Dear Members,

The 2020 NH legislative session is in full swing, with a lot of energy around multiple bills and both the House and the Senate have been busy dealing with many hearings on a variety of bills during the last month.

The Governor gave his State of State address on Thursday, February 13, 2020 and laid out his administration's legislative and regulatory priorities for the year.

While NHHA has been following many bills of interest to our members, the priority focus areas are workplace safety, reimbursement improvements relative to telemedicine and the prior authorization process. In addition, we continue to work to ensure that Critical Access Hospitals (CAH) are protected by strengthening existing licensing statutes to ensure fair and reasonable requirements are adhered to for new licensees opening new services in the CAH service area. And, there are also several licensing bills that we are working on to ensure consistency and efficiencies in the licensing processes as well as improvements to the Prescription Drug Monitoring Program (PDMP) to allow for integration with hospital medical record systems.

All of the bills that NHHA is following can be found on our website here which includes links to bill language, the prime sponsor, hearing dates/times and the status of the bill.
RECENT LEGISLATIVE ACTIVITY
Listed below are bills of particular importance to hospitals and health systems this year. NHHA is following many more bills, which will be included in future updates of the NHHA Legislative Newsletter.

COMMUNITY BENEFITS/CHARITABLE TRUSTS

**HB1140, Establishing a Hospital Merger Advisory Commission**
HB 1140 establishes a hospital merger advisory commission. NHHA **testified** that there are many unanswered questions regarding the role of the advisory commission and how it would interact with the current work of the Charitable Trusts Unit in the Attorney General’s office. HB 1140 was passed by the House Commerce and Consumer Affairs committee on February 4, 2020 on a partisan vote of 11-8. The bill now heads to the full House for a vote in the coming weeks. NHHA continues to have concerns with the bill and will work with the Senate to ensure that our concerns are taken into consideration.

*NHHA position: Oppose*

**HB 1267, Relative to the Liability of Directors and Officers of New Hampshire Nonprofit Corporations**
HB 1267 would modify the limitation on liability of directors and officers of New Hampshire nonprofit corporations. It is intended to add protections to nonprofit corporations. The Charitable Trusts Unit of the Attorney General's office has some concerns with the bill and House Commerce has held several work sessions to try and work through the concerns and potentially amend the bill to accommodate all stakeholder issues. NHHA signed in support of the bill and will continue to monitor the bill as it works its way through the House committee.

*NHHA position: Support*

**SB 538, Establishing a Commission to Study Property Tax Exemptions for Charitable Organizations**
SB 538 would have established a commission to study property tax exemptions for charitable organizations. While the bill was introduced at the request of the NH Municipal Association, it was clear after further discussions with the sponsor and other stakeholders that the intent of the bill was more broad and potentially would negatively impact the nonprofit sector in a substantial way, which was not the original understanding of the sponsor. Consequently, the sponsor requested the bill be voted Inexpedient to Legislate (ITL) at the hearing. The committee agreed and the bill has been killed.

*NHHA position: Oppose*

ENERGY/ENVIRONMENT

**HB 1425, Requiring the Removal of All Containers Containing PFAS Compounds from Public Schools and Hospitals**
HB 1425 would require the Department of Environmental Services to complete a study on alternatives to PFAS in food packaging and, if such study finds safe alternatives are available to food packaging with PFAS in it, prohibits the use of food packaging containing PFAS in public schools and hospitals. NHHA testified on the bill during the public hearing, focused on the section of the bill related to hospitals. It was unclear to us why the sponsor targeted hospitals and we do not believe this is appropriate. Subsequent to the hearing, we learned that the bill sponsor will be introducing an amendment to remove hospitals from the bill and eliminate the requirement for a study by the Department of Environmental Services.

NHHA position: Oppose as introduced

HEALTH CARE ACCESS

HB 1520, Establishing the New Hampshire Health Policy Commission

HB 1520 establishes the New Hampshire Health Policy Commission to monitor health care delivery and spending. The permanent commission would advise the governor and executive council, the attorney general and the general court on health care policy matters. The commission's duties are extensive and include monitoring health care costs in New Hampshire, monitoring provider and payer performance, creating standards for health care delivery, analyzing the impact of health care market transactions such as mergers and acquisitions on cost, access, and quality of care, analyzing community health care delivery and innovations, safeguarding consumers, patients, and providers regarding prior authorization requirements, coverage, and health care decisions by health plans and insurers, analyzing the unique needs of health care delivery in rural areas addressing cost and the impact of changes on critical access hospitals and making recommendations regarding such changes and identifying the needs of New Hampshire residents regarding health care services, programs, and facilities, identifying the resources currently available and the additional resources which are necessary to meet such needs with affordable access. NHHA is named to the commission. At this point, NHHA has not taken a position on the bill and will continue to monitor as the House Health and Human Services committee considers the merits of the bill during their executive session in the coming days.

