

## Federal Issues

### Regulatory

#### **CMS Releases Request for Information on Establishing First, National Directory of Health Care Providers and Services**

On October 5, CMS [released](#) a request for information (RFI) seeking public input on the concept of CMS creating a directory with information on health care providers and services or a “National Directory of Healthcare Providers and Services” (NDH).

**Why this matters:** Although health care directories can serve as an important resource, they may contain inaccurate information, may not support interoperable data exchange or public health reporting, and are costly to the health care industry. CMS is seeking public input on a directory that could serve as a “centralized data hub” for all health care directory and digital contact information with accurate, up-to-date, and validated data in a publicly accessible index, developed through streamlined information submission from providers. Feedback obtained in response to the RFI will aid CMS’ understanding of the current landscape of health care directories, as well as information useful to CMS when considering an NDH.

The [RFI](#) is open for a 60-day public comment period ending December 6, 2022.

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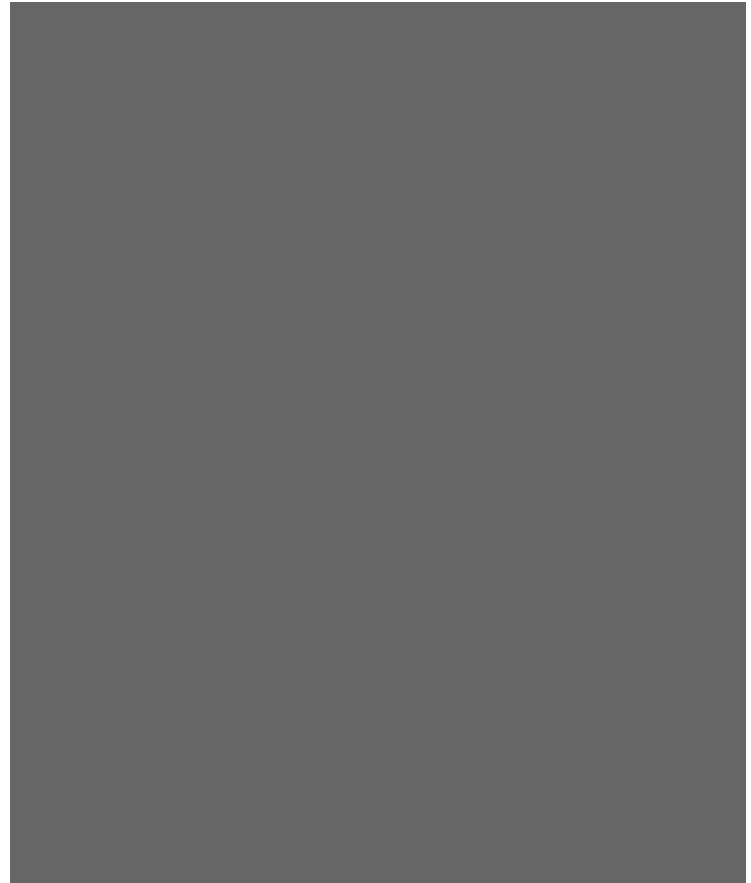
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**AHIP issued the following statement upon release of the RFI, highlighting how it looks forward to working with CMS to improve provider directories' accuracy:**

“Health insurance providers are committed to making accurate provider directory information available to all Americans. It is critical that provider directories reflect the most up-to-date information to help answer key questions as Americans and their families choose their health care coverage and to enable consumers to maximize the value of their health coverage. Maintaining accurate directories is a shared responsibility between clinicians, facilities, and health insurance providers. A cohesive, national approach to building a technology-enabled infrastructure will help ensure accuracy, reduce burden, and improve efficiency. AHIP looks forward to engaging with CMS and other stakeholders to find solutions for the benefit of the consumers we serve.”



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**CMS Issues *Inflation Reduction Act* Educational Materials**

The Centers for Medicare & Medicaid Services (CMS) issued new educational materials detailing the impact of policies in the Inflation Reduction Act (IRA) within CMS jurisdiction. The materials include information on allowing Medicare to negotiate drug prices, capping annual maximum out-of-pocket costs for Part D enrollees at \$2,000, and extending the Affordable Care Act tax credits through 2025.

**The CMS educational materials include:**

- [A Fact Sheet](#)
- [Timeline](#)
- [Frequently Asked Questions](#)
- [Medicare IRA Overview Webpage](#)

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**President Biden Signs Executive Order on Data Privacy**

President Biden signed an [executive order](#) on implementation of the data privacy [framework](#) the United States and European Union agreed to in March 2022.

**Why this matters:** The EO creates an independent, binding multi-layer redress mechanism for individuals who believe their personal data was illegally collected by U.S. intelligence agencies. The EO also includes mandates for handling personal information, requirements for the U.S. intelligence community to update policies, and creates a multi-step system of redress for individuals from qualifying states. The White House stated that the order would bolster "privacy and civil liberties safeguards" for U.S. intelligence gathering.

Click [here](#) for additional information on the executive order.

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### **White House Releases Blueprint for AI Bill of Rights**

The White House's Office of Science and Technology Policy (OSTP) [released](#) a blueprint for an Artificial Intelligence (AI) Bill of Rights consisting of 5 principles and associated practices aiming to guide the design, use, and deployment of automated systems to protect the rights of the American public in the age of AI.

