

Regulatory UPDATE



Welcome to the May 2022 edition of the Colorado Hospital Association (CHA) Regulatory Update. Monthly updates cover important information on regulatory issues in the health care field, specifically those associated with the federal government, as well as Colorado state agencies involved in health care issues – including the Colorado Department of Human Services (CDHS), Colorado Department of Public Health and Environment (CDPHE), the Department of Regulatory Agencies (DORA), the Department of Health Care Policy and Financing (HCPF), and the Colorado Department of Labor and Employment (CDLE).

As a reminder, **May's CHA Regulatory Briefing Call is scheduled from 10-11 a.m. on May 4.** To join, please click this [link](#). This call allows for informal discussion regarding priority regulatory issues. To receive calendar invites for future calls, please contact Adeline Ewing, CHA policy analyst, at adeline.ewing@cha.com or 720.330.6075. Due to the volume of regulatory updates, we will not hold a regulatory deep dive this month.

May's Regulatory Update includes information on the following issues:

- [The Biden Administration Extends the Public Health Emergency](#)
- [HCPF Releases their Draft Post-PHE Framework](#)
- [FDA Expands Authorizations/ Approvals for Vaccines, Tests, and Treatments](#)
- [CMS Expands Access to COVID-19 Testing for Medicare Beneficiaries](#)
- [CMS Updates Guidance on COVID-19 Vaccination Mandate for Health Care Workers](#)
- [CMS Releases New CPT Code for Moderna Booster](#)
- [HRSA Stops Accepting Claims for the COVID-19 Vaccine from the Uninsured Program](#)
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- [CMS Issues Proposed Payment Rules for Fiscal Year 2023 & CHA Advocates for Payment Rate Increases](#)
- [CMS Holds Roundtable on Safety Net Providers in CMS Innovation Center Models](#)
- [CMS Finalizes Medicare Coverage Policy for Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease](#)
- [CMS Finalizes Changes to Medicare Advantage](#)
- [CMS Opens the Federal No Surprises Act Independent Dispute Resolution Process](#)
- [CMS Proposes to Delay Radiation Oncology Model Start Date Indefinitely](#)
- [CMS Announces Actions to Reduce Maternal Mortality and Morbidity](#)
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- [Treasury Department Proposes Regulation to Fix the "Family Glitch"](#)
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- [Calendar of Key Upcoming Dates](#)

COVID-19 Updates:

The Biden Administration Extends the Public Health Emergency

On April 12, Department of Health and Human Services (HHS) Secretary Xavier Becerra renewed the determination that a public health emergency (PHE) exists for another 90 days, effective April 16. Without extension, the PHE is now set to expire July 15, 2022. The PHE keeps certain waivers in place to allow funding and flexibility to respond to COVID-19 and the extension will help hospitals and health systems with their response. HHS has committed to providing 60 days' notice before it terminates the PHE, meaning the Administration will indicate by May 16 if it plans to extend the PHE beyond July.

On April 7, to prepare for the end of the PHE, the Centers for Medicare and Medicaid Services (CMS) released [guidance](#) unwinding certain long-term care waivers related to [quality control and nursing home staffing](#) that were no longer necessary. This guidance applies to nursing homes, inpatient hospices, intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), and end-stage renal disease (ESRD) facilities. Applicable waivers will remain in effect for hospitals and critical access hospitals (CAH).

HCPF Releases Draft Post-PHE Framework

HCPF is crafting an end-of-the-PHE plan with three stated goals: 1) continuity of coverage for CHA members that are no longer eligible for Health First Colorado/CHP+; 2) implementing operational changes to improve the member experience; and 3) minimizing the impact on county and medical assistance site eligibility workers wherever possible. To address the second and third goals, HCPF has automated aspects of member renewals. More information about HCPF's PHE planning is available [here](#).

