



5/12/25 WEDI FEDERAL UPDATE

Federal Agencies Called on to Identify Anticompetitive Regulations. In response to Executive Order No. [14267](#), a [letter](#) was sent from the Department of Justice (DOJ) and Federal Trade Commission (FTC) to heads of federal agencies requesting they identify regulations that reduce competition. Regulations asked to be reviewed include ones that limit competition, create or facilitate monopolies, create barriers for new businesses, or otherwise impose anticompetitive obstacles. For health care agencies, the letter specifically calls for identifying “regulations in the healthcare sector, especially those promulgated under the Affordable Care Act, may have the effect of pushing low-cost insurance plans out of the market and inducing vertical consolidation that raises prices, while burdensome pharmaceutical regulations may delay the introduction of new, more affordable medicines.” The deadline to submit the list of anticompetitive regulations is June 18. A recommendation to modify or rescind regulations must be included.

Bipartisan Bill Focuses on Safety of Health Care Workers. U.S. Senators Cindy Hyde-Smith (R-MS) and Angus King (I-ME) recently introduced the “[Save Healthcare Workers Act](#)” that would increase penalties for individuals convicted of assaults and use of deadly or dangerous weapons against on-duty hospital personnel or during a declared public emergency within the area. These penalties would provide hospital staff with the same protections given to flight attendants and airport workers. This federal bill comes in the wake of several states’ actions to address violence against health care personnel. A companion bill, [H.R. 3178](#) “To Protect Hospital Personnel from Violence, and for Other Purposes,” was also introduced in the House by U.S. Representatives Madeleine Dean (D-PA) and Mariannette Miller-Meeks (R-IA).

NIST Privacy Framework Version 1.1 Released for Public Review, Comments Due June 13. The National Institute of Standards and Technology (NIST) released the updated [Privacy Framework Version 1.1](#), a voluntary tool that allows organizations to better understand, assess, prioritize, and communicate its privacy activities. According to the Agency, changes to the Privacy Framework include updates to the privacy risk management needs, realignment with the NIST Cybersecurity Framework Version 2.0, and enhanced usability. Feedback is being requested on whether the draft meets stakeholders’ needs, as well as on the content, structure, format, and usability of the Framework.

HCPCS Public Meeting Set for June 2. The Centers for Medicare & Medicaid Services (CMS) announced the upcoming meeting of the Healthcare Common Procedure Coding Systems (HCPCS) will be held on June 2, 2025, with Tuesday, June 3, 2025, for overflow agenda items. The in-person meeting will be held at CMS Headquarters in Baltimore. Virtual attendance is available through Zoom. These meetings allow the industry and public to provide feedback on the preliminary coding recommendation and CMS's preliminary benefit category and payment determination, if applicable. Additional information to access the meeting and agenda are available [here](#).

FBI's Internet Crime Complaint Center Reports Growing Cybercrime. The Federal Bureau of Investigation's (FBI) Internet Crime Complaint Center (IC3) released its [2024 Internet Crime Report](#) summarizing the statistics of cybercrimes reported last year. While the number of reported complaints decreased, the total financial losses increased 33 percent from 2023 to a record high of \$16.6 billion, with an average loss per incident of more than \$19,000. Eighty-three percent of the losses involved cyber-enabled fraud. Ransomware complaints increased by nine percent and remain a significant concern for technology infrastructure.

Submit PQM Committee Nominations by May 15. The Battelle [Partnership for Quality Measurement](#) (PQM) has openings in its committees for Endorsement & Maintenance and Pre-Rulemaking Measure Review and are looking for individuals with rural health policy experience. Battelle is a CMS-certified entity using a consensus-based process involving a variety of experts to "ensure informed and thoughtful endorsement reviews of qualified measures." Members of PQM can be patients, caregivers, clinicians, representatives of health plans, patient advocates, researchers, representatives of health care vendors, quality measure experts, or other interested parties. Feedback on PQM's quality measures is used in the evaluation process for their inclusion in CMS programs. Nominations close on May 15.

New Report Sounds Alarm on Cybersecurity Needs for Health Care Providers. The Health Sector Coordinating Council (HSCC) Cybersecurity Working Group released a new report, "[On the Edge: Cybersecurity Health of America's Resource-Constrained Health Providers](#)," that details the current state and challenges of cybersecurity among health care providers, including limited workforce and expertise, outdated technology and systems, and lack of resources. The report compiles an analysis by HSCC of a wide range of rural providers covering 30 states and calls for government funding to expand cybersecurity staff and improve health IT infrastructure.

Patient ID Now Coalition Continues Push for Nationwide Patient Identification Strategy. With Patient ID Week May 12-16, the [Patient ID Now Coalition](#) is highlighting its campaign for Congressional action to overturn the ban on the Department of Health and Human Services

(HHS) from developing a nationwide strategy for patient identification. In March, the [Patient Matching and Transparency in Certified Health IT \(MATCH IT\) Act of 2025](#) was reintroduced by U.S. Representatives Mike Kelly (R-PA), Bill Foster (D-IL), and Seth Moulton (D-MA). The Health Insurance Portability and Accountability Act (HIPAA) included a requirement for the creation of a unique health identifier for individuals. Due to a restriction in Section 510 of the annual appropriations acts for the Departments of HHS, Labor, and Education, HHS has been prohibited from spending federal money to develop and implement a unique health identifier for individuals. The bill, if enacted, would establish a uniform definition for “patient match rate,” develop a standard data set to improve patient matching, and incorporate a minimum data set for patient matching into certification requirements.