EDITION: November 12, 2021





# COVID-19 Resources

On November 4, the Centers for Medicare and Medicaid Services (CMS) issued an emergency regulation effective November 5, 2021, requiring eligible staff at Medicare and Medicaid-certified health care facilities to be fully vaccinated against COVID-19 by January 4, 2022. The interim final rule is available <a href="https://example.com/here">here</a> and CMS addresses initial questions in its <a href="#faQs">FAQs</a>. Additionally, the Occupational Safety and Health Administration (OSHA) <a href="mailto:issued">issued</a> Emergency Temporary Standards (ETS) requiring covered employers to develop, implement, and enforce a mandatory COVID-19 vaccination policy or a policy allowing employees who are not fully vaccinated to elect to undergo weekly COVID-19 testing.

HLB's Nov 9th Alert: CMS and OSHA Release Federal Vaccine Mandates

HLB COVID-19 Resource Center

# Congressional

# Congress Passes Infrastructure, Continues on BBB

Last Friday, the House held votes on both the Senate-passed \$1 trillion bipartisan infrastructure bill and the rule to proceed to the Build Back Better (BBB) Act, which is the Democrats' reconciliation bill. A group of five moderate Democrats said they wanted to see a Congressional Budget Office (CBO) score before they could vote on BBB, which then caused a delay in voting. After a long day, Speaker Pelosi (D-CA) managed to move forward with two votes Friday night, with

# UPCOMING HEALTH CARE ACTIVITIES ON THE HILL

House Appropriations Committee 11/17 at 10:30am: Full Committee <u>hearing</u> on "U.S. Role in Global COVID-19

Vaccine Equity"

infrastructure passing 228-206. The bipartisan infrastructure bill reauthorizes surface transportation and water programs for five years, and provides \$65 billion to upgrade and provide access to broadband - a win for telehealth. Both chambers return next week and the House is hoping to pass the BBB if they have an official CBO score showing the needed cost promised to win over moderate Democrats. The latest version of the BBB draft text is here, along with a section-by-section.

# **Administration**

### **ESRD PPS Final Rule Released**

On October 29, CMS released the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) <u>Final Rule</u> which includes a 2.5% increase from 2021 and updates to the Quality Incentive Program (QIP). In addition, this <u>rulemaking</u> made changes to the ESRD Treatment Choices (ETC) model to address health equity, a first step in CMMI's ongoing efforts to incorporate into models.

### Home Health PPS Final Rule Released

On November 2, CMS <u>released</u> the Home Health PPS <u>Final Rule</u> which includes a 2.6% increase from 2021, Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP), and standardized patient assessment data elements for the home health quality reporting program (QRP).

### Physician Fee Schedule Final Rule Released

On November 2, CMS released the Physician Fee Schedule <u>Final Rule</u> which <u>updated</u> Evaluation and Management (E/M), telehealth and therapy services among other policies.

### **OPPS/ASC Final Rule Released**

On November 2, CMS released the Hospital Outpatient Prospective Payment and Ambulatory Surgical Center (ASC) Payment Systems Final Rule. The rule provides a 2% increase in payment from 2021, halts the elimination of the Inpatient Only List, and provides updates to the Hospital Outpatient Quality Reporting (OQR) Program and the ASC Quality Reporting (ASCQR) Program. In addition, the rule finalizes a number of changes to the mandatory Radiation Oncology model which begins on January 1.

### **MCIT Rule Rescinded**

Today, CMS <u>rescinded</u> the Medicare Coverage of Innovative Technology and Definition of "Reasonable and Necessary" (MCIT/R&N) Final Rule over insufficient provisions to address safety concerns for beneficiaries. In a <u>release</u>, CMS acknowledges its commitment to continue to work in this area and its intention of hosting at least two stakeholder public meetings in CY 2022 to inform future policy-making in this

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