FDA Expands Authorizations/ Approvals for Vaccines, Tests, and Treatments

- **J&J Vaccine:** On April 7, the Food and Drug Administration (FDA) [authorized](#) extending from nine to 11 months the shelf life for refrigerated Johnson & Johnson COVID-19 vaccine stored at 2-8 degrees Celsius (about 36-46 degrees Fahrenheit), based on data submitted by the company. The FDA also authorized for emergency use two new over-the-counter COVID-19 tests intended for use two times over three days and provide results in about 15 minutes. For more on the tests, see the [fact sheets for health care providers](#).
- **COVID-19 Breathalyzer:** On April 14, the FDA [authorized for emergency use](#) the first COVID-19 breathalyzer test for adults, which can detect the virus in breath samples in under three minutes under the supervision of a health care provider licensed or authorized to prescribe tests. Positive results should be treated as presumptive and confirmed with a molecular test. For more information, see the [fact sheet for health care providers](#).
- **Pediatric Remdesivir:** The FDA expanded its [approval for remdesivir](#) (Veklury) to include pediatric patients under age 12 who test positive for SARS-CoV-2 and are hospitalized or high risk of progressing to severe COVID-19. The patient must be at least 28 days old and weigh at least three kilograms (about seven pounds).

CMS Expands Access to COVID-19 Testing for Medicare Beneficiaries

Starting April 4, individuals enrolled in Medicare Part B, including those enrolled in Medicare Advantage, [can access](#) FDA approved, authorized, or cleared over-the-counter COVID-19 tests at no cost. Eligible individuals can get up to eight tests per calendar month from participating pharmacies and health care providers for the duration of the COVID-19 PHE. Medicare is not requiring participating eligible pharmacies and health care providers to go through any new Medicare enrollment processes. If a health care provider currently provides ambulatory health care services such as vaccines, lab tests, or other clinic type visits to people with Medicare, then they are eligible to participate in this initiative. Pharmacies and other health care providers interested in participating in this initiative can get more information [here](#).

CMS Updates Guidance on COVID-19 Vaccination Mandate for Health Care Workers

On April 5, CMS released [updated guidance](#) for compliance with the agency's COVID-19 vaccination requirement for health care staff. The updated guidance provides additional information related to surveying for the vaccination status of contracted services employees and clarifies when it is appropriate for surveyors to look for compliance with the COVID-19 vaccination requirement. The guidance does not change the requirement that all hospital staff must either receive the vaccine or a valid medical/ religious exemption. The guidance is effective immediately. Additional details are available in this [Special Bulletin](#) from the American Hospital Association.

CMS Releases New CPT Code for Moderna Booster

CMS released [Current Procedural Terminology \(CPT\)](#) codes for reporting a second Moderna COVID-19 vaccine booster dose on medical claims.

HRSA Stops Accepting Claims for the COVID-19 Vaccine from the Uninsured Program

On April 5, the Health Resources and Services Administration (HRSA) stopped accepting claims for the COVID-19 vaccine from the Uninsured Program (UIP), due to lack of supplemental funding from Congress. Colorado has urged Congress to continue funding for this program. The Centers for Disease Control and Prevention (CDC) issued this statement: "CDC strongly encourages providers

to stay in the CDC COVID-19 Vaccination Program and expects participating providers will continue to administer these lifesaving vaccines at no cost to patients to ensure equitable access for all. When CDC becomes aware of a provider engaging in any of the following, CDC will consider taking any and all appropriate measures, including the possibility of rescinding the CDC provider agreement:

- Administering COVID-19 vaccine at any out-of-pocket cost to the recipient.
 - Denying anyone vaccination, or differentially reducing appointment access, based on the vaccine recipient's coverage status or network status.
 - Charging an office visit or other fee if COVID-19 vaccination is the sole medical service provided.
 - Requiring additional medical services to receive COVID-19 vaccination.
 - Seeking any reimbursement, including through balance billing, from the vaccine recipient.”
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HRSA Releases Additional Provider Relief Dollars

On April 9, HRSA [announced](#) that it made more than \$1.75 billion in [Provider Relief Fund](#) (PRF) Phase 4 General Distribution payments to 3,680 providers across the country. With this disbursement, HRSA has distributed approximately \$13.5 billion from the Provider Relief Fund to nearly 86,000 and nearly \$7.5 billion in American Rescue Plan (ARP) Rural payments to more than 44,000 providers since November 2021. Providers can use PRF payments received in the first half of 2022 to cover losses and expenses until June 30, 2023. With these latest payments, approximately 92 percent of all Phase 4 applications have been processed. Remaining applications require additional manual review and HRSA is working to process them as quickly as possible.

