

Sens. Sanders, Marshall reach deal on health programs, but challenges remain

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Senate Health, Education, Labor and Pensions Chairman Bernie Sanders, I-Vt., announced Thursday that he has reached a deal with Sen. Roger Marshall, R-Kan., to reauthorize and increase funding for several key

health programs, but it's unclear how much Republican support the agreement will have.

The package, announced via a news statement early Thursday, will be marked up on Sept. 21—just days before the authorizations are set to expire Sept. 30.

The legislation would reauthorize the Community Health Center Fund, the National Health Service Corps and the Teaching Health Centers Graduate Medical Education program, which aim to improve [health care access](#) in rural and underserved areas and train providers.

In total, the package would authorize \$26 billion in spending, falling short of the significant increases Sanders had initially been pushing for but which were not going to pass a closely divided Senate.

"This does not go anywhere near as far as I would like to go or where I think we have to go," said Sanders, who initially proposed more than \$200 billion in funding for the programs.

"On the other hand, if this [bill](#) was passed, as written, it would be transformative for [primary health care](#) in this country," Sanders told reporters Thursday.

The lawmakers said in a news release that the bill will be "fully paid for by combating the enormous waste, fraud and abuse in the [health](#) care system, making it easier for patients to access low-cost generic drugs and holding pharmacy benefit managers accountable, among other provisions."

But the pay-fors are still far from settled.

Sen. Bill Cassidy, R-La., the ranking Republican on the Senate HELP

committee, criticized the bill to reporters Thursday, arguing that the offsets aren't sufficient to cover the cost.

"It's not paid for," Cassidy said. "We can imagine all of these wonderful things we'd like to do, but if you don't have the discipline of pay-fors, it's just imagination."

He later doubled down in a written statement, criticizing the bill for lacking full Hyde protections barring [federal funding](#) for abortions.

"For months, we attempted to hold good faith negotiations with the majority on this reauthorization," he said. "First, the committee was offered a deeply partisan bill that failed before its canceled markup. Now, days before programs expire, a new unfinished and haphazardly drafted proposal was offered to be voted on within a week."

Cassidy introduced a reauthorization bill in July that mirrors a version approved by the House Energy and Commerce Committee. It would authorize \$4.2 billion per year for fiscal 2024 and fiscal 2025 for the Community Health Center Fund. It would reauthorize funding for Teaching Health Centers at \$1.4 billion over six years. And the National Health Service Corps would be authorized to be funded at \$700,000 over two years.

Cassidy said the committee should take up the House bill approved by Energy and Commerce in May.

"We should be marking up that legislation that can actually pass rather than wasting time on something which everyone can see will not be signed into law," he said.

Marshall said he and Sanders are looking at about \$40 billion in pay-fors options but acknowledged it will be difficult.

"It's very much an uphill battle. A lot of people are saying we can't do it, but people said Bernie Sanders and I couldn't find the sweet spot and we found it," Marshall said.

He argued the package would save the government money by expanding access to primary care.

"At the end of the day, you can't overestimate how much money this will save programs like Medicare and Medicaid," he said later Thursday on the Senate floor.

The deal would provide \$5.8 billion per year, through fiscal 2026, in mandatory funding for community health centers. Of that funding, \$245 million would be set aside per year to expand hours of operation at health centers. Health centers would also be required to provide nutrition services.

The package would provide nearly \$3 billion in capital funding to help centers expand dental and mental health care.

Funding for the National Health Service Corps would increase from \$310 million per year to \$950 million per year through fiscal 2026. That would provide 2,100 scholarships and debt forgiveness for 20,000 doctors, nurses and other health professionals.

The Teaching Health Center Graduate Medical Education program would receive \$1.5 billion through fiscal 2028 to create more than 700 new primary care residency slots.

The package would authorize \$1.2 billion in grants to community colleges and state universities to increase enrollment in registered nursing programs. The senators estimate that would allow schools to train up to 60,000 additional two-year nurses.

The package also reauthorizes spending for several other smaller programs.

The bill would be paid for by reducing funding to the Prevention and Public Health Fund by \$980 million. The fund is frequently used to offset spending for health programs.

It would also ban hospitals from billing facility fees for telehealth services and office visits and require they have separate identification numbers for outpatient departments.

The [package](#) would also prohibit "anticompetitive" terms in contracts between hospitals and insurers that payors say drives up costs for patients.

Terms that would become illegal under the bill include contract language that prohibits insurers from directing or steering enrollees to competing health care providers.

Chip Kahn, the president and CEO of the Federation of American Hospitals, which represents for-profit hospitals, said the bill "misses the mark, offering a new slate of flawed policy proposals that threaten access to hospital care."

"Crafted outside the confines of regular order, this legislation fails to offer realistic solutions to pressing health care issues before Congress," Khan said. "Instead, hospital cuts in the bill would jeopardize access to telehealth, primary care and other essential health care services, particularly for patients in rural and underserved areas."

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