

HLB's Health Equity Essentials Update

Insights

04.01.24

On behalf of the Hooper, Lundy & Bookman's Health Equity Task Force, here is our most recent HLB Health Equity Essentials Update.

- Last month, as required by the Coronavirus Aid, Relief, and Economic Security Act (CARES) Act, the Office of Civil Rights (OCR) released its highly anticipated [Final Rule](#) modifying standards applicable to the confidentiality and release of substance use disorder (SUD) patient records (a/k/a "Part 2") to more closely align with HIPAA's privacy and related regulations. You can read our alert on the Final Rule here: [Part 2 Update: HHS Final Rule Aligning Federal Protections for Substance Use Disorder Records with HIPAA](#).
- The Department of Health and Human Services (HHS) recently released an [Issue Brief](#), detailing the steps it is taking to strengthen the delivery of primary care in the US, including reducing disparities in maternal mortality and morbidity across the nation. As part of this objective, HHS intends to develop additional, data-informed interventions to ensure that it is able to refine its dedication of resources appropriately. However, HHS acknowledges that it cannot achieve all these goals on its own and appeals to other stakeholders, including payors and state/local governments, to actively participate in the efforts to reform primary care delivery.
- Massachusetts (MA) holds the enviable position of being the first state to have *all* its hospitals meet The Joint Commission's (TJC's) new health care equity accreditation standard. The [standard](#) requires hospitals to develop an action plan to improve healthcare equity and identify an individual to lead its related activities; analyze quality and safety data to identify disparities; assess patients' health-related social needs; take action when the hospital does not meet the goals in its action plan; and inform groups, such as patients, staff, and health care partners, about progress to improve healthcare equity. The current [plan](#) is that each MA hospital will earn the *advanced* TJC Health Care Equity Certification by 2025.
- New [research](#) claims that the Centers for Disease Control and Prevention (CDC) has overstated its reported figures of maternal death rates during the past 20 years. The primary alleged culprit is the CDC's introduction in 2003 of a new "pregnancy checkbox" on death certificates, which did not require corroborating cause-of-death information. CDC has stated they [disagree](#) with the study's findings and claim methods used in research are known to undercount the mortality rate. Regardless, this potential discrepancy in reported data does not undermine the fact that a maternal health crisis continues to exist in the United States.
- On March 26, the US Supreme Court heard [arguments](#) related to a challenge to the use of mifepristone, a drug originally approved by the FDA in 2000, with changes to the FDA's approval allowing for expansions to access in 2016 and 2021 by permitting prescriptions to be made via telehealth and for the medication to be sent to patients by mail. While the outcome is

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far from certain, a majority of the Justices appeared to side with the government, as opposed to those challenging the FDA's approvals, with much of the argument focused on the question of standing. Regardless of the outcome of this case, mifepristone remains illegal in many states that have enacted near-total abortion bans.

- A new [report](#) examining maternal health care in Louisiana following that state's near total ban on abortions found that pregnant women are commonly being denied timely procedures—often in the face of life-threatening medical situations—primarily because physicians are acting cautiously to avoid even the appearance of performing an abortion.