



## CMS Snapshot

**December 7-14, 2023**

Delivered to you by the Partner Relations Group in the Office of Communications

All releases below are from 2pm Thursday, December 7 through 2pm Thursday, December 14, 2023

### News Releases

\*December 7- [U.S. Departments of Health and Human Services and Veterans Affairs Renew Reimbursement Agreement](#). The U.S. Department of Health and Human Services (HHS), through the Indian Health Service (IHS), and U.S. Department of Veterans Affairs (VA) have renewed a Reimbursement Agreement that will help both agencies improve the health of American Indian and Alaska Native (AI/AN) veterans. The IHS-VA signed a Reimbursement Agreement on December 6, 2023, that establishes the terms for VA to reimburse IHS for health care services provided to eligible AI/AN veterans.

\*December 8- [Biden-Harris Administration Calls on Housing Community to Help Expand Access to Life-Saving Opioid Overdose Reversal Medications Like Naloxone](#). *As part of President Biden's Unity Agenda priority to beat the overdose epidemic, federal agencies are working with housing and support services providers to improve access to life-saving measures like naloxone, destigmatize substance use disorder, and promote recovery.* Washington, D.C. – Today, the White House Office of National Drug Control Policy (ONDCP), the U.S. Department of Health and Human Services (HHS), and the U.S. Department of Housing and Urban Development (HUD) [issued a joint letter to public health departments and health care systems - PDF](#) to partner with housing providers, community development organizations, and other housing agencies to help expand access to naloxone and other life-saving overdose reversal medications in the communities they serve. Housing providers play an important role in the whole-of-society effort to save lives by ensuring that all public spaces have lifesaving overdose reversal medications on hand and people are prepared to use it.

\*December 8- [First-of-its-Kind Study Examines Disparities in Healthcare Costs and Outcomes of Cigarette Smoking in the United States](#). *Findings inform distributional cost-benefit analyses for tobacco control policies and related research.* In first-of-its-kind research to examine racial and ethnic disparities in the medical costs of smoking in the United States, the Department of Health and Human Services' Agency for Healthcare Research and Quality (AHRQ) found that

adults from some racial and ethnic populations benefit substantially more than others from tobacco control policies.

\*December 11- [Readout of HHS Secretary Xavier Becerra's Meeting with LGBTQI+ Leaders to Discuss Health Equity](#). *During the meeting, Secretary Becerra reiterated HHS' commitment to continued partnership with LGBTQI+ leaders and organizations to build on the progress made in advancing health and human services equity for the community.* Today, U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra hosted leaders from lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) civil rights organizations in Washington to discuss actions the Department has taken to advance health equity, increase access to health care, secure non-discrimination protections, and increase access to behavioral health for the LGBTQI+ community.

\*December 12- [CMS Provides Critical Tools to Help Improve Access for Millions who Receive Medicaid Home- and Community-based Services](#). *New guidance outlines how states can establish important tools to connect individuals needing care with those qualified to provide it.* The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), today took another critical step to improve access to home- and community-based services (HCBS) by reminding states of tools to better connect direct support workers to individuals receiving Medicaid-covered HCBS, such as individuals with disabilities and older adults. The agency's new guidance focuses on building and maintaining worker registries — worker management platforms that make qualified health workers easier to find — so more individuals receiving Medicaid-covered services can receive care in a setting of their choice. The guidance also notes significant federal funding available to help states build these registries thanks to President Biden's American Rescue Plan (ARP).

\*December 12- [HHS Marks Major Milestone for Nationwide Health Data Exchange](#). The U.S. Department of Health and Human Services (HHS), through the Office of the National Coordinator for Health Information Technology (ONC), announced today that nationwide health data exchange governed by the Trusted Exchange Framework and Common Agreement<sup>SM</sup> (TEFCA) is now operational. ONC has led a multi-year, public-private process alongside its Recognized Coordinating Entity®, The Sequoia Project, Inc., to implement TEFCA, which was envisioned by the 21<sup>st</sup> Century Cures Act. As a result, patients will have increased access to their records, and health care providers and plans can improve their secure exchange of electronic health information.

