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Around the world of U.S. healthcare in 360 words or less

Center for Healthcare Regulatory Insight

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Editor's note

This note is produced by the KPMG Center for Healthcare Regulatory Insight and is intended to be short and succinct, less than 360 words, to provide a digestible bite of news relevant to our clients and practices. Links are provided to source material (proposed and final regulations, agency guidance and press releases, reports, research, etc.) when available.

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Healthcare regulatory news

<u>HHS extended</u> the declaration of a public health emergency for the opioid crisis... An <u>FDA final rule</u> amended regulations for inspections of biological products, including removing outdated requirements... A <u>CMMI report</u> found that reimbursing for Medicare chronic care management services saved an average of \$74 per patient over 18 months.

The <u>Department of Veteran's Affairs will utilize</u> CMS data analytics tools, technology, and best practices to modernize the department's anti-fraud efforts... <u>CMS found</u> that 52.2% of Medicare Advantage online provider directory listings had at least one mistake... <u>GAO reported</u> that roughly 1% of 2015 ACA

enrollments may have been improper or fraudulent based on immigration status, flawed Social Security documentation, and automatic re-enrollment of deceased individuals... An <u>HHS report</u> touts Department accomplishments for 2017.

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Healthcare law and policy news

The Senate <u>confirmed Alex Azar as HHS Secretary</u> (55 to 43) with six Democrats and one Independent voting with Republicans in favor of the nomination... <u>President Trump signed a continuing</u> <u>resolution</u> to fund the government through February 8, <u>extending</u> <u>CHIP funding for 6 years</u> and delaying ACA medical device, insurer, and Cadillac taxes... the tax delays are <u>estimated to cost</u> the federal government \$31.3 billion.

Advocates filed a <u>lawsuit</u> on behalf of enrollees to block Kentucky Medicaid work requirements and other provisions that are likely to result in decreased Medicaid coverage... Wisconsin will <u>apply</u> for a <u>1332</u> waiver to establish a <u>\$200</u> million reinsurance program for its ACA individual market... Idaho <u>plans to allow</u> health insurers to sell cheaper ACA non-compliant "state-based plans"... Oregon <u>approved a ballot measure</u> to impose taxes on hospitals, insurers, and managed care companies to address rising Medicaid expansion costs.

The <u>Health Care Cost Institute reports</u> that per-capita healthcare spending increased 4.6% in 2016, compared to 4.1% in 2015, and that price increases outpaced utilization between 2012 and 2016; prescription drug costs increased 25%, while use only grew 1.8%... A <u>New England Journal of Medicine study</u> "found no evidence" that hospitals are using 340B drug discount program generated surpluses to fund safety-net providers or more care for low-income patients... PhRMA <u>spent 30% more on lobbying</u> in 2017 (\$25.4M) than in 2016; the Association for Accessible Medicines (representing generic manufacturers) spent 21% more.





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