

PREMIER'S ADVOCACY ROADMAP FOR THE 118TH CONGRESS





Premier at a glance. Premier is a leading healthcare improvement company uniting an alliance of more than 4,400 U.S hospitals and health systems and nearly 250,000 other providers and organizations to transform healthcare from the inside out - making it smarter, faster, and better. With integrated data and analytics, collaboratives, supply chain solutions, and consulting and other services, we enable better healthcare and outcomes at lower costs. We play a critical role in the rapidly evolving healthcare industry, helping to shape everything from healthcare policy for populations to quality of life for patients. We do this by collaborating with our members and leveraging the power of our data and technology and consulting platform to co-develop innovative, long-term solutions that are reinventing and improving the way care is delivered to patients nationwide.

Premier advocates for federal policies that support the efforts of hospitals, health systems and continuum of care providers to **drive innovation and lead the transformation to high-quality, cost-effective healthcare.**

Premier evaluates emerging issues to identify where we will **lead** with evidence-based advocacy that leverages our **extensive data, collaboratives, and experience** working with providers across the nation; **amplify** others' critical voices; or **convene** key stakeholders in order to best advance policies to improve healthcare in America. Coupled with thought leadership, Premier will continue to be a trusted voice in Washington DC advocating for sound, bipartisan policy.

Our policy areas of focus include optimizing the value of healthcare; building resilient healthcare supply chains; tech-enabling healthcare; and eliminating gaps in healthcare. The following are specific outcomes Premier intends to advocate for during the 118th Congress.



OPTIMIZING THE VALUE OF HEALTHCARE

Premier supports policies that strengthen and accelerate the ongoing transformation of healthcare to improve quality outcomes while safely reducing costs for patients. This includes ensuring that hospitals, health systems and other providers have the resources they need to support effective and efficient patient care.



PROVIDER FINANCIAL VIABILITY

Providers, both acute and non-acute, continue to experience significant fiscal challenges stemming from a combination of increased labor costs, record inflation and lagging reimbursement rates that do not account for these unprecedented financial challenges.

PREMIER PRIORITIES:

Make providers whole. Our healthcare providers deserve adequate payment that reflects both the current inflationary environment and their heroic actions throughout the course of the pandemic. Reimbursement should reflect the actual costs of providing care.

Broaden CMS data sets to calculate labor costs. Currently, Centers for Medicare and Medicaid Services (CMS) data sets used to determine the market basket and corresponding payment rate adjustments do not account for the true costs of labor or contract labor costs. Premier recommends CMS [adopt new or supplemental data sources](#) that more accurately reflect these costs, such as more real time data from the hospital community.

Provide a minimum of two years of relief for providers. For the past several years, including prior to the COVID-19 pandemic, providers have been caught in a cycle of continual crisis having to defend themselves against payment cuts at least annually, and oftentimes even more frequently. This constant battle has impacted the ability of providers to focus on longer-term strategic planning and care transformation as they fight to keep their doors open. As providers prepare to successfully transition to a post-pandemic environment and unwind from the waivers and flexibilities provided during the pandemic, a sufficient runway of relief is vital as they embrace the new normal.



VALUE-BASED CARE

Value-based care has proven to improve patient quality of care while bending the cost curve. Scaling care transformation requires appropriate incentives to outweigh the risk, uncertainty and sizeable upfront and ongoing provider investments necessary to succeed in alternative payment models (APMs).

PREMIER PRIORITIES:

Incentivize Advanced APMs. Significant progress has been made in the adoption of Advanced APMs; however, additional policy levers and incentives are needed to continue the momentum. The Advanced APM bonus is a key incentive for the movement to value that should be extended. Additionally, ensuring incentives for APM adoption can be reasonably met and are realistic given the progress of the value-based care movement is also critical.

Strengthen the Medicare Shared Saving Program (MSSP). The MSSP is one of the largest and most successful value-based care programs. Premier recommends certain changes that would improve the sustainability of the program and ensure all providers have equal opportunity to succeed.

Develop sustainable financial methodologies. New approaches to financial methodologies should address concerns about providers competing against their past performance and challenges to including certain provider types, such as rural hospitals.