NHHA position: Neutral

HEALTH CARE DECISION MAKING

HB 1659, Relative to Patient Directed Care and Patient’s Rights with Regard to End-of-Life Decisions

HB 1659, as introduced, would allow a mentally competent person who is 18 years of age or older and who has been diagnosed as having a terminal disease by both the patient's attending physician and a consulting physician to request a prescription for medication which will enable the patient to control the time, place, and manner of such patient's death. The bill is extremely controversial and NHHA joined a coalition of stakeholders concerned with the implications of the bill and signed in as opposed to the bill when it was heard in House Judiciary committee on February 12, 2020. At the hearing, the sponsor admitted that the bill had some drafting errors and she was working on an
amendment for the committee's consideration. NHHA will continue to monitor the bill in the coming weeks, review the amendment when it is available and will work with the coalition to respond with our concerns.

**NHHA position: Oppose**

**HEALTH CARE INFORMATION/PRIVACY**

**HB 1417, Prohibiting the Use or Collection of Biometric Data**

HB 1417 would add to the current law, the prohibition of biometric data use by private businesses and individuals. The initial testimony on this bill indicated that the prohibition of using biometric data would be far reaching and we shared our concerns at the January 29, 2020 hearing. While hospitals are not currently using biometric data technology extensively, there is the potential for use in the future and we are concerned that this bill, if passed, would stifle innovation in health care and limit hospitals' ability to implement enhanced fraud protection and patient safety technologies. The House Commerce committee held a subcommittee work session on February 14, 2020 and voted to recommend interim study to the full committee in the coming days, due to the concerns raised by NHHA and other stakeholders.

**NHHA position: Oppose**

**HEALTH INSURANCE/OTHER INSURANCE**

**HB 1166, Establishing a Committee to Study Obtaining Health Insurance for Those Persons Who are Uninsured in New Hampshire**

HB 1166 would establish a committee to study obtaining health insurance for those persons who are uninsured in New Hampshire. The House Commerce Committee heard the bill on January 21, 2020 and held a subcommittee work session on January 30, 2020. The subcommittee members questioned the cost of collecting data and the challenges of identifying uninsured individuals in New Hampshire. Ultimately, the full committee voted to pass the bill on a party line vote of 11-9. The full House will consider the bill in the coming weeks.

**NHHA position: Neutral**

**HB 1484, Relative to Retroactive Denials of Previously Paid Claims**

HB 1484 would clarify the law regarding retroactive denials of previously paid claims under accident and health insurance. The bill is intended as a house keeping bill to fix a statutory error when the statute was changed in 2018. It was also intended to ensure that the insurance company be responsible to recover any payments from the carrier, if paid by the incorrect carrier. There were issues raised by the Department of Health and Human Services regarding Medicaid as well as dual eligible individuals. DHHS is going to work with the sponsor on an amendment to remove Medicaid and Medicare from the bill. There are other drafting errors with the bill that the sponsor will address in the amendment. A subcommittee work session was held February 18, 2020 so an update to come.

**NHHA position: Neutral**
HB 1623, Relative to Telemedicine and Substance Use Disorder

HB 1623 clarifies prescribing certain drugs via telemedicine. NHHA testified in support of the bill when it was heard in House Health, Human Services and Elderly Affairs committee on January 28, 2020. This bill is identical to SB 647 (see below). The two bills were amended to ensure that there is consistency with statutory changes to achieve the shared goals of all stakeholders relative to telemedicine for medication assisted treatment (MAT). There was a subcommittee work session to address outstanding language changes and to ensure that the language of the two bills match. There will be a full committee executive session on the bill later in the week.

NHHA position: Support

SB 555, Relative to Telemedicine Coverage and Reimbursements

SB 555 clarifies coverage for telehealth and telemedicine services under the Medicaid program and the New Hampshire telemedicine act. NHHA requested this bill be introduced and testified in strong support of the bill when it was heard in Senate Health and Human Services committee on February 4, 2020. No additional action has been taken by the committee to date, and we will continue to monitor the bill to ensure that any outstanding issues are addressed.

NHHA position: Support

SB 647, Relative to Medication Assisted Treatment (MAT) by Telemedicine and Telehealth Services

SB 647 clarifies prescribing certain drugs via telemedicine and is identical to HB 1623 (see above). NHHA testified in support of the bill when it was heard in Senate Health and Human Service committee on January 28, 2020. The two bills were amended to ensure that there is consistency with statutory changes to achieve the shared goals of all stakeholders relative to telemedicine for medication assisted treatment (MAT). The committee passed the amended bill and the full Senate voted to pass the bill on February 13, 2020. The bill will now cross over to the House Health, Human Services and Elderly Affairs committee.

NHHA position: Support

LICENSEING/CERTIFICATION

HB 1332, Relative to An Electronic Prescription Drug Program

HB 1332 requires electronic prescribing for controlled drugs under certain circumstances. NHHA testified in support of the bill when it was heard in House Health, Human Services and Elderly Affairs on February 5, 2020. HB 1332 is very similar to SB 547 (see below) but HB 1332 contains language that was vetted by a stakeholder group, including NHHA, over the past several months. HB 1332 represents the collective voice of both prescribers and dispensers. There has been one subcommittee work session on the bill but more work on the bill is needed. NHHA will continue to monitor the bill in the coming weeks.

