

# HFMA Region 9 Annual Conference

*Texas Medicaid Update: Federal and State Legislative Update*

**Freddy Warner – Memorial Hermann Health System**

**October 31, 2021**



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## OUR MISSION

*Memorial Hermann Health System is a nonprofit, values-driven, community-owned health system dedicated to improving health.*

## OUR VISION

*To create healthier communities, now and for generations to come.*

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## Agenda

- I. State regular legislative session wrap-up**
  - I. Bills of interest**
- II. Special legislative session overviews**
  - I. First special session**
  - II. Second special session**
  - III. Third special session**
  - IV. 2021-22 interim legislative activity**
- III. 1115 Medicaid Waiver, supplemental payment program updates**
- IV. Federal legislative/executive overview**
- V. 2022 Election Cycle**

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## Pre-COVID Health Sector Priorities

- **CMS' proposed Medicaid Fiscal Accountability Regulation (MFAR)**
- **Surprise Medical Billing**
- **Drug Pricing**
- **CMS Price Transparency Final Rule**
- **Delay of Scheduled Federal Medicaid DSH Cuts**
- **Future of the 1115 Medicaid Waiver; Wind-down of DSRIP Funding**
- **5<sup>th</sup> Circuit Decision RE: *Affordable Care Act* "Individual Mandate"**
- **Texas State Comptroller's Revenue Estimate; Its impact on 2022-23 Biennial State Budget**
  - **Pre-pandemic energy sector downturn**
  - **Size of biennial Medicaid *shortfall***

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## COVID Did Not Stop Health Sector Advocacy

- **Congressional COVID relief bills became vehicles for advancing healthcare providers' federal advocacy priorities; impacted their state priorities:**
  - In September, 2020, CMS withdrew proposed Medicaid Fiscal Accountability Rule (MFAR), which would have impacted reporting requirements for Medicaid providers benefitting from various supplemental payment programs
  - In December, 2020, Congress delayed scheduled federal Medicaid DSH cuts (via congressional appropriations/COVID relief legislation): \$8 billion per year impact; disproportionately greater for hospitals treating higher percentages of Medicaid and uninsured patients
  - Congress extended a 6.2% increase in Federal Medical Assistance Percentage (FMAP) (federal matching funding for states' healthcare programs); tied the extension to the duration of the national public health emergency (PHE) declaration. The PHE was renewed October 15 for another 90-day period. Extension of the PHE also extends the effective date of a number of pandemic-related waivers through the end of 2022.
    - The additional federal matching funding allowed the legislature to avoid a (state) Medicaid program funding shortfall for the first time in more than 20 years
  - Congress made critical health sector waivers *permanent*
    - Mandate insurance companies' reimbursement (Medicare, Medicaid)
  - Congress acknowledged health sector supply chain deficiencies; need to incentivize, return manufacturing to the US

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## COVID Did Not Stop Health Sector Advocacy

- **COVID response impacted state interim legislative committee activity and reports**
  - Fewer committee hearings and substantive committee reports; opportunities for testimony and public input
- **Strengthened the argument for "coverage expansion" in non-expansion states such as Texas**
  - Texas election cycle results made meaningful expansion unlikely, though more Republican lawmakers supported a Texas proposal ("Live Well Texas") than in any time since passage of the ACA in 2010
  - The business community overtly supported "coverage expansion:" Texas 2036; Metro 8 Chambers of Commerce; Center for Houston's Future; and an array of esteemed Texas economists, including Ray Perryman
  - In April, 2021, new House Speaker Dade Phelan signaled support for a state plan, released his "Healthy Families, Healthy Texas" plan; 11 bills, which included proposals expanding telemedicine; expanding eligibility for children's healthcare; providing 12 months of Medicaid benefits to postpartum mothers
  - Abbott's health policy priorities for 2021: expanding telemedicine access; addressing mental health issues; and ensuring adequate PPE supplies
  - Biden Administration offered non-expansion states additional 5% federal matching funding (FMAP), to incentive Medicaid expansion (over and above the 6.2% increase included in the CARES Act).

