

Health deadlines pile up as Congress adjourns for August

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Lawmakers leave town at the end of this week with a lengthy to-do list, several health programs expiring Sept. 30 and very few work days left.

The Senate is expected to return from its August recess on Sept. 5, while

the House is not slated back until Sept. 12.

That leaves only 11 legislative days with both chambers in session before the end of the fiscal year—a tight turnaround for a number of fairly complicated legislative priorities.

Looming expirations include laws to fund the government and community health centers, reauthorize emergency response and pandemic preparedness programs and renew substance use and mental health aid. The bills are also lawmakers' best chances of attaching other related policy riders, but the partisan divide on some could further threaten the bills' odds of passing.

Any measures excluded from the must-pass bills could potentially hitch a ride on a forthcoming health package Senate Majority Leader Charles E. Schumer, D-N.Y., originally planned to bring to the floor before August. The contours of the package are unclear beyond expected language to cap commercial insulin prices, but a number of packages aimed at pharmacy benefit managers and drug patents are also moving through the chamber.

The Senate Finance Committee and House Ways and Means Committee on Wednesday marked up separate packages looking to implement more transparency and restrictions on PBM operations. Ways and Means approved a health care transparency [bill](#) along party lines, and a bill to study the impact of regulations on provider consolidation. The Finance Committee, meanwhile, approved a draft bill that would address restrictions and oversight of pharmacy benefit managers by a vote of 26-1.

Appropriations

Lawmakers' largest endeavor will be agreeing on a federal spending

package, including the Labor-HHS-Education spending bill. The two chambers have not come to an agreement on any of the 12 federal spending bills.

The House Labor-HHS-Education spending bill advanced out of subcommittee July 14. GOP appropriators have not set a timeline for a full committee markup or floor action. But Democrats have criticized the bill's proposed funding cuts to major [health programs](#) like the National Institutes of Health and the inclusion of several anti-abortion spending riders.

The Senate Appropriations Committee is slated to mark up its yet-to-be-released Labor-HHS-Education bill on Thursday.

Both Agriculture spending bills, which include funding for the Food and Drug Administration, are awaiting floor action. The House version of the bill could be voted on by the end of the week, though there were questions late Wednesday about whether the measure could pass a narrowly divided House.

Pandemic response

The two chambers are taking different paths to reauthorizing a sweeping emergency response and pandemic preparedness law. The House version is currently split into two bills, which Democrats oppose because of the measures' lack of language addressing prescription drug shortages.

The Senate's version is bipartisan, however, and does contain some drug shortage provisions.

The two bills also vary in scope. While both reauthorize critical programs like the Strategic National Stockpile and the National Disaster Medical System, they diverge in important ways.

Aside from more reporting around drug shortages, the Senate bill also contains a provision directing the National Academies of Science, Engineering, and Medicine to study potentially replacing drug patents with financial prizes for research and innovation. The Pharmaceutical Research and Manufacturers of America said the move would end up "spelling disaster for patients."

Some would also like the bills to be strengthened. Both versions lack funding for a "disease X" program to bolster research on future potential pandemic pathogens, said Johns Hopkins Center for Health Security Deputy Director Anita Cicero, which would end researchers' typical "one bug, one drug" approach that fizzles as emerging threats and funding peter out.

The two chambers have a lot to resolve before Sept. 30.

"There's not a lot of time left," she said, "so it will be quite a feat if they're able to accomplish this by the deadline."

Other program reauthorizations

The pandemic preparedness bill is one of several expiring health programs.

The House Energy and Commerce Committee advanced a package of bills in May reauthorizing funding for several health programs, including for community health centers.

The House appears likely to take up the package when it returns in September.

The package also reauthorized funding for the Teaching Health Centers Graduate Medical Education program and the National Health Service

Corps—which pays to train providers in community-based settings and provides scholarships and loan repayments to providers working in underserved areas.

Meanwhile, Sen. Bernie Sanders, I-Vt., chair of the Senate Health, Education, Labor and Pensions Committee, who had originally called for tens of billions of dollars more for community health centers, halted plans for a markup of that bill this week.

Instead, he said Monday, he aims to have bipartisan reauthorization legislation ready by the first week of September. Ranking member Bill Cassidy, R-La., had called on Sanders to take up the House legislation this week instead.

Lawmakers have also weighed which programs to continue, expand or replace as part of the reauthorization process for several provisions under a broad 2018 opioid law.

The House Energy and Commerce Committee marked up its bipartisan reauthorization package on July 19. Cassidy introduced a separate reauthorization bill on July 20. The HELP committee is unlikely to take action until September.

The two packages have a number of differences in part because of jurisdiction. But some legislative differences still need to be hammered out before the deadline. The House bill currently includes offsets. The HELP version is also waiting on a budget score from the Congressional Budget Office, per a Senate aide.

The Office of National Drug Control Policy is also up for reauthorization.

Hospital cuts

Hospitals are again lobbying Congress to cancel about \$8 billion in Disproportionate Share Hospital cuts that are scheduled to take effect Oct. 1. The Medicaid and CHIP Payment and Access Commission, also known as MACPAC, has said the cuts may "disrupt the financial viability of some safety net hospitals" and has recommended Congress phase them in gradually.

The cuts stem from a provision of the 2010 health care law. Drafters of the law thought that fewer uninsured people would reduce the need for Disproportionate Share Hospital payments to hospitals.

Congress has previously delayed the cuts from taking effect, most recently in the 2021 spending bill.

Party politics

Party politics threatens to complicate several health policy priorities this fall, including the reauthorization of the Children's Hospitals Graduate Medical Education program and the confirmation of a permanent director for the National Institutes of Health.

Sanders refuses to hold a confirmation hearing for Biden's pick, National Cancer Institute Director Monica Bertagnolli, until the White House does more to lower drug prices. Sanders has not specified what steps he'd like to see, but has said the administration's moves to lower drug costs as part of Democrats' 2022 climate and [health](#) care budget package do not go far enough.

Committee member Elizabeth Warren, D-Mass., is also demanding concessions from Bertagnolli. She's asked the cancer surgeon to agree to not work for or on behalf of any pharmaceutical company for four years after leaving government.

In the lead-up to the 2024 election, Republicans are honing in on gender-affirming care for minors as their hallmark social issue, and it is threatening the routine reauthorization of the Children's Hospitals Graduate Medical Education program, which pays for residencies and fellowships for medical students training to be pediatricians. In fiscal 2022 the federal government allocated roughly \$356 million to 59 hospitals nationwide.

But Rep. Daniel Crenshaw's, R-Texas, reauthorization bill would bar any federal funds to hospitals that provide gender-affirming care, including hormone therapy and 19 specific procedures for transgender youth.

Democrats argue that tying a ban on gender-affirming care to pediatric workforce training could exacerbate workforce shortages. Rep. Kim Schrier, D-Wash., has introduced a clean reauthorization bill that Democrats support.

"This is the issue of our time," Crenshaw said during a June Energy and Commerce hearing. "This is the hill we're going to die on."

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