Support accountable care organizations (ACOs) to partner with specialists. ACOs should have the ability to align their patient populations to other models or to create their own approaches for paying or otherwise formally engaging downstream providers. CMS can support these efforts through greater data transparency and designing models that allow ACOs to partner with specialists through “shadow bundles.”



MEDICARE ADVANTAGE IMPROVEMENTS

As Medicare Advantage (MA) enrollment increases, leveraging value-based care, unleashing the power of data and improving alignment between MA and other Medicare programs are critical to improve patient outcomes and provider viability.

PREMIER PRIORITIES:

- Encourage MA plans to partner with providers in value-based arrangements.** While traditional Medicare APMs have pioneered the movement to value, a significant amount of MA payment remains in fee-for-service contracts. Premier recommends additional incentives to encourage health plans to shift their contracting to value-based arrangements.
- Create alignment across MA plans' value-based arrangements.** Premier urges CMS to collect, analyze and publish additional data to advance multi-payer alignment and develop evaluation strategies to identify best practices.
- Create alignment between MA and ACOs.** Premier continues to advocate for policies to ensure that ACOs do not face a competitive disadvantage, such as urging CMS to analyze MA plans' use of beneficiary steering to "cherry pick" enrollees, leaving ACOs to care for only the most vulnerable, high-cost Medicare patient populations.
- Strengthen medical loss ratio (MLR) oversight.** Premier continues to advocate for CMS to implement, monitor and enforce more stringent MLR requirements for vertically-integrated MA plans that take into account the movement of federal funding through payer-owned healthcare providers and health services companies.

LABOR CHALLENGES

The COVID-19 pandemic has exacerbated a long-standing shortage of healthcare workers due to retirements, an aging U.S. population and a stagnant talent pipeline. As shortages become more severe, providers must pay more to attract and retain scarce staff, a reality predicted to persist as the pandemic subsides.

PREMIER PRIORITIES:

Develop incentives and programs to grow the healthcare workforce. Premier advocates for expansion of educational opportunities for healthcare workers, funding additional graduate medical education (GME) programs, loan forgiveness programs, supportive immigration policies and other opportunities.

Ensure protections for healthcare workers from workplace violence. Healthcare workers are experiencing significant and rising incidences of violence in the workplace, primarily from patients and their families. This in turn impacts recruitment and retention strategies for healthcare workers. Premier advocates for federal protections for healthcare workers from assault or intimidation.

QUALITY IMPROVEMENT

Providers face numerous quality reporting requirements across a variety of CMS quality programs, which can lead to conflicting measure specifications and duplicative reporting. Further, data collection and reporting process are often overly burdensome, and measures may not be structured to offer providers the information needed to effectuate and track quality improvement efforts.

PREMIER PRIORITIES:

Advance the next generation of quality programs and measurement. This should include a focus on outcomes-based measures, social determinants of health and digital quality measurement.

LONG-TERM CARE PHARMACY

Long-term care pharmacies (LTCPs) provide highly specialized and distinct services for elder, vulnerable beneficiaries residing in long-term care facilities (LTCFs) across the country, yet no statutory definition of LTCPs exists under current federal law or regulations. As a result, conflicting and confusing policies implemented by federal agencies – such as the U.S. Food and Drug Administration (FDA), CMS and the U.S. Environmental Protection Agency (EPA) – have been inappropriately applied to LTCPs.

PREMIER PRIORITIES:

- Codify a statutory uniform federal LTCP definition.** This would avoid conflicting proposals that jeopardize the LTCP business model and patient access, unintentionally disrupting the current service and patient care delivery model.
- Collaborate on data and research needed to showcase the value of LTCP services** to ensure adequate reimbursement and inclusion in future delivery care models and settings.

HOSPITAL AT HOME

During the COVID-19 public health emergency (PHE), more than 200 hospitals nationwide utilized the CMS Acute Hospital Care at Home (AHCAH) waiver to furnish certain acute care services to Medicare patients from their homes. In addition to freeing up hospital capacity, this framework has allowed hospitals to offer a safe and effective alternative of care for patients and reduced avoidable emergency department visits. Many health systems are interested in continuing to utilize the hospital-at-home framework post-PHE.

