ADVOCACY UPDATE
April 8, 2019

- What’s New
- Federal Update
- State Update
- Local Action
- Ambassadors in Action

AMITA HEALTH
In sickness and in health®
Updates from our last meeting

- Lori Lightfoot, Mayor-elect, City of Chicago
- New Mayor, Alderman take office on May 2
- Tobacco 21 Signed by Governor Pritzker! Congrats!!
- Springfield responds to Westlake Hospital Closure
- Pharmaceutical Executives testify in Washington, DC
HR 965, the "Creating and Restoring Equal Access to Equivalent Samples (CREATES) Act," establishes a process by which generic manufacturers can obtain sufficient quantities of brand drug samples for bioequivalence testing, which is meant to serve as a deterrence to tactics that brand manufacturers use to delay or impede generic entry.

HR 1499, the "Protecting Consumer Access to Generic Drugs Act" sponsored by Rep. Bobby Rush (D-IL), which would make illegal any payments between brand and generic firms to keep generics off the market.

HR 938, the "Bringing Low-cost Options and Competition while Keeping Incentives for New Generics (BLOCKING) Act," would discourage the parking or holding of 180-day exclusivity by a first generic applicant that might block other generics from coming to market.

HR 1520, the "Purple Book Continuity Act," would codify publication of the patents of approved biologics in the Purple Book in a similar format and with similar requirements to the Orange Book.

HR 1503, the "Orange Book Transparency Act," introduced by Rep. Robin Kelly (D-IL), would help to ensure that the Orange Book is accurately up-to-date, by requiring manufacturers to share complete and timely information with FDA, as well as ensuring that patents listed in the Orange Book are relevant to the approved drug product. Invalidated patents would be required to be removed promptly.
**Surprise Billing—Hearings first and then Legislation?**

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<tr>
<th>Protecting Patients from Surprise Medical Bills Act (draft bill)</th>
<th>S.3541 Reducing Costs for Out-of-Network Act/ S.3592 No More Surprise Medical Bills Act (companion bills)</th>
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<td>Both bills aim to remove patients from the middle of insurers and providers and instead protect them from surprise emergency or non-emergency medical bills</td>
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- The bill would forbid out-of-network hospitals and doctors from participating in balance billing in emergency treatment situations.
- Instead, they would seek additional payments from a health insurer (through the establishment of a payment standard).
- The bill would tweak federal ERISA laws.
- Patients who seek treatment in an in-network hospital but who are treated by an out-of-network provider would pay the in-network cost.
- The bill would require hospitals to notify emergency patients if they are admitted to an out-of-network hospital and must receive a signed acknowledgement to confirm the patient understands they may have to pay an extra cost.

- The bill would create a binding arbitration process to determine the provider payment rate in surprise out-of-network situations.
- The arbiter would be required to consider Medicare and negotiated network rates when determining the provider payment rate.
- The amount that an out-of-network provider can charge to patients with individual market plans would be capped in all situations, not just “surprise” situations.
- The insurer must count cost-sharing amounts for surprise medical bills toward in-network deductibles.
Medicaid Managed Care

• Hospital/MCO Negotiations
  – HFS convening meetings to discuss hospital payments going back several years now. This week’s discussion included rosters, care coordination, automation of prior approval documentation, and billing issues focused on NDC codes and TC modifiers.
  – Next meeting is April 15.

• Legislative Medicaid Work Group – Eligibility Backlog
  – HFS and DHS reported that more staff are needed in the areas of caseworkers to process applications, systems testing staff for IES (Integrated Eligibility System), policy staff to guide the process, customer call staff, training staff, and IT technical staff.
  – The State will also seek the assistance of trusted community partners and providers to assist people in applying through ABE.
  – HFS expects the process of hiring and dealing with the backlog to take 9-12 months to reduce the backlog to 45 days.
Workforce Legislation

• **Nurse Staffing Ratios** – *Springfield*
  – No amendments have been accepted by sponsor
  – Deadline for House bills to pass out of first chamber is April 12
  – Partnering with other hospitals and nursing staff to oppose the bills in their current form and work on potential amendments.

• **Fair Scheduling Ordinance** – *City of Chicago*
  – Proponents have expanded proposal to include all medical facilities
  – Hearing today likely in Workforce Committee
  – If passed, will go to full City Council vote on Wednesday. If not, revive in new administration.
AMITA Quality and Safety Shines!
Ambassadors in Action

Share. Learn. Take action.
One voice can make a real difference. Join us in learning about issues that impact us and take action.
NEXT CALL: MAY 13, 2019
NEW TIME:   2:00 PM