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## 2021 Texas Regular Legislative Session: Highlights

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## Bills of Interest

- **SB 1 - (2022-23 biennial appropriations bill); and HB 2 (supplemental appropriations bill):**
  - \$361 Million for safety net, trauma and rural hospitals' Medicaid rate enhancements (“add-ons”)
  - Additional \$48 Million in additional Medicaid rate increases dedicated to rural hospitals
  - \$199 Million in additional funding for Graduate Medical Education (GME); increase the number of physician residency slots (an increase in \$42 Million from the 2020-21 biennium)
  - \$19 Million in additional funding for the state's Professional Nursing Shortage Reduction Program
  - Dedicates \$321 Million from the *Rainy Day Fund* for renovation and new construction of capacity within the state's psychiatric hospitals; and \$86 Million in new general revenue (GR) for additional state hospital beds
  - \$30 Million in GR for additional psychiatric inpatient beds located within community hospitals; funds will be divided equally between urban and rural areas
  - \$174 Million for women's health programs, including the *Healthy Texas Women* program; breast and cervical cancer screening programs
  - \$32 Million in additional state GR for substance abuse disorder prevention, intervention and treatment

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## 2021 Regular Session - Bills of Interest

### **SB 3 – Strengthens state natural disaster and emergency prevention and preparedness:**

- Mandates creation of a statewide alert system
- Strengthens regulatory oversight of electric utilities during emergencies and natural disasters
- Codifies specific emergency preparedness protocols that electric, water and other essential industries must follow in response to emergencies and natural disasters

**SB 6 – Provides liability protections for health care providers and workers, acting in good faith during the COVID *public health emergency* (PHE) declaration, and providing appropriate medical care to known or suspected COVID patients during the term of the emergency declaration**

**HB 4 – Expands access to telemedicine and telehealth services; makes permanent state waivers granted during the COVID *public health emergency* (PHE)**

**HB 5 – Expands access to statewide broadband services, improving telemedicine and educational services.**

- Establishes the Governor’s Broadband Development Council, which will develop a state broadband plan, emphasizing underserved areas
- Provides financial incentives to eligible jurisdictions choosing to expand access.

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## 2021 Regular Session - Bills of Interest

**SB 1780 – Establishes the Texas Epidemic Public Health Institute, which will be located at the UTHSC in Houston, with a goal of establishing a “state version” of the Centers for Disease Control and Prevention (CDC)**

**SB 969 – Mandates reporting of certain data to the Texas Department of State Health Services (DSHS) during a public health emergency (PHE)**

**SB 1876 – Strengthens the state’s dialysis infrastructure, in response to Winter Storm Uri:**

- Adds dialysis centers to the list of healthcare providers prioritized for power and water restoration, following a natural disaster or unanticipated interruption
- Requires dialysis providers to maintain electric generators and auxiliary water supplies for at least 24 hours in the event of an emergency or natural disaster; and to contract with outside vendors capable of providing auxiliary electricity and water on demand.
- Reduces regulatory impediments impacting transportation of dialysis patients during emergencies and natural disasters
- Requires dialysis providers to develop better emergency plans for their patients; to communicate with hospitals and health care providers within their markets; and to contract with alternative providers to ensure services during natural disasters

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## 2021 Regular Session - Bills of Interest

**SB 1137 – Aligns state statute with recently-enacted federal regulation requiring hospitals to disclose their negotiated rates; and directs the state Health and Human Services Commission (HHSC) to develop a template hospitals must use to publish the list of charges hospitals are required to post**

- Hospitals will have to annually publish a list of more than 200 “shoppable services” they choose to report to the HHSC
- HHSC will establish penalties for noncompliance based on a hospital system’s gross revenues.

**HB 2090 – Creates a claims database, which will be managed by the Center for Healthcare Data, located at the UT Health Science Center in Houston, with a goal of increasing health care *price transparency* and greater public access to health care data**

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## 2021 Regular Session - Bills of Interest

**HB 2211 – Addresses visitation policies during a public health emergency (PHE); permits patients to have at least one in-person visit per day**

- Recognizes a health care provider’s ability to maintain health screenings and require appropriate protective measures.
- Allows a patient’s attending physician to prohibit visitation for up to 5 days, based on issues a facility may be experiencing (exs., patient census; staffing shortages)
- Allows the statute to be preempted by federal law or federal agency rulemaking
- HHSC has yet to develop rules for implementation of HB 2211 and SB 572

**SB 572 - allows clergy and religious counselors to visit patients during a PHE; and directs the state HHSC to develop rules relating to such visits, accounting for appropriate protective measures**

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## 2021 Regular Session - Bills of Interest

**HB 1927 – Allowing carrying of a handgun without a permit; eliminating the previous statutory requirement of completion of a gun safety course in order to carry a handgun**

- Businesses, including hospitals, wishing to exclude handguns on their premises, must review and update signage applying to those carrying a handgun

