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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>FDA approved</u> the first direct-to-consumer genetic test for cancer risk... OMB <u>began review</u> of the final Medicare Advantage and Part D rule for FY2019... CMS <u>announced \$30 million in grants</u> to develop and improve performance measures for the Quality Payment Program.

CMS <u>informed Idaho officials</u> that it would likely have to take enforcement action based on Idaho's current plan to allow the sale of noncompliant ACA plans... CMS approved <u>an 1115 waiver</u> allowing Arkansas to impose a work requirement for some Medicaid enrollees, but <u>did not accept Arkansas' proposal</u> to cap

program eligibility for the ACA expansion population at the federal poverty line.





Healthcare law and policy news

HHS Secretary Alex Azar <u>laid out HHS priorities</u> for allowing patient access to medical records, increasing transparency, driving value-based payment reforms, and reducing government burdens; CMS Administrator <u>Seema Verma announced</u> the MyHealthEData initiative to allow better patient access to their health data; FDA Commissioner <u>Scott Gottlieb blasted</u> the "rigged" payment system that allows drug supply chain stakeholders to profit at the expense of patients and cheaper treatment alternatives, particularly biosimilars.

Cigna has <u>agreed to acquire</u> Express Scripts for \$67 billion; while Atrium Health <u>suspended merger talks</u> with UNC Healthcare... <u>United announced</u> it would start passing some rebates it gets from drug manufacturers along to roughly 7.5 million consumers.

The <u>upcoming federal spending bill</u> could reverse recent changes to the <u>Medicare Part D "donut hole"</u> and include the <u>CREATES Act</u> to address delays on generic drug introductions... The DC Court of Appeals <u>requested</u> additional information about the deal reached between the House of Representatives, Trump Administration, and states to end the challenge to the constitutionality of unappropriated funding for cost-sharing reduction (CSR) subsidies... <u>Covered California projected</u> that repeal of the ACA individual mandate and shortening of open enrollment periods, would result in marketplace premium increases ranging from 35% to 90% over three years.

A <u>study in JAMA</u> concluded that larger and non-profit hospitals were more likely than other hospitals to succeed financially under mandatory bundled payment models... Researchers at Tufts <u>estimated that it takes 31 weeks</u> for a clinical trial to begin after a drug manufacturers commits to testing a drug, a month longer than 10 years ago.





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