# Fall 2020 Elections and Congressional Outlook

eHEALTH INITIATIVE

September 8, 2020

# HOUSEKEEPING

- All participants are muted
- To ask a question to be answered by speakers:
  - Use the "Q&A" box found on the bottom of your screen
  - We will address as many as possible after the presentations
- For help with technical difficulties and nonspeaker questions:
  - Use the "chat" box and we will respond as soon as possible
- Slides and a recording of today's presentation will be available for download on eHI's Resource page: www.ehidc.org/resources







# **OUR WORK**

# eHI conducts research, education and advocacy around critical issues to support executives transforming healthcare

## **Current Focus Areas:**



**Consumer Privacy** Framework for Health Data



Telehealth, Reimbursement & Information Blocking



Analytics, Social Determinants of Health (SDOH) & Artificial Intelligence



COVID-19 Best Practices & Education



## **TODAY'S SPEAKERS**



**Dean Rosen** Partner, Mehlman Castagnetti, Rosen & Thomas



**Catherine Pugh** Assistant VP, Policy eHealth Initiative



Lauren Aronson Partner, Mehlman Castagnetti, Rosen & Thomas







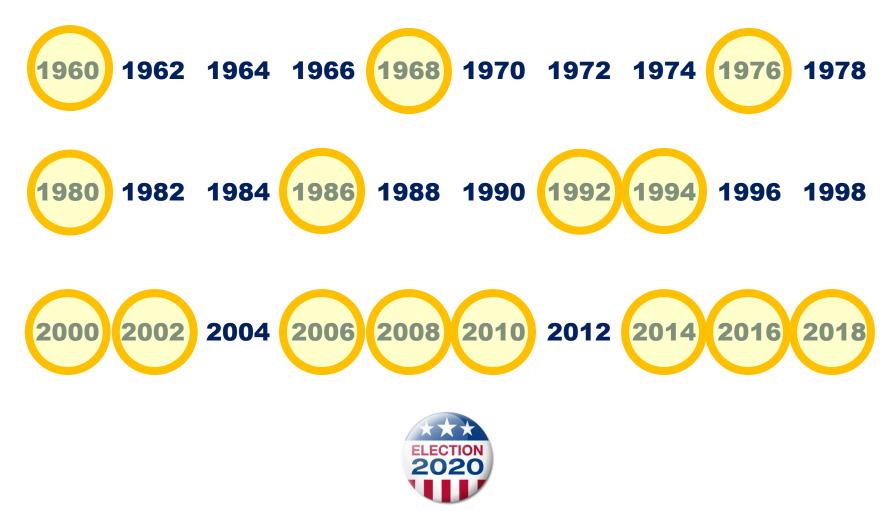
## Politics and Policy in the Age of COVID-19 September 8, 2020

MEHLMAN CASTAGNETTI — ROSEN & THOMAS —

Lauren Aronson, Partner Dean Rosen, Partner

#### **ELECTIONS AHEAD: BET ON CHANGE?**

## Change in Control of House, Senate and/or White House



MEHLMAN CASTAGNETTI — ROSEN & THOMAS —

## **2020: A YEAR UNLIKE ANY OTHER**

# Four Concurrent "Super-Disruptors"

(Since 1900 only 3 other years had 3)