PREMIER PRIORITIES:

- Implement a permanent hospital-at-home program.** Premier urges further testing of the hospital-at-home concept through a new alternative payment model (APM) or as a waiver for existing APMs, such as ACOs.
- Create pathways to support partnerships across the continuum to further the success of the hospital-at-home program.**

PREMIER'S KEY SUCCESSES:

OPTIMIZING THE VALUE OF HEALTHCARE

Congress enacted several Premier priorities in the Consolidated Appropriations Act of 2023 (CAA 2023), including:

- ✓ *Waiver of the 4 percent statutory PAYGO cut for two years*
- ✓ *Extension of the Advanced APM bonus by one year and continued freezing of the revenue and patient thresholds that APMs must meet to qualify*
- ✓ *Reduction in cuts to Medicare payments to clinicians under the Physician Fee Schedule for two years*
- ✓ *Expansion of GME slots*

CMS implemented several Premier priorities related to payment and APM regulations in 2023 payment rules, including:

- ✓ *Delaying new MSSP quality reporting requirements in recognition of the significant burden associated with these changes.*
- ✓ *Providing an option for MSSP ACOs to opt-out of advancing to the next level of risk due to the ongoing COVID-19 public health emergency.*
- ✓ *Including in the ACO REACH model several updates to the earlier iteration of Medicare Direct Contracting, such as reducing discounts to ensure providers have adequate payment under the Global track and applying consistent policies across participants to ensure healthcare providers have the same opportunity to participate as non-providers.*



BUILDING RESILIENT HEALTHCARE SUPPLY CHAINS

Premier advocates for policies that create visibility and transparency into the healthcare supply chain. Premier's goal is to ensure that every provider in the country has access to the right product, at the right time, at the right quality and at the right price for patient care.



PANDEMIC PREPAREDNESS

From the beginning of the COVID-19 pandemic, Premier has been at the forefront of response efforts working around the clock to ensure hospitals, health systems, and alternate site providers across the country had access to the necessary personal protection equipment (PPE), medical supplies and pharmaceuticals to treat COVID-19 patients. Premier has spent significant time reflecting on the experience of the healthcare industry during COVID-19 response efforts to determine elements that worked well as well as areas for improvement for the future.

PREMIER PRIORITIES:

Develop a real-time inventory data management system. A major failure during the pandemic was the lack of downstream visibility into the exact quantities of critical medical supplies and drugs that were on US soil at any given time. This lack of understanding of product availability led to excessive purchasing of products, the emergence of unscrupulous and fraudulent vendors and hoarding, which created shortages for others. Premier advocates for the establishment of an automated supply chain tracking application that provides near real-time insight into critical supplies available in the Strategic National Stockpile (SNS) and medical and health supply inventories in communities across the country.

Strengthen the SNS. The SNS is the supply chain of last resort for health systems, alternate site providers, and first responders. Therefore, the SNS must be built by providers for providers. The SNS must also leverage analytics and insights to assist providers in the delivery of care during global pandemics that is in the best interest of patients and ensure access to the right supplies at the right time.

Maintain supply chain integrity. Premier advocates for policies that combat the gray market and ensure supply chain integrity.

MITIGATING DRUG SHORTAGES

Drug shortages continue to plague the healthcare system, threatening patients' access to critical life-saving therapies and driving up drug costs. While the pandemic exacerbated pharmaceutical sourcing challenges, many of the existing shortages are the result of marketplace dynamics and cracks in the supply chain that originated long ago. The causes of drug shortages are complex and eliminating drug shortages once and for all requires a multifaceted approach.

PREMIER PRIORITIES:

Strengthen the Food and Drug Administration's (FDA) ability to proactively address and respond to potential shortages. This includes required reporting on the volume of product manufactured per FDA registered facility, expanding the FDA drug shortage list and ensuring FDA is appropriately funded to equitably inspect all FDA registered facilities.

MITIGATING DEVICE SHORTAGES

COVID-19 exposed weaknesses in the U.S. supply chain and the country's overdependence on medical supplies, devices and components imported from overseas. Shortages persist today and span a variety of categories, including supplies essential for patient care such as blood collection tubes, contrast media and more.

PREMIER PRIORITIES:

Expand on the device shortage reporting requirements created in the Coronavirus Aid, Relief, and Economic Security (CARES) Act. These provisions should be made permanent as mandatory reporting of device shortages is currently tied to the COVID-19 PHE. In addition, more can be done to strengthen the device shortage program such as requiring volume reporting, requiring risk and mitigation plans and providing FDA with authority to allow temporary importation of devices to mitigate a shortage.