In Colorado, 1,486 providers have received \$209,811,716 to date from the PRF. From the [Rural Payments of the American Rescue Plan](#), 774 providers in Colorado have received \$98,125,958.

Federal Government Allows Pharmacies to Order Free Antiviral Treatments

Starting the week of April 27, the federal government [will allow](#) all pharmacies in the federal pharmacy program to order free oral antiviral treatments directly from the federal government. The Administration hopes to double the number of participating pharmacies to 40,000 in the coming weeks, and to launch new test-to-treat locations that offer the Pfizer and Merck pills.

CDPHE Updates Public Health Order 20-28

CDPHE released the [15th Amended Public Health Order 20-38](#), extending the order for four weeks through May 13. This updated public health order continues to require:

- Hospital data reporting of case and bed capacity data twice per week (Tuesdays and Fridays by 10 a.m.) in EMResource
- Face coverings in some settings – including hospitals and other health care settings – based on CDC Community Levels and, in some instances, vaccination status
- COVID-19 vaccination for state contractors working in residential care settings

CDPHE Issues Public Order on Access to Testing and Therapeutics

On April 20, CDPHE issued [Public Health Order \(PHO\) 22-01](#), which aims to promote “sustainable access to COVID-19 testing for all Coloradans and therapeutic treatment for COVID-19 patients.” As part of the PHO, providers are required to “take necessary steps to provide eligible Coloradans access to life-saving COVID-19 therapeutics. Specifically:

- For testing, providers who receive free tests from the state must not charge patients, and providers who do not receive state materials are asked to provide testing at no cost whenever possible.
- For therapeutics, it requires all health care providers, including hospitals, to take necessary steps to provide eligible Coloradans access (deferring to the FDA Emergency Use Authorizations for clinical discretion for contraindications). It encourages providers to provide the therapeutic in the immediate setting if they are able to do so, and if they are not, to refer candidates to an outpatient setting.

CDPHE also reminded providers that all hospitals, urgent care centers, and long-term care facilities can now request therapies directly through the federal [Health Partner Ordering Portal](#) without going through CDPHE. Questions regarding therapeutics, including distribution, should be directed to cdphe_dcphr_covidtherapeutics@state.co.us.

CDPHE Holds Vaccine Provider Call

The recording from CDPHE’s April 22 vaccine provider call is now [available here](#), and the slides are [available here](#).

The State Emergency Operation Center Asks for Feedback from Health Care Providers

The State Emergency Operation Center is asking for feedback from health care providers through a [brief survey](#) as it prepares for a potential COVID-19 wave this summer/fall. The survey asks about readiness to manage a surge of cases in the coming weeks and months, with an expectation that the health care systems in Colorado will manage testing and therapeutics during a COVID-19 surge.

State (Non-COVID-19) Updates:

Less Than Two Weeks Remain: 2022 Legislative Session

As this year's legislative session comes to a close with only ten days left, the legislature is still considering about two-thirds of bills CHA is tracking (85 of 128). You are welcome to follow along on the [bill tracker](#).

Health Care Workforce Legislation, Driven by CHA-Led Workforce Coalition, Receives Unanimous Support in Senate Committee

On April 22, legislators introduced [Senate Bill \(SB\) 22-226](#), the legislation to enact many of the proposals developed by CHA and the coalition of 13 other health care organizations that the Association convened over the last several months. The bill – Programs to Support Health-Care Workforce – is sponsored by Sens. Sonya Jaquez Lewis (D-Boulder) and Bob Rankin (R-Carbondale) and Rep. Kyle Mullica (D-Northglenn). The package commits \$61 million in direct funding from the state to:

- Create a worker retention and resilience program (\$2 million)
- Expand the number of clinical training slots to clear the backlog of students awaiting placement (\$20 million)
- Provide tuition assistance to make entering allied health care professions cost free (\$26 million)

- Allocate funding to recruit workers who have recently left the field back into health care professions (\$10 million)
- Establish a grant program to recruit and hire school nurses in Colorado public schools (\$3 million)
- Create a statewide data sharing system to better allocate resources and inform decision makers of health care workforce planning initiatives

Additional details from the bill are outlined in this [fact sheet](#). On April 27, the bill was amended in the Senate Health & Human Services Committee where it passed with unanimous support. CHA will keep members apprised as this historic investment in Colorado's health care workforce continues to move.

