

LAWMAKER MAY PUT OFF PUSHING CMMI GUARDRAILS BILL UNTIL AFTER MAY

Rep. Terri Sewell (D-AL) will likely put off attaching her bill that would create guardrails on demonstrations from the Center for Medicare and Medicaid Innovation (CMMI) to a legislative vehicle until after May because the lawmaker's focus is now on passing legislation ensuring access to coronavirus treatment and providing resources to hospitals, according to a spokesperson.

For now, the spokesperson said, Sewell is looking to ensure access to care for those with COVID-19 who are uninsured and underinsured, including those in states that opted out of Medicaid expansion. She is also interested in providing struggling hospitals with resources needed to address the coronavirus outbreak that the World Health Organization recently labeled a pandemic.

Meanwhile, Sewell is still looking for a legislative vehicle for her guardrails bill, though she likely won't include it in any package until after May, the spokesperson said.

Despite Congress dealing with legislation to handle the growing coronavirus pandemic, more than 140 providers and patient advocacy organizations sent a letter to Sewell and co-author Rep. Adrian Smith (R-NE) urging the lawmakers to pass their bill, introduced Feb. 3, to create guardrails on demonstrations from CMS' innovation center.

The organizations, including the Healthcare Leadership Council, American Kidney Fund, the Multiple Sclerosis Foundation, National Medical Association and more, endorsed the bipartisan bill as a way to ensure innovation models are patient-focused and accessible. Organizations from several states, including California, Ohio, Oregon, New York, New Jersey, Texas and Washington, also urged Congress to limit such models in the letter.

The letter applauded the bill's provisions that would incorporate beneficiary feedback in the models' development with advance public notice, limit testing of new delivery and payment models to no more than five years, limit the scope of models to only the number of participants necessary, require continuous real-time

monitoring of the model's effects on beneficiaries, establish expedited oversight for Congress to prevent expansions of demonstrations and establish judicial review at the innovation center.

The organizations argue that since several on-going demonstrations are national, they affect a large number of beneficiaries and providers before they have been fully evaluated.

"Too many CMMI models endanger patient access to healthcare providers and medically necessary treatments and create unnecessary obstacles for vulnerable patients," the groups say in the letter.

The bipartisan bill also would allow for hardship exemptions if mandatory demonstrations cause undue economic hardship for providers or suppliers, or a loss of access to a provider for vulnerable populations.

The bill would further require the innovation center to consult with representatives at different federal agencies affected by the models, as well as analytical experts including those with expertise in minority, rural and underserved populations and the financial needs of safety net, community-based, rural and critical access providers.

Other cosponsors of the bill include Reps. Tony Cardenas (D-CA), John Shimkus (R-IL), Brad Wenstrup (R-OH) and Kurt Schrader (D-OR).

Mandatory Center for Medicare and Medicaid Innovation demonstrations have been controversial, with the Obama administration laying out the first mandatory demos, which were pulled back under former HHS Secretary Tom Price. HHS Secretary Alex Azar, however, reversed course and has unveiled multiple mandatory demonstrations. Some stakeholders have raised concerns that mandatory demonstrations amount to a policy change, and not really a true program test, especially if a large swath of affected beneficiaries or providers are included. ■