DOMESTIC MANUFACTURING

The pandemic, recent global geopolitical events and ongoing global supply chain disruptions have brought into sharp focus the U.S.'s overreliance on foreign manufacturing in accessing critical medical products during public health emergencies. This vulnerability threatens our national security. While private-sector innovations have bolstered the nation's supply, persistent challenges remain that require accelerated solutions from the federal government to incentivize domestic manufacturing.

PREMIER PRIORITIES:

Provide tax incentives to boost domestic manufacturing. This will incentivize manufacturers to invest in domestic manufacturing while also ensuring that domestically manufactured goods are price competitive with globally sourced products.

Expedite FDA approvals for domestically manufactured medical supplies. This will help prioritize inspections and regulatory approvals for critical medical supplies and drugs that are manufactured domestically.

Provide differential CMS reimbursement for domestically manufactured medical supplies. Premier supports broadening the new Medicare payment adjustment for hospitals to purchase domestically manufactured N95 masks to other critical medical supplies and drugs in order to create committed purchasing volume for domestic suppliers and offset higher acquisition costs. Premier further supports changes to CMS payment policies permitting the implementation of differential reimbursement in a non-budget neutral manner.

Provide differential reimbursement for domestically manufactured medical supplies. Premier advocates for private payers to also provide differential reimbursement for domestically manufactured critical medical supplies and pharmaceuticals.

Require government purchasing of domestically manufactured medical supplies. Premier advocates for redefining requirements for government purchasers (e.g., DOD, VA, etc.) to purchase domestically manufactured critical medical supplies and pharmaceuticals.

COMPETITIVE & HEALTHY MARKETS

The cost of critical medical devices and pharmaceuticals continue to rise and gain attention. While some progress has been made in this area with the passage of the Inflation Reduction Act, more can be done to reward innovation in healthcare while also holistically lowering prices for all segments of healthcare, including the patient.

PREMIER PRIORITIES:

Deter anticompetitive behaviors in the healthcare market to lower prices. Premier advocates for policies that prevent manufacturers from gaming regulatory frameworks to extend exclusivity and prevent competing generics, biosimilars and other alternative products from coming to market.

Support outcomes-based contracting. Premier supports revisions to the Stark and Anti-Kickback laws to support the movement to value-based care by allowing payment for devices and medications to be made based on outcomes.

Create transparency standards for Pharmacy Benefit Managers (PBMs). Premier advocates for the development and implementation of transparency standards for PBMs to deter anticompetitive practices that result in higher costs for patients.

ENVIRONMENTAL SUSTAINABILITY

Climate change has been directly linked to various poor health outcomes. While health systems shoulder the burden of caring for individuals affected by the impacts of climate change, the healthcare industry also contributes to the problem, accounting for approximately 9 percent of greenhouse gas (GHG) emissions in the U.S.

PREMIER PRIORITIES:

Fulfill the White House/HHS Health Sector Climate Pledge. Premier pledged to reduce our greenhouse gas (GHG) emissions by 50 percent by 2030 and achieve net zero emissions by 2050.

Implement federal policies to better prepare health systems and other providers for the impact of climate change on their patients and support efforts to reduce healthcare's carbon footprint. Premier recommends certain incentives to drive greener choices for the safety and health of patients, workers, and the environment.

PREMIER'S KEY SUCCESSES:

BUILDING RESILIENT HEALTHCARE SUPPLY CHAINS

Premier spearheaded efforts to include provisions in the CARES Act to mitigate drug shortages necessary for patient care during the pandemic. Specifically, these provisions:

- ✓ Created a priority pathway for the review of drug shortage applications
- ✓ Required a report examining the risk to national security because of drug shortages
- ✓ Strengthened FDASIA Title X reporting requirements to include full disclosure of the problems resulting in the shortage, information concerning the extent of the shortage, its expected durations, and other information the Secretary may require
- ✓ Extended FDASIA Title X reporting requirements to Active Pharmaceutical Ingredient (API) manufacturers
- ✓ Required manufacturers to maintain redundancy and contingency plans to ensure ongoing supply