**SB 8 (Passed during the second special legislative session) – Establishes the *Texas Heartbeat Act*, prohibiting an abortion after the detection of a fetal heartbeat in an unborn child**

- The prohibition would *not* apply if a physician believes a *medical emergency* exists
- The legislation would permit any private person to initiate a civil action against a physician who performed an abortion, or any other person who induced and/or aided and abetted the performing of, or inducing of an abortion
- HHSC has yet to develop rules for implementation of SB 8, nor has the Texas Medical Board (TMB), Texas Medical Association (TMA), or Texas Hospital Association (THA) developed guidance relating to SB 8

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## 2021 Regular Session - Bills of Interest

- **Renewal of a number of *Local Provider Participation Fund (LPPF)* charity care agreements; some will have to be renewed again in 2023**
- **Continuation of Medicaid reimbursement rate increases (“add-ons”) for the busiest state safety-net and trauma hospitals; must be renewed again in 2023**
- ***Coverage expansion*: attempts to pass Medicaid and broad coverage legislation failed; incremental gains in coverage accomplished through passage of legislation providing 6 months of Medicaid coverage for postpartum mothers; increase in Medicaid funding for rural providers; and mental health funding increases**
- **COVID impacts**
  - Funding for broadband expansion
  - State telemedicine waivers, implemented during the pandemic, made permanent
  - Liability protections for health care workers, responding to the pandemic

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## 2021 Regular Session - Bills of Interest

- **Winter Storm Uri impacts:**
  - Incremental electric utility grid improvements; interim legislative consideration anticipated
  - Water conveyance infrastructure legislation *failed to pass*; interim legislative consideration anticipated
  - Incremental dialysis infrastructure enhancements; interim legislative consideration anticipated
- **Budget riders**
  - Funding for evaluation of the state’s dialysis infrastructure appropriated
  - Funding for Sexual Assault Nurse Examiners (SANE) training appropriated; amount increased from 2019 level
  - \$350 M Medicaid “cost-containment” rider

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## Special Legislative Session Overviews

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## 2021 Special Legislative Sessions

### • Special Legislative Sessions

- **First special legislative session began July 8, and ended August 7, with no legislation passed, due to the inability of the Texas House to establish a quorum**
- **Second special session began August 7, and ended September 2**
  - > SB 1- Voting procedures legislation passed
  - > SB 8 – *Texas Heartbeat Act* passed
  - > HB 5 – Reinstated (Article X) appropriations for the Texas legislature
  - > HB 141 and HB 164, relating to mask and vaccine mandates in Texas public schools, failed to pass
  - > Legislation addressing \$10.5 Billion in federal American Rescue Plan Act (ARPA) funding, allocated to Texas counties and cities; providing its use for supplementary health sector staffing; vaccine administration; COVID testing; PPE and other critical medical supplies
  - > Permitted the Texas Department of State Health Services (DSHS) to reinstate funding for supplementary nurse staffing for Texas hospitals
- **Third special session began September 20, and ended October 19**
  - > Redistricting – Drawing new congressional and state legislative district lines, based on the 2020 census
  - > Legislation prohibiting private entities from implementing vaccine mandates *failed to pass*.
  - > Federal Funds – Allocation of federal funding approved by Congress in March 2021
    - Texas received \$16.7 Billion in federal (ARPA) funding, allocated to the state pursuant to congressional COVID-response legislation.
    - Note that all 254 Texas counties, and 75 most populous Texas cities, received approximately \$11 B in ARPA funding

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## 2021 Special Legislative Sessions

### • SB 8 Allocation of ARPA funds (passed during the third special session):

#### • Health sector provisions:

- \$2 Billion allocated to the Department of State Health Services (DSHS) to assist with surge staffing for local and state hospitals, psychiatric hospitals, long term facilities and nursing homes.
  - > The state approved DSHS funding for 21,200 auxiliary nursing staff, deployed to Texas hospitals during the pandemic. The funding provided in SB 8 is to fund Delta variant COVID surge staffing, and to continue to provide staff as needed through January 1, 2023.
- \$300 Million allocated to the Texas Division of Emergency Management (TDEM)
- \$378 Million in HHSC grants to healthcare workers – nursing facilities, home health organizations, etc. (hospitals are excluded from these funds)
- \$113 Million in funding for Higher Education institutions – Texas Children Mental Health Care Consortium
- \$237 Million for the Dallas State Hospital
- \$75 Million for rural hospitals
- \$16 Million for Rio Grande Valley lab services
- \$3 Million for the UT Health Epidemic Public Health Institute (headquartered in Houston)
- \$20 Million for Federally Qualified Health Centers (FQHCs)
- \$52 M for the Office of the Texas Attorney General, for sexual assault victims programs