\*December 12- [HHS Releases National Plan Update Marking Year of Progress on Alzheimer's Disease, Related Dementias](#). U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra today released HHS's [National Plan to Address Alzheimer's Disease: 2023 Update - PDF](#). The National Plan is a roadmap of strategies and actions of how HHS and its partners can accelerate research, expand treatments, improve care, support people living with dementia and their caregivers, and encourage action to reduce risk factors. It highlights the

progress made in 2023, which was an historic year for the treatment of Alzheimer’s disease and related dementias (ADRD) and care for people with this condition.

\*December 13- [HHS Finalizes Rule to Advance Health IT Interoperability and Algorithm Transparency](#). The U.S. Department of Health and Human Services (HHS) through the Office of the National Coordinator for Health Information Technology (ONC) today finalized its *Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (HTI-1) rule*. This follows the release of the HTI-1 proposed rule in April 2023.

\*December 14- [CMS Releases Revised Guidance for Medicare Prescription Drug Inflation Rebate Program](#). *Under President Biden’s lower-cost prescription drug law, drug companies will pay rebates to Medicare for raising prescription drug prices faster than the rate of inflation.* As a result of President Biden’s historic prescription drug law, the Inflation Reduction Act, drug companies will pay rebates to Medicare when prices of certain prescription drugs administered or dispensed to people with Medicare increase faster than the rate of inflation. In addition, people with Medicare may pay a lower coinsurance for some Part B drugs if the drugs’ prices increase faster than the rate of inflation.

\*December 14- [New HHS Actions and Research Highlight How President Biden’s Administration is Lowering Prescription Drug Costs](#). *New report provides an in-depth review of the 10 drugs selected for the first cycle of Medicare drug price negotiations under President Biden’s Inflation Reduction Act (IRA).* As part of its effort to lower prescription drug prices for America’s seniors and people with disabilities, the U.S. Department of Health and Human Services (HHS) today issued a new report that provides an in-depth review of the 10 drugs selected for the first cycle of Medicare drug price negotiations under President Biden’s Inflation Reduction Act (IRA). The report, from the Office of the Assistant Secretary for Planning and Evaluation (ASPE), reviews the common conditions treated by the selected drugs, including key health disparities associated with these conditions.

\*December 14- [HHS Releases New Data Strategy to Enhance Data Capabilities and Accelerate Progress on Cancer Moonshot Goals](#). Washington, D.C. – The U.S. Department of Health and Human Services released its Data Strategy, which seeks to further realize the Department’s mission by advancing its management and use of data to improve human health outcomes. It envisions data that is available, accessible, timely, equitable, meaningfully usable, and protected—and can be effectively used by HHS, its partners, and the public.

## Fact Sheets

\*December 13- [National Health Expenditures 2022 Highlights](#). U.S. health care spending grew 4.1% to reach \$4.5 trillion in 2022, faster than the increase of 3.2% in 2021, but much slower than the rate of 10.6% in 2020. The growth in 2022 reflected strong growth in Medicaid and

private health insurance spending that was somewhat offset by continued declines in supplemental funding by the federal government associated with the COVID-19 pandemic.

\*December 14- [CMS Letter to Plans and Pharmacy Benefit Managers](#). Dear Pharmacy Benefit Managers, Medicare Part D Plans, Medicaid Managed Care Plans, and Private Insurance Plans.

\*December 14- [FACT SHEET: Biden-Harris Administration Announces Voluntary Commitments from Leading Healthcare Companies to Harness the Potential and Manage the Risks Posed by AI](#). *Voluntary commitments – underscoring safety, security, and trust – mark a critical step toward ensuring responsible AI in healthcare.* Since taking office, President Biden has moved with urgency to seize the tremendous promise and manage the risks posed by Artificial Intelligence (AI). President Biden’s Executive Order 14110 outlined dozens of actions, including many that the U.S. Department of Health and Human Services (HHS) is responsible for, to ensure the “[Safe, Secure, and Trustworthy Development and Use of Artificial Intelligence](#).”

## Blog

\*December 13- [Charting a Path for the Medicare Advantage Value-Based Insurance Design Model: Innovating to Meet Person-Centered Needs](#). The Affordable Care Act (ACA) authorizes the Centers for Medicare & Medicaid Services (CMS) to test innovative health care payment and service delivery models that have the potential to lower Medicare, Medicaid, and Children’s Health Insurance Program spending while maintaining or improving the quality of care. The law requires an evaluation of each model to assess quality of care outcomes and changes in spending, and this evaluation is critical in determining the appropriate path for models, including expansion, modification, or termination.