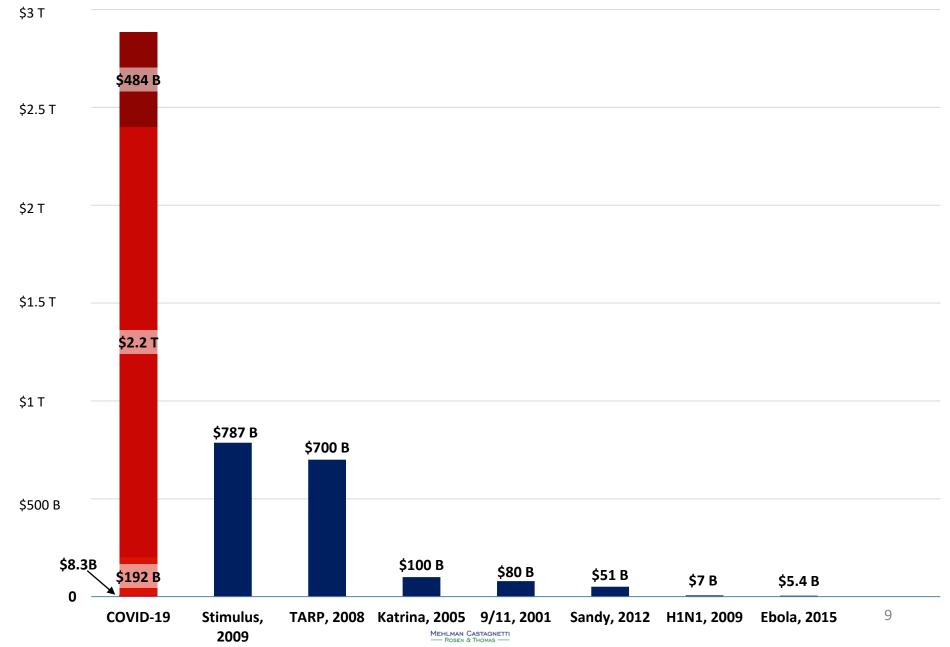
|      | Recession. | Pandemic | Nass Protests | JO<br>Intense Election |
|------|------------|----------|---------------|------------------------|
| 2020 | YES        | YES      | YES           | YES                    |
| 1968 | NO         | YES      | YES           | YES                    |
| 1957 | YES        | YES      | YES           | NO                     |
| 1919 | YES        | YES      | YES           | NO                     |

## WASHINGTON CONTINUES TO GRAPPLE WITH RESPONSE TO COVID-19



## **PUTTING IT IN PERSPECTIVE**

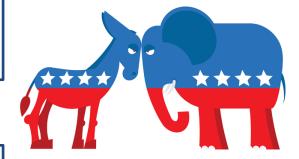
#### **COVID Response Compared to Prior Relief Packages**



## PARTIES FAR APART ON NEXT COVID-19 BILL

## DEMOCRATS

- More funding for states
- More funding for testing
- Health care coverage
- "Money in the pockets of the American people"



## REPUBLICANS

- Liability protections at the core for Senate GOP
- Another round of stimulus checks for families
- Temporary limited, and targeted funding
- Presidential Memos: UI, Payroll, Student Loans, Evictions

## **TRUMP ADMINISTRATION'S HEALTH CARE AGENDA**

#### **Rx Drugs – Major Actions**

- Rx price in DTC
- Importation framework
- International Pricing Model
- Rebate rule

#### Value-Based Care, Disruptive Care

- Mandatory bundles (end-stage renal disease/radiation oncology)
- Transparency + Site Neutral Payments
- Telehealth

#### **Affordable Insurance**

- Short-Term plans, Association Health Plans
- HSA/HRA flexibility
- Texas v. Azar
- Preexisting conditions Executive Order (?)

#### **Price Transparency**

- Executive Order on Improving Price and Quality
- Hospital Price Transparency Final Rule

#### **Opioids and Public Health**

- 42 CFR Part 2 Changes
- CARA & SUPPORT Act implementation
- FDA Vaping Regulation

#### **COVID-19 Response**

- Implementation of four COVID response bills
- Buy American and Hire American Executive Order



## **Build on the Affordable Care Act**

- New public insurance option to compete with private insurance
- Premium tax credits

#### **Lower Prescription Drug Costs**

- Allowing Medicare to directly negotiate prices
- Tax drug manufacturers w/ prices above inflation
- Eliminating pharma tax break for ad spending
- Rx drug importation from other countries

## **Lower Health Care Costs**

End surprise medical billing

## **Health Care Access**

- Expanded access to contraception and protect the constitutional right to an abortion
- Mental health parity

## **Cancer Moonshot**

Efforts to prevent, detect, diagnose, and research cancer



## **ELECTION 2020: A REFERENDUM ON TRUMP'S COVID LEADERSHIP**

# What Trump Will Say to Win Reelection

#### **Strong Wartime Leader**

**Others to Blame** 

+

+

#### **Superior Choice**



"Donald Trump's Strong Wartime Leadership Saved Millions of Lives & Trillions of Dollars"