Hospital Nurse Staffing Legislation Update

On April 25, Rep. Kyle Mullica (D-Northglenn) and Senate Majority Leader Dominick Moreno (D-Commerce City) introduced [House Bill \(HB\) 22-1401](#). After more than a week of intense negotiations and work with CHA and members hospitals and health systems, the Association is pleased to share that the introduced bill does not include mandated nurse staffing ratios. The introduced bill instead looks to build on work from the past two years to update the nursing section of Chapter 4 and to address "hospital readiness" for pandemic response and future emergency preparedness. In addition to the complete removal of the nurse staffing ratios language, the introduced version of the bill includes many additional compromises that CHA and members have sought over the past several days.

CHA continues to work with its government relations council and chief nursing executives and identified numerous areas for potential improvement. The bill will be heard in the House Health & Insurance Committee on Monday, May 2, where CHA's amendments will be offered. As the bill continues through the process, CHA will keep members apprised.

HB21-1198 Delay Bill Introduced

On April 26, following CHA advocacy, Rep. Iman Jodeh (D-Aurora) introduced [HB22-1403](#), legislation to extend the HB21-1198 Implementation by three months. The 1198 delay bill moves the implementation date back to September 1 from June 1.

The Hospital Discounted Care Operations Manual and patient Decline Screening Forms are now available on the [Hospital Discounted Care website](#). Questions about the policies and procedures contained in the manual can be sent to hcpf_HospDiscountCare@state.co.us. Additionally, HCPF

will be holding a series of trainings. There will be two opportunities for each training as well as a question and answer session. Training will contain attendee participation questions throughout to determine how well providers have understood the information contained in the Operations Manual.

Note, providers are encouraged to have at least one staff member attend each of the two trainings and the question and answer session. The registration form will ask for the facility name when registering. Providers may sign up for sessions using the following links, or on the [Hospital Discounted Care website](#).

- Hospital Discounted Care Policies and Procedures
 - [May 5, 1-4 p.m.](#)
 - [May 10, 9 a.m. - 12 p.m.](#)
- Uniform Application for Hospital Discounted Care and CICP
 - [May 11, 1- 4 p.m.](#)
 - [May 12, 10 a.m.-1 p.m.](#)
- Hospital Discounted Care Question and Answer Session
 - [May 17, 10 a.m. - 1 p.m.](#)

DOI Announces Partnership to Prevent Insurer Discrimination

[Senate Bill \(SB\) 21-169](#), legislation to restrict insurers' use of external and consumer data, was signed into law last summer to protect Colorado consumers from insurance practices that result in unfair discrimination based on certain characteristics, such as race, religion, or disability. As part of the law's implementation, DOI [announced](#) on April 12 that they are contracting with Cathy O'Neill and O'Neil Risk Consulting & Algorithmic Auditing (ORCAA) to ensure big data is not used in a manner to harm black, indigenous and people of color and other protected groups.

CHA Leads Joint Letter to the Division of Insurance Expressing Concern with the Regulatory Process and Implementation of the Colorado Option

On April 4, CHA, the Colorado Association Health Plans (CAHP), and the Colorado Medical Society (CMS) sent a [letter to the Division of Insurance](#) regarding joint concerns on the implementation timeline for the Colorado Option. Specifically, the letter notes a number of regulatory components that are running four months or more behind anticipated completion dates, threatening the ability of insurers and providers to effectively execute their own obligations under the law for the planned Jan.