Premier spearheaded efforts to include provisions in the CARES Act to mitigate device shortages necessary for patient care during the pandemic. Specifically, these provisions:

- ✓ Required device manufacturers to notify the FDA of a permanent discontinuance in the manufacture of the device or an interruption of the manufacture of the device that is likely to lead to a meaningful disruption in the supply of that device in the U.S. and the reasons for such discontinuance or interruption
- ✓ Required FDA to publish a device shortage list with information on the discontinuance or interruption of the manufacture of devices reported
- ✓ Prioritized and expedited review of applications and inspections for a device that could help mitigate or prevent such shortage.

Premier's diligence in educating Congress on the lessons learned from the pandemic resulted in many of **Premier's recommendations** being included in the CAA 2023, including:

- ✓ Tweaking the accelerated approval pathway to deter anticompetitive practices
- ✓ Creating a FDA pilot for unannounced foreign inspections
- ✓ Permitting FDA to lengthen expiration dates if scientifically sound for medications in shortage
- ✓ Expanding voluntary reporting of device shortages beyond the PHE
- ✓ Giving FDA enforcement authority against counterfeit sellers
- ✓ Establishing warm-base domestic manufacturing surge capacity
- ✓ Requiring SNS to ensure items are in working condition
- ✓ Permitting sale of items from SNS



TECH-ENABLING HEALTHCARE

Premier advocates for policies to advance technology that will enhance patient safety and quality improvement, facilitate secure and timely communication and data exchange among healthcare stakeholders, and produce actionable and reportable data.



ELECTRONIC PRIOR AUTHORIZATION

While prior authorization can support evidence-based care, it can also limit timely patient access to medically necessary services and be costly, time-consuming and burdensome for healthcare providers and insurers. Transitioning to electronic prior authorization (ePA) transactions could save the healthcare system millions annually, improve patient safety, end harmful care delays and reduce provider burden.

PREMIER PRIORITIES:

- **Streamline prior authorization requirements under MA plans.**
- **Finalize federal standards that advance the adoption and use of ePA utilization** for MA organizations, Medicaid and CHIP managed care and state agencies and other regulated entities.
- **Require MA plans to utilize ePA platforms to ensure beneficiary access to medically necessary care.**
- **Explore opportunities to automate and modernize the new technology add-on payment (NTAP) process**, such as through clinical decision support (CDS) tools or ePA, to encourage further uptake and appropriately reward the uptake of new technologies that can improve patient outcomes and decrease overall healthcare costs.



INTEROPERABILITY

The 21st Century Cures Act (Cures) and implementing regulations made significant progress toward nationwide interoperability, but barriers remain hindering innovation and entrepreneurship. Additional policymaking is needed to further ensure a dynamic, competitive and innovative healthcare information technology (IT) ecosystem, including electronic health records (EHRs), third-party applications, wearable technologies, remote monitoring devices and other digital health approaches (machine learning, natural language processing and artificial intelligence) and tools.

PREMIER PRIORITIES:

Ensure that providers can access, implement, and use third-party, provider-facing applications of their choosing and that these third-party applications can be implemented and used within the clinical and EHR workflow, without special effort. While the federal government has taken steps to ensure patient access to data (including via third party applications), there are no similar assurances for provider access to timely and robust data.

Enhance and accelerate development and adoption of harmonized data, transmission and interoperability standards. These standards are essential to achieve open data access across clinical, financial and administrative health IT systems.

Ensure that data modernization efforts unleash claims and clinical data to providers. Providers need unfettered access to claims data to understand where patients are in their community, how they interact with the healthcare system and what gaps are exacerbating health conditions.

Address the need for a national strategy and approaches to improve patient identification and matching to support patient care and facilitate more accurate data aggregation. In the absence of this it is difficult to track patients across a single encounter, rendering it impossible to assess outcomes using numerous types of data.



CYBERSECURITY

Alongside technology innovations and the frequent electronic exchange of health information, cybersecurity for medical devices and equipment has become a top priority for healthcare providers. These cyberattacks not only threaten patient privacy and clinical safety and outcomes, but also a hospital's financial resources. Alongside direct costs related to a breach, providers may see added costs in hardware, software, firmware and labor.

