

HLB's Health Equity Essentials Blog

Insights

12.17.25

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

CDC'S ACIP RECOMMENDS INDIVIDUALIZED DECISION-MAKING FOR HEP B VACCINATIONS

For women who test negative for the hepatitis B virus, the Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP) [now recommends](#) individualized vaccine decision-making by parents, along with the advice of their health care providers, including for the routinely administered birth dose after the group voted to change its previous recommendation. Formal advice includes parents evaluating the vaccine's risks/benefits and consulting with their health care provider to decide if their child should begin the hepatitis B vaccine series. ACIP's recommendation was [adopted by](#) the CDC on December 16, becoming part of the CDC's child immunization schedule. This represents a large shift in the previous recommendation has come with broad criticism from the health care community, including from the [American Academy of Pediatrics](#) and an [AMA trustee](#). Several state and state health agencies, including the [Michigan Department of Health and Human Services](#), and the [West Coast Health Alliance](#), a public health consortium made up of California, Oregon, Washington, and Hawaii, have also issued statements opposing ACIP's new recommendation.

USDA MAY WITHHOLD SNAP BENEFITS FROM BLUE STATES THAT FAIL TO COMPLY WITH DATA REQUEST

In response to refusal by certain Democratic-controlled states to provide information concerning potential food stamp fraud, the U.S. Department of Agriculture (USDA) is threatening to withhold their Supplemental Nutrition Assistance Program (SNAP) [benefits](#). In response, Democratic-led states have [sued the Trump administration](#), which resulted in a federal judge issuing a preliminary injunction. However, in late November, the federal government [sent a letter](#), stating that it was time for the states to comply, although the parties then agreed to a December 8 response date. Any disruption in SNAP benefits hits particularly hard on disadvantaged populations, including [Native Tribal communities](#) for which more than 60% rely upon SNAP to meet their basic food needs. Such communities already faced food instability when SNAP benefits were denied during the federal government shutdown earlier this year.

HEALTH EQUITY AT RISK IN LATEST MEDICARE RULEMAKING

On November 21, the Centers for Medicare and Medicaid Services (CMS) issued a [final rule](#) that revises certain aspects of the Outpatient Prospective Payment System/Ambulatory Surgical Center (OPPS/ASC) payment systems, including removing the Hospital Commitment to Health Equity measure from the Hospital Outpatient Quality Reporting (OQR) and Rural Emergency Hospital Quality Reporting (REHQR) Program measure sets, and the Facility Commitment to Health Equity

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measure from the Ambulatory Surgical Center Quality Reporting (ASCQR) Program, both as a means to “to decrease administrative burden and reduce costs associated with publishing lengthy tables.” On November 25, CMS then issued a [proposed rule](#) that revised the Medicare Advantage (MA) and Part D programs to eliminate the Excellent Health Outcomes for All reward, thereby reverting to the historical reward factor that encourages consistently high performance across all quality measures rather than focusing on beneficiaries with specified social risk factors. Another change in the proposed rule would eliminate the health equity requirements for MA utilization management committees, which currently include conducting yearly health equity analyses that are publicly posted, as well as requiring participation of a health equity expert.

HOUSE PASSES BILL THAT SEEKS TO EXPAND FDA’S ROLE IN RARE PEDIATRIC DISEASE RESEARCH

On December 1, the House of Representatives passed the bipartisan Mikaela Naylor Give Kids a Chance Act ([H.R. 1262](#)), which intends to increase access to innovative treatments for children by reauthorizing the FDA’s Rare Pediatric Disease (RPD) Priority Review Voucher (PRV) Program to incentivize the development of treatments for rare pediatric diseases and authorizing the FDA to direct companies to study a combination of cancer drugs and therapies in pediatric trials. This bill will need to be passed by the Senate.

PLANNED PARENTHOOD CONTINUES CLOSING CLINICS IN WAKE OF FEDERAL MEDICAID BAN

Planned Parenthood [reported](#) last month that it closed 20 more clinics across the country following the federal government’s denial of Medicaid funding in July as part of the [One Big Beautiful Bill Act](#), bringing the total closures this year to almost 50. Contrary to common misperception, Planned Parenthood is not simply an abortion provider. Historically, nearly half of all Planned Parenthood patients rely upon Medicaid to fund not only their reproductive and sexual health care services, but for wellness exams and cancer screenings as well. Without Medicaid funding, there is concern that Planned Parenthood’s future financial viability remains uncertain.

FDA COMMITTEE AND NEW STUDY EXAMINE GENERATIVE AI DIGITAL MENTAL HEALTH MEDICAL DEVICES

The Food and Drug Administration’s (FDA’s) Digital Health Advisory Committee met on November 6 to discuss the increased demand for [“AI therapists”](#) and other AI-based medical devices that provide a wide array of mental health therapies and interactions with chatbots functioning as virtual therapists. The Committee believes that as these devices continue evolving in complexity, regulatory measures will need to address such challenges as appropriate clinician oversight to help ensure safety and effectiveness while also promoting technological innovation to support public mental health efforts. (Materials from the Committee’s meeting are available [here](#).) A [study](#) published the very next day in *JAMA Network Open* reinforced concerns specifically with regard to adolescents and young adults relying upon generative AI chatbots for mental health advice. The study noted the absence of both standardized benchmarks for evaluating AI-generated mental health advice and transparency about the datasets training these models. In addition, it found that Black respondents reported lower perceived helpfulness, indicating possible cultural competency gaps in the burgeoning platforms. HLB has been monitoring as [policymakers examine](#) these issues. Further information can be followed through our [Digital Health Blog](#).

CMS ANNOUNCES ACCESS MODEL FOR CHRONIC CARE

CMS announced the [ACCESS](#) (Advancing Chronic Care with Effective, Scalable Solutions) Model, which will run for 10 years nationwide. The voluntary model will focus on a payment approach designed to expand access to technology-supported care in patients with chronic conditions initially including early cardio-kidney-metabolic, cardio-kidney-metabolic, musculoskeletal, and behavioral health. More information will be released the coming months, but a detailed [FAQ](#) is available. This model can be followed through our [Digital Health Blog](#).

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