
LEGISLATIVE UPDATE

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FEDERAL

Congress

Last week, Senator Deb Fischer (R-NE) thoughtfully signed on to a Senate Dear Colleague Letter to U.S. Secretary of Health and Human Services (HHS) Alex Azar, urging a distribution of funds to children's hospitals who have not adequately received distribution but have equally suffered during the COVID-19 pandemic. Today, we are calling upon our three House Representatives Jeff Fortenberry, Don Bacon and Adrian Smith to join a [House letter](#) to Sec. Azar, asking for \$2 billion for children's hospitals across the country in the upcoming HHS funding cycle. Additionally, we are communicating the urgency of funding with Governor Pete Ricketts (R-NE) to leverage our concerns to the White House and HHS officials.

Meanwhile, the House Energy and Commerce (E&C) Committee held a [hearing](#) on the administration's response to the COVID-19 pandemic, which featured officials from the Department of Health and Human Services, National Institute of Allergy and Infectious Diseases, Food and Drug Administration, and Centers for Disease Control and Prevention. Among other updates, NIAID Director Anthony Fauci, M.D., said the agency is supporting development of several SARS-CoV-2 vaccine candidates, including one by Moderna Inc. that could enter a phase 3 trial by July pending positive results in Phase 2. CDC Director Robert Redfield, M.D., also said the agency continues to work with states and communities to expand COVID-19 testing and contact tracing.

A federal judge in Washington, D.C., June 23 dismissed the American Hospital Association's (AHA) legal challenge to the Centers for Medicare & Medicaid Services' (CMS) final rule mandating that hospitals disclose their privately negotiated charges with commercial health insurers. AHA, Children's Hospital Association (CHA) and others appealed the decision June 24. Uncertainty will remain well in to the fall as the appeal may not be granted until October. The rule will be effective Jan. 1, 2021.

As proposed, the Trump administration rule would require that hospitals:

- Publish in a consumer-friendly manner negotiated rates for the 300 most common services that can be scheduled in advance. Hospitals would have to disclose what they'd be willing to accept if the patient pays cash. The information would be updated every year.
- Publish all their charges in a format that can be read on the internet by other computer systems. This would allow web developers and consumer groups to come up with tools that patients and their families can use.

Also last week, the Supreme Court [began](#) the long awaited decision to determine the fate of the Affordable Care Act (ACA). The Trump administration reaffirmed their belief that when the individual mandate was ruled unconstitutional in 2017, the ACA itself became illegitimate. As we monitor this evolving court decision, we are lobbying for two key provisions of the ACA that are essential to children to remain- coverage for pre-existing conditions and no lifetime caps on insurance policies. More to come on this issue.

American Academy of Pediatrics (AAP)

The American Academy of Pediatrics (AAP) on Thursday issued a set of [reentry policies](#) for schools to follow, urging that all considerations for the fall should have the goal of students being "physically present in school." In the COVID-19 Planning Considerations: Guidance for School Reentry, the AAP laid out its key principles for school reentry policies:

- Remain flexible and nimble in responding to new information
- Have accommodations prepared for disadvantaged students, i.e. medically frail students or those living in poverty

- Pediatricians, families, and schools should partner together to collaboratively identify and develop accommodations
- Children should wear face coverings when harms- i.e. increasing hand-mouth/nose contact- do not outweigh benefits (potential COVID-19 risk reduction)
- Desks should be placed 3 to 6 feet apart when feasible (if this reduces the amount of time children are present in school, harm may outweigh potential benefits)
- Cohort classes to minimize crossover among children and adults within the school
- Utilize outdoor spaces when possible

STATE

Nebraska

On May 27, 2020, Governor Ricketts announced the \$40 million Community CARES grant program to help Nebraska's charitable organizations and care providers respond to and recover from the COVID-19 pandemic. The grant offers organizations working capital of at least \$12,000 to help them cover operating expenses related to COVID-19 impacts. The organizations and providers must serve children, families or communities consistent with the DHHS mission: to help people live better lives. Rural health clinics and health clinics are eligible; however, hospitals are not. We are leveraging our concerns about children's hospitals receiving disproportionately less CARES Act funding than adult systems with Governor Ricketts to create awareness and action to secure dedicated funding.

The Nebraska DHHS [approved](#) to implement Pandemic Electronic Benefit Transfer (P-EBT), a temporary federal option that allows states to provide resources to families whose kids are on the free and reduced-price lunch program while schools are closed. Over 150,000 children in Nebraska are enrolled in the program in the 2019-2020 school year, resulting in tens of millions of dollars going to Nebraska families in a moment of need.

(Sources: CHA, AHA, DHHS, House E&C, Fierce Healthcare, AAP, Peetz & Co. OWH, LJS)