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## 2021-22 Interim State Legislative Activity

### • Interim Legislative Activity – Health sector priorities:

- 1115 Texas Medicaid Waiver extension/renewal
- Resolution of CMS decisions regarding supplemental payment programs
- Renewal of LPPPs, a number of which expire August 31, 2023
- Renewal of Medicaid add-ons for safety net hospitals and designated trauma centers, which expire August 31, 2023
- Electric utility infrastructure
- Water conveyance infrastructure
- Dialysis infrastructure
- Supply chain issues, including bulk oxygen supplies

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## Texas 1115 Medicaid Waiver; Supplemental Payment Program Update

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## Texas 1115 Medicaid Transformation Waiver

- **Historical Perspective:**

- Congress developed legislation yielding the *Affordable Care Act (ACA)* in 2009-2010; President Obama signed the ACA into law in March 2010
- Most provisions of the ACA were scheduled to take effect in 2014, including providing funding for states to expand their Medicaid programs; development of the ACA assumed Medicaid *expansion was mandatory*.
- Congress pledged to cover 100% of the cost of expansion for three years; and 90% of the cost of expansion beginning in the 4<sup>th</sup> year.
- *In anticipation of Medicaid expansion*, the Texas legislature directed the Texas Health and Human Services Commission (HHSC) to pursue an 1115 Waiver, which states could apply for and receive, and which would allow states to modify their Medicaid programs, in order to meet the specific needs of each state. In many respects, President Obama, the US Congress, and many states viewed 1115 Waivers as “bridges to Medicaid expansion.”
- CMS approved a 5-year 1115 Waiver for Texas in 2012, providing federal funding via two “pools:”
  - > **Uncompensated Care (UC) Pool** – largely for hospital-based care for the uninsured
  - > **Delivery System Reform Incentive Payment (DSRIP) Pool** – for non-hospital based programs, based on community needs assessments, and designed to expand access to care and capacity, *in anticipation of Medicaid expansion*.

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## Texas 1115 Medicaid Transformation Waiver

- **Historical Perspective, continued:**

- During 2011-12, 26 states, most of which governed by Republican leadership and Republican-majority legislatures, filed a lawsuit, challenging the “individual mandate” provision of the ACA; Texas Attorney General Greg Abbott, was the lead state attorney general leading the lawsuit.
- In June 2012, the US Supreme Court upheld the ACA, and its individual mandate, but made Medicaid expansion “optional:” states could choose *not* to expand, and would not be penalized if they so chose; as an example, those states would not lose their base federal Medicaid revenue.
- During the 2013 and 2015 state legislative sessions, the Texas legislature, given the option to decline to expand the state’s Medicaid program, failed to advance multiple legislative proposals which would have provided coverage expansion.
  - > Among these proposals considered by state lawmakers was the “Texas Way,” developed with considerable input from the THA and TMA, and championed by former State Representative John Zerwas MD.
  - > A number of states, which had initially declined to expand their Medicaid programs, ended up doing so, including a number of states with Republican governors and Republican-majority legislatures.

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## Texas 1115 Medicaid Transformation Waiver

- **Historical Perspective, continued:**

- In May 2016, with the 5-year term of Texas' initial 1115 Waiver approaching, and with the Obama administration in its final year, CMS granted Texas a 15-month extension of its waiver; pushing the issue to the 2017 Texas legislature and new administration.
- The 2017 Texas legislature declined to consider legislative proposals expanding the state's Medicaid program.
- In 2017, the Trump administration granted Texas a 5-year renewal of its waiver, continuing funding for the Uncompensated Care (UC) Pool through September of 2022; and winding down funding for the DSRIP Pool by September of 2021
- The 2019 Texas legislature declined to consider Medicaid expansion proposals.
- In 2020, in the midst of the state's response to COVID, the Texas Health and Human Services Commission (HHSC) began negotiating with CMS, pursuing a continuation of the state's 1115 Waiver.

