

HEALTH CARE BRIEFING: Stopgap May Have Health Program Extensions

By Alex Ruoff and Brandon Lee | September 17, 2019 6:01AM ET

House Democratic and Republican leaders have agreed to include extensions for expiring federal health programs through the length of a stopgap spending bill, including the community health centers program, two sources familiar with the negotiations told Bloomberg Government.

Programs set to expire at the end of the month that need extensions include: community health centers, National Health Service Corps, Teaching Health Center Graduate Medical Education Program, Special Diabetes Program, Special Diabetes Program for Indians, Personal Responsibility Education Program, and Sexual Risk Avoidance Education Program.

The agreement would include a delay to the cuts to Medicaid uncompensated care payments for hospitals, one of the people said. That delay would also be for the length of the spending bill, expected to run until Nov. 21.

The House Rules Committee is set to meet today at 5 p.m. to consider a rule for the continuing appropriations measure, and the text could be released beforehand.

Such a short-term extension for federal programs would give congressional committees time to discuss how to clear long-term funding for these programs, one of the people said.

Happening on the Hill

Equity Firms Questioned on Medical Bills: House Energy and Commerce Chairman [Frank Pallone](#) (D-N.J.) and ranking member [Greg Walden](#) (R-Ore.) yesterday sent letters to the heads of three private equity firms seeking information about how they profit from “surprise” medical billing practices. The letters went to the heads of KKR, Blackstone and Welsh, Carson, Anderson & Stowe. The firms have added to their health care portfolios in recent years by acquiring health-care staffing groups and health care services companies. The letters are part of a probe by the committee into how moves by private equity firms to buy health care companies have affected health costs in the U.S. [Read more from Alex Ruoff.](#)

- A Blackstone spokesman told Bloomberg Government that TeamHealth, its staffing company, has a “long-standing policy against balance billing,” the practice of sending bills to patients when an insurer won’t pay that all surprise billing packages have sought to end. “We look forward to responding to this letter,” Matt Anderson, senior vice president for global public affairs for Blackstone, said in an email.
- A TeamHealth spokesperson said roughly 85% of the care given by their health-care providers has been rendered in-network and doesn’t seek to bill patients unless “contracts are unilaterally canceled or we are arbitrarily underpaid by an insurer,” in which case the company “pursues legal action to force insurers to uphold their commitments to patients.”

- Spokespersons for KKR and Welch Carson could not be reached for comment.

Lawmaker Letters:

- Senate Health, Education, Labor and Pension Committee ranking member [Patty Murray](#) (D-Wash.) and [Richard Blumenthal](#) (D-Conn.), ranking member of the panel's consumer protection subcommittee, [asked](#) Google's chief executive Sundar Pichai for more information about reports that women seeking abortion care came across misinformation via Google's search function, "sometimes even being directed towards non-existent or fraudulent providers."
- [Growing Drug Shortage Has Congress Seeking FDA Task Force Data](#)

Industry and Regulation

Medicare Said Overpays for 'Emergency' Ambulances: Medicare is working to clear up apparent confusion about what constitutes an "emergency" ambulance ride after a government watchdog found widespread improper payments for rides from hospitals to nursing homes. Independent ambulance suppliers and hospital-based ambulance providers likely billed Medicare incorrectly for emergency ambulance transportation on an estimated 99% of 8,880 claims from 2015 to 2017, according to a [report](#) released yesterday by the HHS Office of Inspector General.

The OIG report estimates that improper ambulance billing cost the CMS more than \$849,000 in wrongful payments over the two-year period and more than \$119,000 in 2018. The review was sparked by a previous OIG study that found Medicare made "improper and potentially improper" payments of \$1.9 million for emergency ambulance rides to destinations other than hospitals and nursing homes from 2014 to 2016. [Read more from Tony Pugh.](#)

Behavioral Health Group on Hill: Hundreds of addiction and mental health providers will be in Washington for the National Council for Behavioral Health's annual Hill Day today. The group's president Chuck Ingoglia will give a speech in the morning and lay out what the group will ask of lawmakers this year to bolster the nation's mental health infrastructure.

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In the Courts

Mass. Signals Purdue Faces Stiff Fight: The attorney general of Massachusetts gave Purdue Pharma a preview of the opposition it's facing in bankruptcy court as the embattled maker of the OxyContin painkiller seeks approval of a roughly \$10 billion

settlement stemming from the opioid crisis it helped start. Maura Healey, who sued Purdue and its board members last year, said yesterday she'll soon file an objection in bankruptcy court challenging the proposed settlement with 24 states, five U.S. territories and law firms representing more than 1,000 counties, cities and Native American tribes. Several other states, including New York and California, also slammed the deal.