Trump <u>also criticizing</u>:

- Unprepared Governors
- Biased Mainstream Media
- Past Administrations
- Impeachment Distraction
- Partisan Bureaucrats
- World Health Organization
- Mail Fraud / Rigged Elections



"Senile and controlled by liberal radicals"

## **ELECTION 2020: A REFERENDUM ON TRUMP'S COVID LEADERSHIP**

# What Biden Will Say to Defeat the President

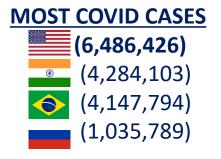
#### **Trump Failed**

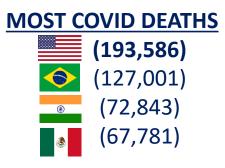
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#### "Lies & Mistakes"

#### **Better Alternative**

*"America suffered the most cases, costs & deaths due to Trump's failed leadership"* 



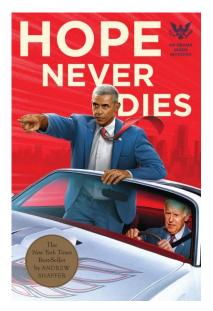




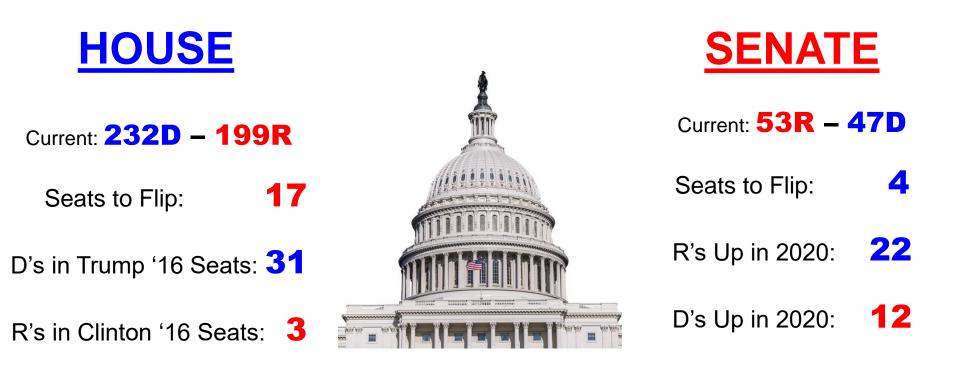




*"Joe Biden* (& Barack Obama) *led America through H1N1, Ebola & the Financial Crisis... he can do it again."* 



#### IT ISN'T JUST ABOUT THE RACE FOR THE WHITE HOUSE...



#### Since 1992, Incumbent Senators Win...



**70%** <sup>37/53</sup> ...of races when the Presidential candidate of their party *loses* their state

#### Closest 2020 Senate Races by

How State Is Leaning in the Presidential Race (per Cook Report)

| Likely+ Dem  | Lean Dem                    | Toss Ups  | Lean GOP   | Likely+ GOP               |
|--------------|-----------------------------|---|------------|---------------------------|
| ME (Collins) | CO (Gardner)<br>MI (Peters) | AZ (McSally)<br>GA (Perdue)<br>GA (Loeffler)<br>NC (Tillis) | IA (Ernst) | AL (Jones)<br>MT (Daines) |

#### **TURNOUT AND TRUST**

People Are Very Eager to Vote in 2020

> **2018** Highest U.S. Midterm Voter Turnout Since 1914

**2019** Highest "Extremely Enthusiastic" to Vote Ever Recorded (CNN) Both Sides See Turnout Opportunities & Risks

Eligible Citizens Who Didn't Vote in 2016

| 2016 | White<br>No College | College<br>White | Non-<br>White |
|------|---------------------|------------------|---------------|
| MI   | 1,564k              | 412k             | 643k          |
| MN   | 786k                | 211k             | 259k          |
| NH   | 220k                | 69k              | 25k           |
| PA   | 2,290k              | 603k             | 695k          |
| WI   | 819k                | 161k             | 306k          |
| AZ   | 684k                | 228k             | 904k          |
| FL   | 2,565k              | 719k             | 2,565k        |
| GA   | 1,172k              | 327k             | 1,303k        |
| NC   | 1,105k              | 321k             | 834k          |
| ТХ   | 2,665k              | 813k             | 4,274k        |

