concerned about the impact that potential waivers based on these principles and guidance will have on the coverage of emergency services and access to care for higher risk populations.

In this RFI, CMS and the Department of Treasury are seeking comments on waiver concepts that could advance some or all of the principles that the Administration has put out thus far. We have

previously asked the Trump Administration to rescind both the guidance and the principles, and therefore reiterate our concerns in response to this RFI.

ACEP's full response to the rule can be found [here](#).

### **ACEP Submits Comments on DRAFT Guidance for Hospital Co-location**

On July 2, ACEP submitted comments on CMS draft guidance for state surveyors on how to survey hospitals co-located with other hospitals or healthcare facilities.

ACEP appreciates the flexibility CMS is granting to hospitals co-located with other hospitals and facilities to meet the Medicare Conditions of Participation (CoPs). The guidance, once finalized, will provide the certainty these hospitals need to obtain the appropriate staff, contractual agreements, and supplies to effectively treat their patients. We are especially interested in how this guidance will impact the delivery of emergency services and have a few comments on the definitions and requirements regarding emergency services that we hope CMS will incorporate into the final guidance.

ACEP's full response to the draft guidance can be found [here](#).



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