HHS Issues Policy Statement on Rulemaking and Public Input. The Department of Health and Human Services (HHS) published in the Federal Register a policy statement entitled "Policy on Adhering to the Text of the Administrative Procedure Act." According to the publication, the Department is "rescinding the policy on Public Participation in Rule Making (Richardson Waiver) and re-aligning the Department's rule-making procedures with the Administrative Procedure Act." The publication also states: "The Administrative Procedure Act (APA) establishes procedures for the issuance of rules and regulations…An agency generally is required to publish a notice of proposed rulemaking in the Federal Register; give interested persons an opportunity to participate in the rulemaking through the submission of written data, views, or arguments; and publish a final rule that is accompanied by a statement of the rule's basis and purpose…The APA exempts from these requirements "matter(s) relating to agency management or personnel or to public property, loans, grants, benefits, or contracts." The APA also permits an agency to forgo these requirements for "good cause" when the agency finds that the procedures are "impracticable, unnecessary, or contrary to the public interest."

Executive Order Released on Price Transparency. The White House issued an Executive Order seeking to provide patients with clear, accurate, and actionable health care pricing information. The order directs the Departments of the Treasury, Labor, and Health and Human Services to rapidly implement and enforce health care price transparency regulations. The Order requires: (i) the departments to ensure hospitals and insurers disclose actual prices, not estimates, and take action to make prices comparable across hospitals and insurers, including prescription drug prices; and (ii) the departments to update their enforcement policies to ensure hospitals and insurers are in compliance with requirements to make prices transparent.

Abe Sutton Tapped to head CMMI. The Centers for Medicare & Medicaid Services (CMS) announced that Abe Sutton will serve as the Director of the Center for Medicare and Medicaid Innovation and Deputy Administrator for CMS. Before assuming this role in January of 2025, Sutton was a Principal at Rubicon Founders where he co-founded two health service companies; Honest Health, which focuses on enabling primary care physicians, and Evergreen Nephrology, which focuses on enabling nephrologists. Sutton focused on health policy with the federal government from 2017 to 2019, serving at the National Economic Council, Domestic Policy Council and Department of Health and Human Services.

House Budget Resolution Includes Possible Medicaid Cuts. The U.S. House of Representatives passed the Republican leadership's Budget Resolution on a 217-215 party-line vote (one Republican voted no) after Speaker Johnson and President Trump spent time and effort convincing both fiscal hard-liners and relative moderates in their caucus to support the package. The Resolution does not specifically earmark cuts to Medicaid but identifies up $880 billion in spending cuts over the next ten years but it is expected Medicaid spending will be the main vehicle to achieve those cuts. The Resolution now will be sent to the Senate, which is likely to make some changes to the tax numbers and could modify the spending cuts. It is important to remember that the Budget Resolution is not a law, but similar to a law in that the Senate and House must

pass the same version. The specific contents of that legislation need to be worked out in both chambers.

CMS Makes SNF Quality Data Publicly Available. The Centers for Medicare & Medicaid Services (CMS) announced the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) data is now available on the compare tool on Medicare.gov and Provider Data Catalog (PDC). The data are based on quality assessment data submitted by SNFs to CMS from Quarter 2, 2023 through Quarter 1, 2024. Centers for Disease Control and Prevention (CDC) measures reflect data from Quarter 4, 2023 through Quarter 1, 2024 for the Influenza Vaccination Coverage Among Healthcare Personnel measure, and Quarter 1, 2024 for the COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) measure. Claims-based measures display data from Quarter 4, 2021 through Quarter 3, 2023, and SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization measure data is from Quarter 4, 2022 through Quarter 3, 2023.

NUCC Releases Updated 1500 Claim Form. The National Uniform Claim Committee (NUCC) has released updates to its Version 12.0 7/24 1500 Health Insurance Claim Form Reference Instruction Manual. The first update is a minor revision to the Carrier Block address instructions to allow for use of special characters that meet U.S. Postal Service guidelines. The second update is a minor revision to the address instructions for Item Numbers 5, 7, 32, and 33 that directs senders of the form to check with their payers for any specific instructions on the use of special characters in addresses. The changes go into effect immediately and will be incorporated into the next released version of the 1500 instruction manual. The complete list of changes is available here under the 1500 Claim Form tab.

Article: Integration of Telemedicine Suggests Lower Medicare Spending. An article in *JAMA Internal Medicine* examined the issue of telemedicine adoption and low-value care use and spending among fee-for-service Medicare beneficiaries. Researchers used a “difference-in-differences” cohort study of 2.3 million Medicare beneficiaries receiving care in 286 US health systems. The study found that those in high telemedicine–adopting systems vs low telemedicine–adopting systems had slightly higher total visit rates, modestly lower use of 7 of 20 observed low-value tests, and modestly lower spending on total visits and on 2 of 20 tests following telemedicine adoption. According to the researchers, the results suggest possible benefits of telemedicine and mitigate concerns about telemedicine contributing to increased spending.

Health Affairs Showcases Value in Integrated VBC for Spine Conditions. In an article published in Health Affairs titled “Addressing the Burden of Spine-Related Disorders Through Integrated Value-Based Care,” the authors examine how Integrated Value-based Care models can address the current $134 billion annual spend on spine-related conditions. The article contends that a shift from fee-for-service care to value-based models would correct the perverse incentives that currently undermine optimal treatment of these spine-related conditions.