1, 2023, rollout of the Colorado Option. The letter also expresses concern with outstanding actuarial concerns that will impact how targets are measured.

As a reminder, [House Bill \(HB\) 21-1232](#) – legislation to establish the Colorado Option – establishes a standardized plan and requires a five percent premium reduction. There are outstanding questions about how that plan will be structured and how the reduction will be measured. CHA will continue to advocate for improvements to this regulatory process.

CHA Shares Concerns with HCPF on HTP Implementation

On April 8, CHA [shared feedback](#) and recommendations with HCPF on the Hospital Transformation Program (HTP) as hospitals continue working on their implementation plans. CHA continues to have several areas of concern where it has asked HCPF to consider program modifications, additional assistance, and stakeholder engagement. Specifically of note:

- Hospitals are unique health care environments that have also been vastly transformed over the course of the COVID-19 pandemic. CHA is requesting leniency around reporting timelines and bolstering the availability of technical expertise with explicit knowledge of hospital administration and operations.
- HTP is a complex initiative that will likely require modifications as implementation continues. CHA is requesting a formal process for shared decision-making with hospitals in addition to transparency and consistency whenever new guidance is provided.
- The ability for hospitals to be successful in HTP is contingent on access to data and implementation of robust feedback loops with other stakeholders. CHA is requesting additional support for EHR integration and that hospitals only be held accountable for process elements that they have direct control over.

The feedback provided to HCPF is based largely on the conversations and discussions CHA has had with member hospitals over the past several months. For more information, contact Richard Bottner, CHA director, quality improvement and patient safety, at richard.bottner@cha.com.

CHA Sends Feedback on HCPF Hospital Insights Report

On April 11, CHA [sent feedback](#) to HCPF on its recent [Hospital Insights Report](#) to express concern about the development process, the context, and the tone of the report. The letter notes how the report lacks the necessary context to comment on the value of health care, which should encompass quality, services, and access – not just cost. The letter also states that recent affordability policies

created in recent years are driving up health care costs, adding to the significant regulatory stress from intersecting state and federal reform efforts.

The letter concludes by noting that CHA and its members were deeply disappointed in the tone of the report, "...which was crafted in such a way as to primarily villainize hospitals – despite the lifesaving care they provide, the community investments they make, the emergency preparedness and pandemic response they lead, and the vitality they bring to communities across Colorado."

HCPF Releases a Quarterly Reporting Guidebook

This month, HCPF published a quarterly reporting guide to help hospitals complete all the quarterly reporting requirements for the Hospital Transformation Program (HTP). The HTP Quarterly Reporting Guide has been added to the [HTP webpage](#) under Tools and Resources. The guide includes:

- An overview of the various types of quarterly reporting (e.g., Community and Health Neighborhood Engagement (CHNE), interim, milestone, performance measures)
- The quarterly reporting schedule
- Information on the interim and CHNE reporting, including the requirements, submission, scoring and achievement review criteria, scoring review and reconsideration period, etc.
- Details on milestone reporting, including the requirements, submission, scoring and achievement review criteria, scoring review and reconsideration period, milestone amendments, course corrections, etc.

For more information, contact the HCPF HTP team at cohtp@state.co.us.

Federal (Non-COVID-19) Updates:

CMS Issues Proposed Payment Rules for Fiscal Year 2023 and CHA Advocates for Payment Rate Increases

- **IPPS** - During visits with Colorado's congressional Delegation, CHA advocated for payment increases to keep pace with rising supply and labor costs. On April 18, CMS issued its hospital inpatient prospective payment system (IPPS) [proposed rule](#) for fiscal year (FY) 2023. The proposed rule includes a 3.2 percent rate increase for inpatient PPS payments;

however, when accounting for additional proposed changes, CMS estimates that patient PPS hospitals would actually see a net decrease of 0.3 percent from FY 2022 to FY 2023.