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## Texas 1115 Medicaid Transformation Waiver

- **Historical Perspective, continued:**

- **Current Waiver term expires September 30, 2022**
- **DSRIP funding expires September 30, 2021**
  - > Texas has sought delay in wind-down of DSRIP funding via congressional COVID relief; to date, no delay has been approved.
- **January 15, 2021: Trump Administration granted an extension through September 30, 2030**
- **April 16, 2021: Biden Administration rescinded the previously-approved Waiver extension**
  - > Cited the state's failure to have appropriate public notice and comment period
- **May 14, 2021: Texas Attorney General Ken Paxton sued; asking CMS to set aside the waiver extension rescission**
- **May 19, 2021: Texas HHSC resubmits the state's application for an extension**
  - > Similar terms and conditions as in the state's 2021 application for extension
  - > Public hearings began June 2, 2021
  - > Pursuant to the order of the US District Court for the Eastern District of Texas, the state HHSC and CMS continue their negotiations relating to the Waiver

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## Supplemental Payment Program Updates

- **HHSC had proposed revisions to one of the state's legacy supplemental payment programs, the Uniform Hospital Rate Increase Program (UHRIP), which would have added a "quality metric," resulting in the establishment of a new program, the Comprehensive Hospital Increase Reimbursement Program (CHIRP), which was scheduled to be implemented September 1. Negotiations relative to that transition and CMS evaluation of other existing supplemental payment programs continued beyond a date within which providers and managed care organizations (MCOs) could be ready to transition to the new program.**
- **On September 8, as part of the negotiations relating to the transition from the UHRIP to CHIRP programs, HHSC agreed to a CMS offer to extend the existing programs for another year, and included continuation of federal funding for the Delivery System Reform Incentive Payment (DSRIP) funding of the 1115 Waiver, which had been scheduled to end September 30 of this year.**
- **This temporary agreement between HHSC and CMS allows eligible providers to continue receiving critical federal funding for another year, while the agencies continue to negotiate 1115 Waiver terms and conditions, and transition to the CHIRP program, as well as a number of smaller supplemental payment programs.**
- **Health systems continue to advocate for a delay in scheduled IGT for the CHIRP program, pending final CMS approval of the program.**

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## Federal Legislative/Executive Overview

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## Federal Legislative Overview

- Congress passed the *American Rescue Plan Act (ARPA)* in March 2021, a \$1.9 Trillion economic stimulus bill, using the *budget reconciliation process*. Several issues were not considered in the final package, which could still emerge as negotiations regarding infrastructure proposals continue:
  - How will the infrastructure bill(s) be paid for? Congress did not utilize cuts to numerous health care spending programs, in order to offset the fiscal impact of ARPA. Reduction in Medicare reimbursement is currently scheduled to begin in January 2022.
  - US HHS issued revised reporting requirements and timelines for recipients of Provider Relief Funds (PRF) in June. Note that in June, Congress allocated \$8.5 Billion in additional PRF for rural providers, but none for urban providers.
  - The CARES Act provided a delay of recoupment period for Medicare Advance/Accelerated Payment Program loans. Those funds must begin to be repaid one year after a hospital has received its initial loan payments. Since passage of the CARES Act, hospitals have sought to convert these loans to “grants,” and to reduce the interest rate associated with these loans, and/or delay the period by which recoupment of the loans must begin.

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## Federal Legislative Overview

- On August 10, the US Senate passed an approximately \$1.2 Trillion, bipartisan infrastructure package in late July, providing investment in *traditional infrastructure*, including roads, bridges, railroads, public transportation and water resources; the bill includes approximately \$550 Billion in new federal spending.
- The US House has yet to consider its version of the “hard” infrastructure legislation.
  - Congress will not use unexpended Prover Relief Funds (PRF) to offset the cost of the legislation; however...
  - Health sector *pay-fors/offsets* currently on the table include:
    - > *Sequestration* (2% across-the-board Medicare reimbursement rate cut), which would be extended through the 2031 federal fiscal year (FFY) - \$8.7 Billion
    - > Implementation of a Trump-era Medicare Part D drug rebate rule - \$49 Billion
    - > Reduction of Medicare spending on discarded medications extracted from large, single-use drug vials - \$3 Billion

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## Federal Legislative Overview

- On August 11, the US Senate also moved forward with a second, \$3.5 Trillion *human* infrastructure proposal, on a 50-49, party-line vote, via the *budget reconciliation* process.
- On August 24, the US House considered an identical budget resolution, on a 220-212 party-line vote, which contained a *nonbinding commitment* to consider the \$1.2 Trillion, *traditional* infrastructure package by a September 27 deadline, imposed by House Speaker Nancy Pelosi. House committees “marked up” components of the broader package, submitted legislative language to the Budget Committee September 15. Pelosi later delayed the deadline for consideration of the legislation until October 31.
- These procedural steps represent President Biden’s *Build Back Better (BBB)* agenda, components of which have been considered through several Senate and House committees of jurisdiction in recent weeks.
- Congress passed a temporary spending measure (“continuing resolution”) September 30; funds the federal government until December 3.
- Uncertain prospects for the \$1.2 Trillion, bipartisan, traditional infrastructure bill; and the \$3.5 Trillion “human” infrastructure bill: ongoing negotiations between moderate and progressive Democrats
- Mid-October federal debt ceiling deadline was also extended until December 3
- Biden has agreed to a scaled-back *Build Back Better* package: \$1.5 - \$2.0 Trillion