PREMIER PRIORITIES:

Support improvements to the FDA's oversight of medical device cybersecurity by holding manufacturers accountable for developing products with appropriate security controls. Enable manufacturers to design, develop and maintain processes and procedures to provide updates and patches throughout the lifecycle of their devices; monitor and identify post-market vulnerabilities, develop a plan for coordinated vulnerability disclosure, and provide an accounting of all software contained in a device.

Revisit the landscape for security breach penalties. Penalties should be proportionally applied to the product manufacturer and the health system experiencing the breach based on their relative contribution to the breach's root cause and using objective industry best-practices as the standard.

Require that manufacturers define the anticipated lifespan of their device upfront as part of the FDA approval process and align the anticipated lifespan with industry-identified best practices in cybersecurity and data management controls.

Encourage the FDA to expeditiously finalize guidance documents related to cybersecurity of medical devices to quell any confusion regarding their applicability and enforceability, as well as ensure sufficient staffing and expertise to help enforce this guidance.

INFECTION PREVENTION

The rate of adoption and use of interoperable health information technology among long-term and post-acute care (LTPAC) providers lags far behind acute and ambulatory care providers. Exclusion of LTPAC providers from programs authorized and funded under the Health Information Technology for Economic Clinical Health (HITECH) Act to encourage the adoption of EHRs has created an uneven playing field that makes it challenging to treat the nation's older adults, chronically ill and vulnerable patients. As a result of technology gaps, it is more difficult to broaden data exchange between stakeholders, especially during instances of shared care and transitions of care between hospitals and the LTPAC sector. The pandemic also highlighted limitations around quality, safety, infection control and public health reporting.

PREMIER PRIORITIES:

Establish federal incentives to increase EHR and Electronic Clinical Surveillance Technology (ECST) adoption among long-term and post-acute care providers to prevent and manage widespread infectious diseases.

TELEHEALTH

Telehealth has been a critical tool during the PHE, allowing providers to continue to furnish much needed services to patients from the safety of their home. The flexibilities that CMS has granted around telehealth have served to highlight that many services can be effectively and efficiently furnished remotely. Moreover, according to a Premier survey, 93 percent of respondents supported making these waivers permanent.

PREMIER PRIORITIES:

Permanently extend telehealth flexibilities.

Allow for certain services to be continued to be furnished via audio-only telehealth.

Increase telehealth flexibilities in MSSP and CMS Innovation Center models. While these programs and models offer some existing telehealth flexibilities, these waivers are often limited and require burdensome reporting requirements.

DATA PRIVACY

Several states have enacted comprehensive privacy legislation in the last several years. As new privacy laws can pose unintended threats to biomedical research and healthcare, Premier has been instrumental in ensuring that the language aligns with the Health Insurance Portability and Accountability Act (HIPAA) and does not place any additional burdens on healthcare providers and holders of health data.

PREMIER PRIORITIES:

- **Monitor state privacy legislation for alignment with federal law.** While most recent state bills contain some degree of exemption for research and healthcare, the exemptions can be inadequate in scope, unclear and inconsistent with existing federal law.
- **Ensure any new state and federal legislation is thoughtfully harmonized with existing law** to avoid overburdening medical research and adding to healthcare costs.

PREMIER'S KEY SUCCESSES:

TECH-ENABLING HEALTHCARE

Congress enacted several Premier priorities in the CAA 2023, including:

- ☑ *Extending waivers and flexibilities that allow expanded provision of Medicare telehealth services for two years*
- ☑ *Requiring manufacturers of cyber devices to develop processes to ensure their devices are secure, have plans to identify and address cybersecurity vulnerabilities, provide a software bill of materials in their labeling, and submit this information to FDA in any premarket submissions. Also requiring postmarket updates and patches to the device and related systems to address cyber vulnerabilities and authorizing FDA to deny 510(k) clearance if cybersecurity information is inadequate.*



ELIMINATING GAPS IN HEALTHCARE

Premier advocates for policies that address the disparities in access to and quality of healthcare experienced by vulnerable communities and populations.



MATERNAL HEALTH

Severe maternal morbidity (SMM) continues to rise and disproportionately affects women of color in the U.S. The lack of standardized outcome measurement and collection of complete, actionable data on maternal mortality and morbidity has been a persistent obstacle to reversing poor maternal-infant health trends and inequity in the US.