- **LTCH PPS** - On April 18, CMS issued its long-term care hospital (LTCH) PPS [proposed rule](#) for fiscal year (FY) 2023. The rule proposes to increase net LTCH payments by \$25 million in FY 2023, relative to prior levels.
- **IRF PPS** - On March 31, CMS issued the [proposed rule](#) for the inpatient rehabilitation facility (IRF) PPS for FY2023. This rule updates IRF PPS payments relative to the current fiscal year, as required, along with proposing several structural updates to the design of the payment system. The agency makes a modest change to the IRF quality reporting program, as well as issues several requests for information.
- **IPF PPS**- On March 31, CMS issued its FY 2023 [proposed rule](#) for the inpatient psychiatric facility (IPF) PPS. If finalized, CMS would establish a permanent 5 percent cap on decreases in wage index, update the IPF payment rate by 2.7 percent for FY 2023, and not make any changes to the IPF Quality Reporting program. The agency also solicits comments on the results of data analysis on IPF PPS adjustments as well as approaches for measuring equity and health care quality disparities.

CMS Holds Roundtable on Safety Net Providers in CMS Innovation Center Models

On March 16, CMS held a Roundtable on Safety Net Providers in CMS Innovation Center Models. The Roundtable held panels on defining “safety net;” financial incentives, structures, and supports; and technical assistance, data, and workforce needs. You can find the [transcript](#) and [slides](#) online as well as [Frequently Asked Questions \(FAQ\) document](#).

CMS Finalizes Medicare Coverage Policy for Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer’s Disease

On April 7, CMS finalized a decision to cover monoclonal antibodies that target amyloid to treat Alzheimer’s disease for Medicare beneficiaries enrolled in qualifying clinical trials when such medication is approved by the FDA. Last year, the FDA approved the first Alzheimer’s treatment, Biogen’s Aduhelm (aducanumab), using its accelerated approval pathway.

CMS Finalizes Changes to Medicare Advantage

On April 7, CMS finalized certain changes to Medicare Advantage maximum out-of-pocket and cost sharing limits for Medicare Parts A and B services that the agency proposed in 2020 to align with federal law. The [final rule](#) also codifies guidance on applying the changes beginning in contract year 2023; and requests comments on new or different ways to update and change the cost sharing limits in future years. These regulations are effective on June 13 and CMS will [accept comments](#) until July 13.

CMS Opens the Federal No Surprises Act Independent Dispute Resolution Process

On April 15, CMS opened [online portal](#) where health care providers and health plans can initiate the independent dispute resolution (IDR) process for certain out-of-network medical bills under the [No Surprises Act](#) interim final rule that took effect in January. Interested parties must initiate the process within four business days after the 30-business-day open negotiation period concludes, or [15 business days](#) from April 15 if the claim's open negotiation period concluded more than four days ago.

The agencies also have opened the [online portal](#) through which uninsured and self-pay patients may initiate the patient-provider dispute resolution process related to good faith estimates; and updated their [guidance for IDR entities](#) and [disputing parties](#) to align with a federal court ruling in February that struck down certain parts of the rule related to the arbitration process for determining out-of-network payments.

For more on the guidance and initiating the IDR process, see the American Hospital Association [Special Bulletin](#). CMS also released a new [FAQ for health care providers](#) on the law's requirements and prohibitions, and the independent dispute resolution process; and a new [FAQ on providing good faith estimates to uninsured and self-pay patients](#).

CMS Proposes to Delay Radiation Oncology Model Start Date Indefinitely

On April 17, CMS released a [proposed a rule](#) to delay implementing the Radiation Oncology Model indefinitely. This model would reimburse oncology practices and hospital outpatient sites for total episodes of care and institute site-neutral payments for select radiation therapies. As part of the Protecting Medicare and American Farmers from Sequester Cuts Act that became law last year, Congress prohibited implementation of the Radiation Oncology Model prior to January 1, 2023. CMS will accept comments on the proposal for 60 days (June 16, 2023).

CMS Announces Actions to Reduce Maternal Mortality and Morbidity

CMS released more [details](#) about the proposed “birthing-friendly” hospital designation first introduced as part of the Hospital IPPS proposed rule to drive improvements in maternal health outcomes. CMS also announced that they are working with states to implement the new state option passed as part of the American Rescue Plan to expand Medicaid and CHIP coverage for 12 months after pregnancy. Colorado passed [SB 21-194](#) last year to require HCPF to seek an amendment to the state plan to provide 12 months of postpartum medical benefits to persons who qualified for benefits while pregnant.

