

Energy and Commerce Health Subcommittee advances 19 health bills

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The House Energy and Commerce Health Subcommittee advanced 19 public health bills to the full committee Tuesday, including reauthorizations of a handful of programs that expire at the end of the fiscal year.

Almost all of the bills were approved without opposition. However, two bills split Democrats.

The first (**HR 5074**), sponsored by Rep. **Earl L. “Buddy” Carter**, R-Ga., would delay until 2033 a Medicare plan to move payments for oral phosphate binders into a payment model for end stage renal disease.

Currently, most Medicare patients pay for those drugs, which treat weak and brittle bones in patients with kidney disease, with separate drug coverage called Part D.

The Centers for Medicare and Medicaid Services wants to include the drugs in the kidney disease bundled payment model — a lump sum paid to dialysis facilities for treating patients with Medicare Part B — so the 20 percent of patients without Part D can gain access to the drugs.

But the change has been delayed for more than a decade.

Rep. **Frank Pallone Jr.**, D-N.J., ranking member of the full committee, argued the delay only benefits drug companies and should not be continued.

"The continuing efforts by the manufacturers of these drugs to keep the drug outside of the bundle negatively impacts Medicare beneficiaries who bear the higher costs of paying separately for these drugs," Pallone said. "For many seniors without Medicare Part D, they will have to pay hundreds or even thousands of dollars out of pocket just to access these medications."

Supporters of the legislation say dialysis facilities aren't prepared to distribute the drugs. Carter said including the drugs in the bundle could increase premiums for all Part B patients.

"The Kidney Patient Act is common sense legislation that will ensure patients with severe kidney disease who are on dialysis can continue to receive quality health care," Carter said.

The bill advanced 16-10, with almost all Democrats voting no, except Rep. **Nanette Barragan**, D-Calif., who voted yes, and **Lisa Blunt Rochester**, D-Del., and **Ann McLane Kuster**, D-N.H., who didn't

vote. The House Ways and Means Committee advanced the bill last week 41-1, with Rep. **Lloyd Doggett**, D-Texas, voting no.

Pallone and five other Democrats also opposed a second bill (**HR 5526**), breaking with subcommittee ranking member Rep. **Anna G. Eshoo**, D-Calif., and five others.

That bill, sponsored by Rep. **Diana Harshbarger**, R-Tenn., would make permanent a COVID-19-era waiver that allowed independent physicians with onsite pharmacies to temporarily mail medications directly to their patients.

Eshoo said 15,000 oncologists have onsite pharmacies.

"Integrating pharmacies with a doctor's office may improve care for patients by reducing the wait times between diagnosis and treatment, improving patient monitoring and enhancing medication adherence," Eshoo said.

Outside of the temporary waiver, such a practice is considered illegal under the CMS interpretation of the so-called "Stark Law," which bans self-referrals by health professionals.

Pallone said the bill could increase instances of Medicare fraud and overprescribing.

"Patients deserve access to treatments that are medically appropriate for them," Pallone said. "The Stark Law ensures patients receive care based on medical necessity and not based on whatever treatment makes their provider the most money."

The subcommittee approved that bill on a 19-6 vote.

It approved the other 17 bills on the subcommittee agenda with no controversy and no opposing votes.

Among them: a legacy bill from retiring Energy and Commerce Chair **Cathy McMorris Rodgers**, R-Wash.

The bill (**HR 7406**), approved by voice vote, would require the National Institutes of Health to create a research program focused on health conditions that often occur alongside Down syndrome, like Alzheimer's.

"This is a deeply personal issue for me," said Rodgers, who has a 16-year-old son with Down syndrome.

Many of the bills that the subcommittee advanced reauthorized programs that expire at the end of the fiscal year, including a bill (**HR 7251**) that reauthorizes poison control funding; a bill (**HR 7153**) that reauthorizes a program aimed at preventing burnout in health care professionals, and a bill (**HR 6960**) that reauthorizes grants that help hospitals treat children in emergency circumstances.

The subcommittee also approved a bill (**HR 7224**) that would reauthorize a program aimed at helping professionals, organizations and communities identify signs of human trafficking, as well as a bill (**HR 6829**) from Pallone that would support public awareness about cardiomyopathy, including in schools. Another bill (**HR 7189**) would reauthorize a national congenital heart disease research, surveillance and awareness program through 2029.

Other bills advanced include:

- Three bills related to Alzheimer's disease. The first (**HR 619**) would reauthorize the National Alzheimer's Project through fiscal 2035; a related bill (**HR 620**) would require an annual budget estimate for the initiatives made under that project; and a third (**HR 7218**) would reauthorize a program through 2029 promoting public awareness of the disease.

- Two bills (**HR 4581**, **HR 5012**) related to data and research on stillbirths.
- A bill (**HR 4646**) to reauthorize through 2029 a program that funds training for rural emergency medical services.
- A bill (**HR 6160**) to reauthorize through 2029 a program that empowers states to provide respite care services to family caregivers of children and adults with disabilities and chronic conditions.
- A bill (**HR 3916**) to reauthorize the National Breast and Cervical Cancer Early Detection Program through fiscal 2029.
- A bill (**HR 2706**) to prohibit health care providers and other entities involved in matching donated organs to recipients from denying an organ to someone based on disability status.
- A bill (**HR 7208**) to reauthorize the Traumatic Brain Injury Program through fiscal 2029.

Tagged: Ailments & Disabilities, Alzheimer"s Disease, Ambulatory Services, Birth Defects, Cancer, Cardiovascular Diseases, Dialysis, Fraud, Health Care, Health Care Providers, Health Facilities, Health Professionals, Health Services, Hospitals, Law Enforcement & Public Safety, Medicaid, Medical Providers, Medicare, Medicare & Medicaid, Medicare Drug Coverage, Neurological Disorders, NIH, Occupational Certification & Licensure, Pharmaceuticals, Prescription Dispensing, Prescription Drugs & Devices, Public Safety, Seniors, Texas