PREMIER PRIORITIES:

Leverage the Department of Health and Human Services (HHS) Perinatal Improvement Collaborative. This multi-year collaborative of the HHS Office of Women's Health (OWH) has tapped into Premier's extensive data to understand why disparate maternal outcomes occur. The collaborative will implement and analyze evidence-based interventions to drive clinical quality improvement, advance health equity and help make America the safest place to have a baby. Data and outcomes from the collaborative will inform Premier's advocacy strategy.

RURAL CARE

Financial pressures affect a significant portion of rural hospitals, putting them at risk of service reduction or closure. Rural providers also face several barriers to participating in value-based care, including lack of resources or infrastructure necessary to succeed under these models. Additionally, certain design features may discourage ACOs from recruiting rural providers into their networks.

PREMIER PRIORITIES:

- Enact federal policies that ensure rural providers have the funding and flexibilities needed to continue providing high quality and sustainable care in their communities.**
- Address barriers to rural provider participation in APMs.** This includes adopting more sustainable financial methodologies, providing upfront funding, creating a glide path to risk and modifying risk adjustment approaches.

HOME INFUSION SERVICES

Congress included provisions in the 21st Century Cures Act and the Bipartisan Budget Act of 2018 to change the payment structure for infusion drugs and create a professional services benefit for Medicare Part B home infusion drugs. Unfortunately, CMS' implementation inappropriately limits reimbursement to days when a nurse is physically present in the patient's home rather than each day a drug is infused as intended by Congress. As a result, and according to CMS' own data, access to the home infusion therapy services benefit has severely declined and providers are not enrolling to participate.

PREMIER PRIORITIES:

Secure necessary clarifications to the Medicare Part B home infusion services benefit to appropriately reimburse home infusion providers. This would allow greater access, benefitting patients – including in rural and underserved communities – and creating savings for patients and taxpayers alike.

Partner with stakeholders to collect data to convey the importance of home infusion services for vulnerable beneficiaries.

Establish an appropriate Part D home infusion services.

HEALTH EQUITY AND SOCIAL DETERMINANTS OF HEALTH

Working with our members and various coalitions to gain insights into health disparities and effective methods of tackling them to advance equity in healthcare, Premier has identified three key underlying barriers: 1) a plethora of data collection, data sharing and outcome measurement standards that confound insights into health disparities, inhibiting collaboration across organizations and sectors; 2) a shortage of strong forums for the sharing of data, insights and best practices across organizations and sectors; and 3) a lack of sustainable funding for health equity endeavors. Advancing value-based care arrangements to tackle health disparities is vital.

PREMIER PRIORITIES:

Advance standards for the collection of socio-demographic information, using existing tools such as the United States Core Data for Interoperability (USCDI), Z-codes, HL7 and Fast Healthcare Interoperability Resources (FHIR) standards. As a coordinated approach requires significant input from providers across the continuum, vendors, payers and suppliers, we recommend that CMS convene a dedicated task force or expert panel of stakeholders to support advancing standards and collection of socio-demographic factors.

BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER

The COVID-19 pandemic and its aftermath have exacerbated the already-existing mental health crisis. According to the National Alliance on Mental Illness, one in five U.S. adults and one in six children are experiencing a behavioral health issue; however, about half of this population never receives treatment. Research shows that even a one percent improvement in the treatment rates for behavioral health disorders in the U.S. could yield as much as \$2.4 billion in annual medical savings.

PREMIER PRIORITIES:

Leverage Premier data sources and analysis to support policymaking to improve access to critical behavioral health services.

PREMIER'S KEY SUCCESSSES:

ELIMINATING GAPS IN HEALTHCARE

Congress enacted several Premier priorities in the CAA 2023, including:

- ✓ *Extension of Medicare payment adjustments for low volume and Medicare-dependent hospitals for two years*
- ✓ *Elimination of statutory restrictions on Medicaid and CHIP postpartum coverage, allowing states to permanently elect 12 months of continuous postpartum coverage*

For more information on Premier's advocacy agenda, please contact:

Soumi Saha, PharmD, JD
Senior Vice President of Government Affairs
Soumi_Saha@premierinc.com