#### **The White House's 5 principles include:**

1. **Safe and Effective Systems** – Every community should be protected from unsafe or ineffective automated systems.
2. **Algorithmic Discrimination Protections** – All Americans should be protected from discrimination by algorithms and systems should be used and designed in an equitable way.
3. **Data Privacy** – Built-in protections should provide safeguard Americans from abusive data practices and agency over how personal data is used.
4. **Notice and Explanation** – Notice should be provided when an automated system is being used and understand how and why it contributes to outcomes that impact you.
5. **Human Alternatives, Consideration, and Fallback** – Users should have the ability to opt out, where appropriate, and have access to a person who can quickly consider and remedy problems you encounter.

**Why this matters:** According to the OSTP, the framework will apply to automated systems that have the potential to meaningfully impact the American public's rights, opportunities, or access to critical resources or services. The Blueprint asks stakeholders, including parents, workers, and health care providers and advocates, to notify OSTP about how they are using the Blueprint.

Speaking at the White House event unveiling the Blueprint, Department of Health and Human Services' Secretary Xavier Becerra offered up his plans for HHS regulations banning algorithms that are discriminatory, as reported in Inside Health Policy. Becerra did not provide details whether the rules would be aimed at protected classes or more broadly, nor did he give a timeframe for these regulations. Becerra did allude to a prior Request for Information by the Agency for Healthcare Research and Quality last year on "Use of Clinical Algorithms That Have the Potential to Introduce Racial/Ethnic Bias into Healthcare Delivery" for which a report is expected by the end of the year.

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## State Issues

### Pennsylvania

#### Legislative

### **Behavioral Health Commission Report Outlines Recommendations for \$100 Million to Support Behavioral Health Needs**

The Wolf Administration last week [released a report](#) outlining recommendations from the Behavioral Health Commission for Adult Behavioral Health.

#### **Background:**

- Established by Act 54 of 2022, the multi-disciplinary commission was charged with making recommendations to the General Assembly for the allocation of \$100 million in one-time American Rescue Plan Act (ARPA) funding included to support adult behavioral health needs in the 2022-23 Fiscal Code.
- Act 54 established the Behavioral Health Commission for Adult Mental Health as an advisory body comprised of leadership from state agencies (DHS, PID, DDAP, DOH and PCCD), representation from the Pennsylvania Senate and House of Representatives, communities around Pennsylvania, individuals with a behavioral health diagnosis, and clinical representation across various disciplines of the continuum of care.

**Why this matters:** The state's health care continuum has been disrupted by extraordinary and concurrent stressors, including but not limited to a pandemic, an opioid epidemic, a mental health crisis, and historic workforce shortages.

**In recognition of the on-going need for support for the behavioral health system, the following areas are recommended for investment of this one-time funding:**

- **Stabilizing, Strengthening, and Expanding the Behavioral Health Workforce:** Recognizing the strain on this system given the growing need for behavioral health supports, \$37 million should be directed to recruitment and retention initiatives to attract qualified professionals to this field and assist those who do this work so they are not overly stressed and burning out.
  - \$32 million for retention bonuses/benefits, tuition assistance, training opportunities
  - \$5 million to counties to address workforce needs
- **Improving Criminal Justice and Public Safety Systems:** The commission recommends that \$23.5 million be used to support enhanced programming for people with behavioral health needs who enter or are involved with the criminal justice system. Recommendations include competitive grant funding and funding to the counties to provide evidence-based mental health and substance use disorder services while people are incarcerated and upon release, develop and expand pre-arrest diversion and co-responder models, and expand training and services to address the needs of

people with co-occurring behavioral health needs and an intellectual disability or autism who become involved with the criminal justice system.

- \$13.5 million for mental health and substance use disorder services to support people who are incarcerated and wraparound services for returning citizens to reduce recidivism
  - \$5 million to develop and expand upon pre-arrest diversion programs
  - \$5 million to counties to develop or expand co-responder models, train first responders in crisis intervention
- **Expanding Capacity for Services and Supports:** Behavioral health services must be accessible in all communities around Pennsylvania. The commission recommends using \$39 million to increase availability of behavioral health services by expanding existing and building capacity for new life-saving local crisis response like walk-in and mobile crisis services, supporting suicide prevention and local call centers, increasing integration of primary care with behavioral health, addressing social determinants of health that can exacerbate behavioral health challenges, and supporting peer-led and peer-support services to assist Pennsylvanians with behavioral health needs.
    - \$15 million to support and expand the crisis continuum of care to include the establishment of walk-in centers, mobile crisis services, and suicide prevention
    - \$10 million to support the collaborative care model
    - \$8 million to address social determinants of health needs
    - \$6 million to support peer-led services and training

**Additional Recommendations:** The commission would like to see the forum continue with a broader scope or ask that the General Assembly establish a new body that can be dedicated to on-going analysis and engagement in improving the health of Pennsylvania's behavioral health system. The commission also recommended the General Assembly make a substantial, sustained investment in base funding for county-level mental health programs, which were cut by 10% in 2012 and have not seen a substantial increase to meet cost of care and needs of the present day.

**Next steps:** The recommendations within the report cannot be acted upon until the legislature passes additional legislation to authorize the use of the funds recommended for Pennsylvania's behavioral health system.

For more information about the Behavioral Health Commission for Adult Behavioral Health, visit this [website](#).

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**Interested in reviewing a copy of a bill(s)? Access the following web sites:**

Delaware State Legislation: <http://legis.delaware.gov/>.

New York Legislation: <https://nyassembly.gov/leg/>

Pennsylvania Legislation: [www.legis.state.pa.us](http://www.legis.state.pa.us).

West Virginia Legislation: <http://www.legis.state.wv.us/>

For copies of congressional bills, access the Thomas website – <http://thomas.loc.gov/>.

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