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**Under New Rules, Patients Can Now Access All Their Health Records Digitally** - The American Revolution had July 4. The allies had D-Day. And now U.S. patients, held down for decades by information hoarders, can rally around a new turning point, October 6, 2022 — the day they got their health data back.

**Many Preventive Medical Services Cost Patients Nothing, But a Federal District Court Decision Could Change That** - "A key part of the ruling by Judge Reed O'Connor of the U.S. District Court for the Northern District of Texas says one way that preventive services are selected for the no-cost coverage is unconstitutional. Another portion of his ruling says a requirement that an HIV prevention drug therapy be covered without any cost to patients violates the religious freedom of an employer who is a plaintiff in the case. It is not yet clear what all this means for insured patients. A lot depends on what happens next."

**Will SCOTUS Strike Down the ACA's Preventive Services Coverage Requirement?** - Should the decision be affirmed on appeal to the Fifth Circuit and reach the US Supreme Court, a majority of the justices could conceivably decide that, at a minimum, Section 2713 impermissibly delegates authority to the USPSTF ... The current Court is apt to restrain Congress's ability to farm out work that a majority of the justices view as the province of legislatures to the federal agencies or advisory committees. Therefore, the ACA's preventive services coverage requirement faces a near certain path to some degree of judicial curtailment."

**Implementing the Drug Negotiation Provisions of the Inflation Reduction Act: Considerations for CMS** - "While other nations have decades of experience in drug price regulation, the IRA creates a new challenge for Medicare's administrators. How it carries out this work will have important implications for stakeholders and is critical to determining whether this new authority can be sustained or, as some may hope, built upon to regulate additional drug prices."

**The New Medicare Part D Out-of-Pocket Cap Will Have Unintended Consequences. Here's How to Address Them** - "Assuming 20 percent coinsurance, the cap means that both a \$10,000 drug and a \$100,000 drug will have the same out-of-pocket cost for Medicare Part D beneficiaries, who will then have fewer incentives to use lower-cost drugs. It will also increase manufacturers' incentives to raise their drugs' launch prices. Proposals to completely eliminate cost sharing would further reduce the incentive to hold down drug prices. This is in addition to the incentives to have higher drug launch prices in response to the inflation caps."

**Departments Issue Final Surprise Billing Rule and ACA FAQs** - "The final surprise billing rule provides that certified IDR entities should select the offer that best represents the value of the item or service under dispute, after considering both the QPA and certain other factors (rather than assuming that the QPA alone is the correct value). In addition, the departments issued ACA FAQs Part 55, which answer questions on the NSA and the Transparency in Coverage rules."

**Hospital and Insurer Price Transparency Rules Now in Effect But Compliance Is Still Far Away** - "The short answer to the question of whether these transparency rules are working is -- not quite yet. Hospitals have been slow to comply with transparency rules.... Even when hospitals have complied with the rules, experts have found the data to be 'consistently inconsistent' in terms of how data elements are defined and displayed, making it very difficult for third parties to make connections across hospitals and payers."

**New ALS Treatment Sparks Yet Another Drug Pricing Debate** - The FDA's expedited approval of a new ALS treatment priced at \$158,000 a year, has touched off another debate over balancing regulation with patient access.

**Hospitals Divert Primary Care Patients to Health Center 'Look-Alikes' to Boost Finances** - Medicare and Medicaid pay "look-alike" health centers significantly more than hospitals for treating patients, and converting or creating clinics can help hospitals reduce their expenses. California has more than two dozen of the look-alikes, far outpacing any other state, although many are not associated with hospitals.

**Millions Of Americans Will Save On Medicare Fees Next Year** - The rare 3% decrease in monthly premiums is likely to be coupled with a historically high cost-of-living increase in Social Security benefits — perhaps 9% or 10% — putting hundreds of dollars directly into the pockets of millions of people. "That's something we may never see again in the rest of our lives," said Mary Johnson, the Social Security and Medicare policy analyst for The Senior Citizens League. "That can really be used to pay off credit cards, to restock pantries that have gotten low because people can't afford to buy as much today as they did a year ago and do some long-postponed repairs to homes and cars."

**CMS Releases 2023 Medicare Part A and B Values** - "CMS has announced the 2023 Medicare Part A and B premium, deductible and coinsurance amounts. As in prior years, there are increases in the Part D amounts. However, the Part B premium and deductible will decrease."

**How Employers Can Make Open Enrollment More Successful This Year** - "There's still time to prepare your HR team and employees before this year's enrollment window opens -- and by tapping into these tips, you can achieve the strategic trifecta of OE success: communication, education, and engagement."

**Crush Open Enrollment Season with a Plan to Maximize Employee Satisfaction and Boost Financial Literacy** - "What matters to employees in the open enrollment period? ... What do you want to achieve in the 2023 benefits enrollment season? ... Is there a benefits communications gap? ... Put it all together to plan for open enrollment ... [1] Use targeted training and resources to engage your workforce.... [2] Promote financial literacy to help all employees understand their options.... [3] Concentrate on cost savings."

**Deadline for Medicare Part D Creditable/Non-Creditable Coverage Notices Is October 14** - "Plan sponsors that offer prescription drug coverage must provide notices of creditable or non-creditable coverage to Medicare-enrolled individuals before each year's Medicare Part D annual enrollment period -- this year, by October 14. The notice obligation is not limited to retirees and their dependents but also includes Medicare-enrolled active employees and their dependents and Medicare-enrolled COBRA participants and their dependents."

**2023 ACA Compliance Planning: Important Steps for Employers** - "[1] Adjust to a lower affordability threshold ... [2] Be aware of the affordability safe harbors ... [3] Recognize that ESRP penalty amounts continue to rise ... [4] Calendar the Form 1094-C/1095-C deadlines ... [5] Use current draft ACA reporting forms."

**COVID-19 Relief Provisions Expire in 2023 for Flexible Spending Accounts** - "The Consolidated Appropriations Act (CAA) (and other IRS guidance) that extended the grace period and enhanced carryover provisions for Health FSAs (HFSA) and Dependent Care FSAs (DCFSA) will not extend into 2023. Plan sponsors must follow the terms of their plan document provisions that were in effect before the COVID-19 relief was enacted.... The Outbreak period is still in place; it was extended through 2/28/2023 and can be extended again by the President at that time. This generally means that individuals have an additional year to meet certain deadlines."