People Are Very Afraid of COVID, Fraud & Voter Suppression

25%

would be uncomfortable voting in person right now (40%D, 6% R)

**59%** of Americans are not confident in the honesty of U.S. elections

## LOOKING AHEAD: HEALTH CARE POLICY DEBATE SHIFTING

- 2020 election fight between GOP ("Repeal and Replace") and Dem ("Medicare-for-All") eclipsed by who's best prepared to respond to COVID
- Deficit concerns could resurface, putting downward pressure on health costs
- Public may be more accepting of broader government role, or more skeptical
- Expect oversight: Who got what, who charged what, who paid for what?
- Separating crisis response from long-term policy:
  - Should telehealth restrictions be lifted? Reimbursement be equitable?
  - Should licensure be more flexible?
  - Should we rely more on nurses and allied health professionals?
  - Will public health get more stable funding?
  - Will more Americans realize we have a persistent health disparity and health equity challenges?
  - How do we develop adequate surge capacity without paying higher premiums?
  - Whose responsibility is it anyway? (e.g., antibody testing costs)

#### • Stakeholder perceptions may be shifting:

- o Doctors and hospitals front-line heroes
- Drug manufacturers innovating
- o Laboratories developing novel tests and expanding capacity
- o Telehealth expanding access
- o Insurers?

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# FALL 2020 CONGRESSIONAL OUTLOOK

• Approx. 16 legislative days before elections

## • Must pass legislation:

- FY21 National Defense Authorization Act
- Legislation to fund government Continuing Resolution likely before Oct 1
- Medicare & Medicaid "extenders" CARES Act extended through Nov 30

• Another COVID relief package?





# **TELEHEALTH ADVOCACY ON CAPITOL HILL**

- Because COVID-19 waivers are temporary, eHI has been leading advocacy on Capitol Hill to make policies permanent
- eHI was one leading organization that collected signatures for and sent a letter to Congress outlining telehealth policy priorities
  - Letter was signed by 340 stakeholder organizations





# **TELEHEALTH LEGISLATION**



- Many Members of Congress have introduced telehealth legislation since COVID-19
- eHI has endorsed the Protecting Access to Post-COVID-19 Telehealth Act of 2020 (HR 7663)
  - Legislation reflects almost all priorities from June 29<sup>th</sup> letter
  - Introduced by bipartisan House leaders of Congressional Caucus on Telehealth
  - eHI co-hosted Legislative Advocacy Kick-Off for HR 7663 and all five Members Congress who sponsored HR 7663 participated
- eHI also applauded Chairman Lamar Alexander (R-TN) on the introduction of the Telehealth Modernization Act of 2020 (S 4375)



# WHAT'S NEXT IN TELEHEALTH IN THE ADMINISTRATION

- On August 3<sup>rd</sup>, President Trump signed an Executive Order requiring the HHS Secretary to propose a regulation within 60 days to extend temporary Medicare telehealth policies, to the extent possible, beyond the COVID-19 public health emergency period
- Many of these proposals were included in the Calendar Year 2021 Medicare Physician Fee Schedule and Quality Payment Program proposed rule, also released on August 3<sup>rd</sup>
  - CMS proposed to keep many additional services after the PHE, but has no authority to remove geographic or originating site restrictions – must come from Congressional action









# WHAT'S NEXT FOR TELEHEATLH ON CAPITOL HILL

- There is tremendous bipartisan support from Members of Congress to ensure telehealth can continue after the PHE
- But Committee staff on both sides remain hesitant to make sweeping changes because of cost and quality concerns
- Most recent proposals include one-year extension of waiver authority and require MedPAC studies and HHS data in order to inform permanent changes
- Depending on elections, the biggest telehealth push will likely come in the lameduck session
- Could see a one-year extension of current waivers included in a Continuing Resolution bill in September