The Biden Administration Releases Maternal Health Initiatives

In recognition of Black Maternal Health Week from April 11 through 17, the Biden Administration took multiple actions to reduce maternal mortality and morbidity. President Biden issued a [proclamation](#) underscoring the Administration’s commitment to addressing the crisis of Black maternal mortality and morbidity across our country. On April 11, Secretary Becerra and HHS leaders [celebrated](#) Black Maternal Health Week. Finally, the Administration announced several additional initiatives, such as convening a stakeholder meeting this summer and strengthening state Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Programs. You can find more information [here](#).

Treasury Department Proposes Regulation to Fix the “Family Glitch”

On April 5, the Department of the Treasury proposed updated regulations that would enable more families to access health insurance subsidies on the Health Insurance Marketplace by eliminating the “family glitch” that inaccurately assessed the affordability of coverage — and therefore eligibility for Marketplace subsidies — for certain families. The Affordable Care Act provides subsidies, or premium tax credits, to certain individuals and families based on their income and other eligibility criteria. Individuals and families who otherwise have access to health insurance coverage that meets a minimum standard and is deemed “affordable” are ineligible for these subsidies. Existing regulations created a policy often referred to as the “family glitch,” under which the affordability of employer-sponsored health insurance options is calculated based on the employee’s required premium contribution for self-only coverage, even in instances when the employee’s spouse and/or dependent(s) require coverage.

The proposed regulations would change how affordability would be determined for an employee's family members. In order for an employee's family members to be considered to have access to affordable coverage, the employee's required premium contribution for a plan covering the family members could not exceed 9.5 percent of household income. Family members that do not have access to affordable employer-sponsored coverage based on the new definition would be eligible for premium tax credits.

HHS Announces Plans to Query Health Care Providers on Medical Bill Collection Practices

As part of a [White House initiative](#) to reduce medical debt for consumers, HHS will ask more than 2,000 health care providers for data on their medical bill collection practices, lawsuits against patients, financial assistance, financial product offerings, and third-party contracting or debt buying practices. Among other actions, HHS will publish the topline data and policy recommendations for the public, share potential violations with relevant enforcement agencies, and weigh the information when making grants, the White House said.

The American Hospital Association (AHA) issued a [Special Bulletin](#) with additional details about the initiative. AHA Executive Vice President Stacey Hughes [said](#), "Hospitals and health systems hold themselves to the highest standards of quality and safety in clinical care while also striving to deliver a care experience that meets patients' needs and expectations ... Hospitals and health systems do more than any other part of the health care field to support vulnerable patients: Our doors are always open, regardless of a patient's ability to pay ... The reality, however, is that the health care system must be adequately financed to ensure that hospitals and health systems are able to stay open and be there for their communities in times of need."

Calendar of Key Upcoming Dates

- **April 29:** Suicide Prevention Commission
- **May 5:** HCPF Training on Hospital Discounted Care Policies and Procedures – [Register Here](#)
- **May 6:** Hospital Stakeholder Engagement Meeting
- **May 10:** HCPF Training on Hospital Discounted Care Policies and Procedures – [Register Here](#)
- **May 11:** Legislative Session Adjourns Sine Die

- **May 11:** HCPF Training on Uniform Application for Hospital Discounted Care and CICP – [Register Here](#)
- **May 12:** HCPF Training on Uniform Application for Hospital Discounted Care and CICP – [Register Here](#)
- **May 12:** DOI Colorado Option Meeting – [Register Here](#)
- **May 17:** HCPF Hospital Discounted Care Question and Answer Question – [Register Here](#)

If you are not currently receiving the CHA Monthly Regulatory Update email and would like to be added to the list or for more information, contact Adeline Ewing, CHA policy analyst, at adeline.ewing@cha.com.



Colorado Hospital Association | 7335 E Orchard Rd
Greenwood Village, CO 80111-2582

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