

## HALL RENDER'S THIS WEEK IN WASHINGTON - DECEMBER 11, 2015

### HALL RENDER PARTICIPATES IN HOUSE-SENATE EXPERT ROUNDTABLE ON STARK LAW REFORM

On December 10, the Senate Finance and House Ways and Means committees convened a select group of outside experts for a roundtable discussion on Stark Law reform. Hall Render Shareholder and Health Law Practice Group Leader [Gregg Wallander](#) joined former CMS officials, Stark Law regulation authors and federal prosecutors in the congressionally led roundtable discussion that explored the challenges providers face when trying to comply with the Stark Law and what steps Congress can take to produce meaningful reform. In addition to their oral testimony, the participants were asked to submit written comments to the committees early next year that will be used to support Stark Law reform legislation. Congressional staff indicated that hearings on the issue could be held as early as next spring. For the last several years, the Hall Render Stark Law Correction Coalition has been advocating for passage of the Stark Administrative Simplification Act (H.R. 776) that would create a fixed penalty for technical violations of the Stark Law and an expedited process for their resolution by CMS.

### CONGRESS EXTENDS MORATORIUM ON DIRECT SUPERVISION REQUIREMENTS

On December 8, the House of Representatives unanimously passed a bill (S. 1461) that would extend through December 2015 the delay on the enforcement of CMS's direct supervision policy that requires supervising physicians to be present to oversee outpatient care in critical access hospitals. The Senate passed the legislation in September.

The measure states that CMS can only require general supervision for outpatient services through the end of 2015. Hospitals would be exempt from following the direct supervision policy for the rest of the year, even if the agency had previously determined that those facilities were not meeting its supervision requirements. CMS has allowed its contractors to enforce the direct supervision policy in all hospitals since the enforcement moratorium expired on January 1, 2015.

### HOSPITALS SEE PAY CUTS FROM HAC REDUCTION PROGRAM

On December 10, CMS released a [report](#) on the results of the Hospital-Acquired Conditions ("HAC") Reduction Program. According to the agency, 758 out of 3,308 participating hospitals will face a reduction of 1 percent in Medicare payments in FY 2016 as a result of poor performance on measures preventing harm to patients. The pay cuts were put into effect on October 1, 2015, and Medicare hospital spending is expected to decrease by \$364 as a result of HAC program penalties.

CMS also released new performance data for hospitals and physicians. In the HAC program's second year, average performance scores for two measures, composite index and central-line associated blood stream infections, improved, while performance scores for catheter-associated urinary tract infections declined. The agency introduced a fourth measure, surgical site infections, for the FY 2016 program.

### HEALTH SUBCOMMITTEE HOLDS HEARING ON BILLS TO IMPROVE HEALTH CARE AND TREATMENT

The House Energy and Commerce Health Subcommittee held a legislative [hearing](#) on December 9 to consider six health care-related bills. One of the bills considered was the Title VIII Nursing Workforce Reauthorization Act (H.R. 2713), which was introduced by Reps. Lois Capps (D-CA) and David Joyce (R-OH). The bipartisan legislation would reauthorize through 2020 the Health Resources and Services Administration's ("HRSA") nursing workforce development programs to continue nursing education and provide support for nurses experiencing workforce challenges in medically underserved areas.

Also considered by the subcommittee was Rep. Michael Burgess's (R-TX) legislation to increase access to high quality maternal health services in rural communities. The Improving Access to Maternity Care Act (H.R. 1209) would require HRSA to identify regions where there is a shortage of maternity care providers and facilities and designate those areas as "maternity care health professionals shortage areas." The bill offers incentives, including loan reimbursement, for maternal health providers to serve in areas with shortage designations.

### HEALTH-RELATED BILLS INTRODUCED THIS WEEK

Sen. Dean Heller (R-NV) introduced a bill (S. 2382) that would amend Title XVIII of the Social Security Act to strengthen intensive cardiac rehabilitation programs under the Medicare program.

Sen. Maria Cantwell (D-WA) introduced a bill (S. 2373) that would amend Title XVIII of the Social Security Act to provide for Medicare

coverage of certain lymphedema compression treatment items of durable medical equipment. The bill was referred to the Senate Finance Committee.

## **NEXT WEEK IN WASHINGTON**

The House and Senate return for the final legislative week of 2015. On December 10, the Senate passed a five-day continuing resolution (H.R. 2250) that keeps the federal government funded through 11:59 PM on December 16. The House must clear the five-day extension measure by December 11 in order to extend current budget authority (PL 114-53) and avert a shutdown. The stopgap measure provides Congress additional time to pass the \$1.1 trillion omnibus spending bill to fund the government through September 2016.

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Please visit the Hall Render Blog at <http://blogs.hallrender.com/> or click [here](#) to sign up to receive Hall Render alerts on topics related to health care law.