At a press conference yesterday in Boston, Healey said the proposal fails to make Purdue's billionaire owners, the Sackler family, turn over opioid profits that she says they transferred overseas after "sucking the life out of Purdue." She also criticized the way Purdue plans to pay for the accord. "This settlement is to be funded by continued and future sales of OxyContin here and abroad -- I reject that," she said. [Read more from Erik Larson.](#)

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Mental Health Clinic Program Again Loses Funding Without Extension

September 17, 2019 4:14AM ET

(Inside Health Policy)

The Certified Community Behavioral Health Clinic demonstration program lost its funding Friday (Sept. 13) for the second time this year after a short-term extension lapsed, threatening access to medication-assisted treatment and the jobs of those who work at these clinics, according to patient advocates.

The program gives clinics in eight states that provide mental health care and substance use disorder services enhanced Medicaid reimbursement.

While the funding has been repeatedly extended in short stints this year to avoid running out, Friday marks the second time funding has expired without a short-term extension already in place.

The first short-term extension passed in March, extending funding for the program through the end of June. Another extension was passed in late June funding the program through mid-July. However, another short-term extension did not pass until late-July, after funding had already lapsed. That extension funded the program through Sept. 13.

The House has already approved a longer-term funding package that would extend the program through the end of 2021. However, the Senate has neither picked up the long-term extension bill and nor brought up another short-term extension.

The office of Sen. Roy Blunt (R-MO), who has sponsored a bill to fund the program for an additional two years, as well as expand the number of participating states, told *Inside Health Policy* on Friday that funding the clinics remains a priority. However, it did not have any further updates on Monday (Sept. 16).

The National Council for Behavioral Health says this uncertainty around funding leaves states unable to make long-term plans for the clinics, especially if states don't know if funding will be extended retroactively.

Chuck Ingoglia, president and CEO of the National Council for Behavioral Health, said his group will be going to Capitol Hill this week to urge lawmakers to restore funding for the program. Ingoglia told *Inside Health Policy* he is optimistic that funding will be provided retroactively and the demonstration will be extended.

The group says without funding, newly hired staff face layoffs as these positions are paid through an enhanced Medicaid rate the program provides. The council also says a lack of funding will jeopardize patients' access to medication-assisted treatment in the middle of an opioid crisis. -- Chelsea Cirruzzo (ccirruzzo@iwpnews.com)

Mental Health Advocates Call For Clinic Expansion, Reduced MAT Barriers

September 17, 2019 11:55PM ET

(Inside Health Policy)

Mental health and substance use treatment advocates are calling on Congress to reauthorize funding for mental health clinics, remove barriers to medication-assisted treatment and allow mental health counselors to bill Medicare.

The National Council for Behavioral Health, partnered with other patient advocates, including the Legal Action Centers, the National Alliance on Mental Illness, and the Addiction Policy Forum, called on Congress Tuesday (Sept. 17) to reauthorize funding for the Certified Community Behavioral Health Clinic program after its funding ended Friday (Sept. 13).

It is the second time this year that funding for the program, which gives clinics in eight states that provide mental health care and substance use disorder services enhanced Medicaid reimbursement, has lapsed.

The groups also asked Congress to increase funding for mental health and substance use programs in fiscal 2020. Additionally, they expressed support for H.R. 2482, a bill that would eliminate the separate registration requirement for dispensing the drug buprenorphine, which is used in MAT. Last month, the National Association of Attorneys General also expressed support for the bill.

The groups also backed a bill introduced earlier this year that would allow marriage and family therapists as well as mental health counselors to bill Medicare for reimbursement. They also called for the passage of another bill that would reinstate Medicaid eligibility for incarcerated individuals up to 30 days prior to their release.

On Tuesday, the National Council for Behavioral Health unveiled a new policy platform to improve behavioral health and wellbeing. The group calls for expanding Certified Community Behavioral Health Clinics (CCBHC) to all 50 states; building treatment infrastructures to respond to the addiction crisis; strengthening workforce development; fully implementing the Mental Health Parity and Addiction Equity Act; and expanding the Mental Health First Aid program.

Chuck Ingoglia, president of CEO of the National Council for Behavioral Health, said Tuesday that building a treatment infrastructure means removing barriers to MAT and advocating for more funding to tackle the opioid epidemic.

Other groups, including thirty-nine AGs, have called for reducing barriers to MAT. Earlier this month, the American Medical Association urged Medicaid agencies to eliminate prior authorization requirements as some states have done already. AMA also asked attorneys general to be allies in urging private insurers to reduce these requirements in their states.

Ingoglia said the group wants to work with policymakers to incentivize more people to pursue careers as addiction and mental health providers through enhanced reimbursement policies that would allow clinics to pay competitive salaries. He also called for expanding Medicare reimbursement for counselors and expanding loan repayment programs.

Ingoglia said the group will encourage state and federal lawmakers to modify existing laws to ensure mental health and substance use disorder services are covered the same as physical health services. AMA similarly called on Medicaid agencies to ramp up enforcement of parity requirements earlier this month.

Ingoglia also suggested more people be trained in Mental Health First Aid, including teachers and police officers. -- *Chelsea Cirruzzo* (ccirruzzo@iwpnews.com)