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## Federal Legislative Overview

- Health sector provisions contained within Biden’s *Build Back Better* agenda, which includes investments in Health care, child care, and public education:
  - Continuation of *Affordable Care Act* subsidies;
  - Filling the Medicaid *coverage gap*;
  - Reducing prescription drug costs;
  - Expanding Medicare benefits, in order to cover dental, vision, and hearing;
  - Providing home health care benefits for seniors and those with disabilities;
  - Addressing health care provider shortages, by increasing funding for Graduate Medical Education (GME)
  - Addressing other “inequities in health care”
  - Providing childcare for working families;
  - More than \$700 Billion in proposed for the consideration of the Senate Health, Education, Labor & Pensions (HELP) Committee, which also includes a provision for universal pre-K for 3- and 4-year olds

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## Federal Regulatory/Executive Overview

- **The Health Resources and Services Administration (HRSA) modified its Provider Relief Fund (PRF) eligibility criteria, and reporting timelines:**
  - PRF funds may be used for direct and indirect health sector workforce costs; these critical funds are particularly important as providers nationwide are struggling with insufficient and overburdened staff, especially among their frontline workers. PRF funding may be used for the following:
    - > Salaries for new staff, or for temporary, auxiliary staff;
    - > Incentive pay programs;
    - > Overtime;
    - > Hiring bonuses;
    - > Retention bonuses;
    - > Temporary housing allowances; and
    - > Childcare services.
  - > Eligible personnel may include physicians, nurses, and other clinical and support staff, such as respiratory therapists, and lab technicians.
  - > HRSA extended the reporting period to September 30, 2021, for eligible COVID-related expenses incurred, and PRF funding received between April and June of 2020; the agency plans to provide additional guidance for expenses incurred, and PRF funds received after June 30, 2020.

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## Federal Regulatory/Executive Overview

- **On September 9, President Biden announced significant expansion of COVID vaccine requirements:**
  - The Department of Labor (DOL) and Occupational Safety and Health Administration (OSHA) released proposed rules requiring businesses with more than 100 employees to require the COVID vaccine. Employees failing to receive the COVID vaccine will have to be tested for the virus weekly.
  - Most health sector workers, and those working for providers receiving Medicare or Medicaid funding, such as hospitals and nursing homes, or within other health care settings regulated by the Centers for Medicare and Medicaid Services (CMS), will be required to be vaccinated.
  - The Administration plans to double the number of Department of Defense clinical teams it can deploy to COVID hot spots.
  - The Administration will also increase the shipments of monoclonal antibody treatments, and will expand the types of providers, who can administer monoclonal antibodies, to include pharmacists.

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## Federal Regulatory/Executive Overview

- **On September 10, the Biden administration released \$25 Billion in additional funding for health care providers responding to the recent surge in COVID patients, resulting from the Delta variant:**
  - Congress has appropriated more than \$187 Billion in funding for health care providers, contained in 5 separate legislative packages, passed between March of 2020 (CARES Act), and March 2021 (American Rescue Plan Act).
  - \$17 Billion will be distributed based upon providers' COVID-related expenses, and lost revenues, reported between July 1, 2020 and March 31, 2021.
  - \$8.5 Billion of the new funding will be earmarked for rural providers.

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## 2020 Election Cycle

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## 2022 Election Cycle

- **Legal challenges to Texas Legislature's redistricting plans moving forward**
- **If district lines are not approved by November 15, 2021, the state's 2022 election cycle will be delayed**
- **Based on population growth, Texas will pick up two new congressional seats**
  - Only US state to gain two seats
- **National Senate and House Republican campaign organizations predict takeovers of US House and Senate in the 2022 midterms**
  - 2002 cycle (during President George W. Bush's first term, following the 9/11 attacks) is the only time the party winning the White House also held the US House
- **Many key state legislative retirements creating significant changing of the guard in the Texas Senate and House**

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## QUESTIONS

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