

Roll Call

Outbreak urgency may intersect with broader health bill effort

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Coronavirus response needs could play a role in broader health care legislation that Congress is trying to pass by late May, former congressional staffers predicted at a CQ Roll Call event on Tuesday.

Congress faces a May 22 deadline to extend funding for community health centers and expiring health care workforce training programs. That package of bills is being eyed for legislation to address surprise medical bills and drug prices, too.

But the coronavirus outbreak is highlighting other gaps in the health care system, and the urgency could prompt members into achieving consensus on issues where they have been at a stalemate. After clearing an \$8.3 billion emergency supplemental law last week, lawmakers are considering a follow-up bill to address the potential economic fallout from the COVID-19 outbreak. Targeted tax relief for affected workers and industries is being considered, as are paid sick leave and unemployment insurance for people who can't work because of the disease. Lawmakers appear to be moving quickly, although the parties have different priorities and it's unlikely Congress will have something ready before a planned recess next week.

Democrats are also pushing for extra funding to improve surge capacity in the health care system, buy protective equipment for health workers and ensure that COVID-19 testing is free.

Even if Congress moves quickly on its second COVID-19 response bill, by the time it turns to the May health care package, other outbreak-related issues may need to be addressed.

The extra urgency provided by coronavirus needs could prompt action on surprise billing legislation, G. William Hoagland, a long-time budget aide for Senate Republicans who is now senior vice president of the Bipartisan Policy Center, predicted at CQ Roll Call's Health Care Decoded conference.

The May deadline, Hoagland said, was supposed to be "the triggering point either for surprise billing or prescription drug amendments that would carry those through."

Now, he said the deadline would serve to address "providing assistance to individuals who are impacted" by the outbreak.

Some of the programs expiring in May play a key role in the health care system's response to the coronavirus outbreak: community health centers that serve people regardless of their ability to pay; the National Health Service Corps, whose members are deployed to areas with the most cases; and a training program for primary care doctors in community settings.

Michael F. Cannon, director of health policy studies at the libertarian think tank Cato Institute, agreed that emergencies have a way of prompting action in Congress.

"Congress really doesn't do business as usual anymore, at least not any sense of meeting deadlines and passing bills," said Cannon, a former adviser on the Senate Republican Policy Committee. "They respond to crises and sometimes those crises can pull other things along, and get people to overcome what I do think has been an increase in partisanship in Congress."

Lawmakers' views

Education and Labor Committee member Donna E. Shalala, D-Fla., a former Health and Human Services secretary, stopped short of saying that the broader health care bill should carry a coronavirus response. But she said the outbreak should be a turning point for how Congress views things like having a well-trained health care workforce in place.

"It's brought the entire health care system into focus, because what coronavirus tells you is what are the gaps in the health care system," she said at the CQ Roll Call conference. "It's not just an emergency response, because you have to use the health care infrastructure to respond to it."

Democrats have been arguing that the outbreak exemplifies why people need good health insurance, and Shalala noted that Democrats would push for bills to expand coverage under the exchanges created by the 2010 health care law. She said the effort would likely involve more generous subsidies for middle-class families to purchase exchange plans.

As the COVID-19 outbreak spreads in the U.S. and more people seek diagnosis or care, some insured people will likely receive unexpected bills that could motivate Congress to act.

Republicans and Democrats in both chambers agree that patients need to be protected from out-of-network charges when they reasonably thought they were at a facility inside their insurance network, but there is disagreement over payments from insurers to health care providers. The dispute is not along party lines or chamber lines, but members are divided over whether rates should be determined by a geographic median rate, or whether disputes should be settled by arbitration for charges over a certain threshold.

However, Energy and Commerce Committee member Larry Bucshon, R-Ind., who like Shalala has been active in the surprise billing legislation debate, said at the conference there was a long way to go on solving the issue. He was skeptical that coronavirus and broader health care efforts could be linked, describing the outbreak as an "acute problem."

He also questioned whether Congress would have the political will to address surprise billing, which he called controversial.

"At some point, Congress will go 'eh' and they'll punt," he said.