NHHA position: Support

SB 466, Relative to The Patient’s Bill of Rights

SB 466 clarifies the patients' bill of rights. Specifically, it would have changed the requirements to release information to law enforcement without a
patient’s written consent and updates the section that refers to sexual orientation and the section relative to access of loved ones to visit the patient in a facility. NHHA testified when the bill was heard in Senate Health and Human Services on January 14, 2020 that we had concerns with the sharing of information with law enforcement. The committee ultimately removed that problematic section of the bill and the full Senate passed the amended bill on February 6, 2020.

**NHHA position: Support as amended**

**SB 519, Relative to Special Health Care Services Licenses**

SB 519 requires an applicant seeking to construct certain health care facilities for licensure under RSA 151 to submit a written notice of such intent to the chief executive officer of a nearby critical access hospital. Under this bill, if the critical access hospital notifies the Department of Health and Human Services that it objects to the proposed health care facility, then an expert report shall be prepared. NHHA testified in strong support of the bill when it was heard in Senate Health and Human Services on February 4, 2020. SB 519 is the result of a study committee that met over the summer, which was created by the passage of SB 97 in 2019. The bill is supported by all study committee members and the full committee is expected to act on the bill in the coming days.

**NHHA position: Support**

**SB 546, Relative to Management of Chronic Pain**

SB 546 requires that boards regulating practitioners prescribing, administering and dispensing of controlled substances adopt rules for management of chronic pain. The bill defines chronic pain for the purposes of the controlled drug prescription health and safety program. The bill was heard in Senate Health and Human Services on January 22, 2020. Based on conversations with the sponsor prior to the hearing, NHHA chose to not testify and instead worked with the sponsor to address our concerns and those of other stakeholders resulting in an amendment being drafted by the sponsor. The amendment has not been considered by the full committee yet but is expected to be introduced in the coming weeks.

**NHHA position: Support as amended**

**SB 547, Relative to An Electronic Prescription Drug Program**

SB 547 requires electronic prescribing for controlled drugs under certain circumstances. NHHA testified when the bill was heard in Senate Health and Human Services on January 21, 2020 that the bill, while very similar to a House companion bill, HB 1332, the House bill represents the collective voice of both prescribers and dispensers. We asked the committee to consider holding on consideration of SB 547 so the two bills can be reconciled to address all stakeholder input.

**NHHA position: Support but requested amendment**

**SB 729, Relative to The Board of Medical Imaging and Radiations Therapy**

SB 729 adds cardiac electrophysiology specialist and cardiovascular invasive specialist to the licenses administered by the Medical Imaging and Radiation Therapy Board. The bill also adds a requirement for a criminal history records check for medical imaging and radiation therapy license applicants and
modifies procedures for the board. NHHA testified in support of the bill when it was heard in Senate Executive Departments and Administration on January 29, 2020. However, we did request additional changes to the statute that we believe are warranted, specifically, adding language that provides more flexibility with the issuance of temporary licenses, as well as removing language that has caused barriers for licensees to receive their licenses. We also asked for flexibility for public members to join the board. The committee has not considered the requested amendment at this time.

**NHHA position: Support**

**MEDICAID**

**HB 1513, Requiring the Commissioner of the Department of Health and Human Services to Study the Conversion of the Medicaid Program to Block Grant Funding and Making an Appropriation Therefor**

HB 1513 would require the Commissioner of the Department of Health and Human Services to conduct a study of converting the current Medicaid program into a block grant via a section federal 1115 waiver. The bill also would make an appropriation of $100,000 for the purposes of the bill. There was considerable opposition to the bill when it was heard on January 21, 2020. The full committee voted Inexpedient to Legislate (ITL) on February 4, 2020 and the full House will consider the bill in the coming days.

**NHHA position: Oppose**

**HB 1600, Relative to Smoking Cessation Therapy and Pharmacist Reimbursement Under Medicaid and Making an Appropriation Therefor**

HB 1600 authorizes pharmacists to dispense smoking cessation therapy pursuant to a standing order from a physician or APRN and to be reimbursed under Medicaid. The bill was heard in House Health, Human Services and Elderly Affairs Committee on January 14, 2020. There were several subcommittee work sessions to address issues raised by stakeholders and the Department of Health and Human Services. Ultimately, the committee passed an amended version of the original bill and it will be considered by the full House in the coming days.

**NHHA position: Neutral**

**PRESCRIPTION DRUGS**

**HB 1697, Relative to Prescription Drug Discount Prohibition**

HB 1697 would prohibit, with limited exceptions, prescription drug manufacturers from offering coupons or discounts to cover insurance copayments or deductibles. NHHA testified in opposition to the bill when it was heard in House Commerce and Consumer Affairs on February 5, 2020. The bill is essentially the same bill that was introduced in 2019 and the same concerns raised by NHHA and other stakeholders remain. There was a subcommittee work session held on February 18, 2020 where the bill was discussed further, and NHHA will continue to monitor the bill and express our continued concerns as the committee considers the bill.

**NHHA position: Oppose**

**SB 687, Relative to Transparency in Prescription Drug Pricing and Establishing**
**PUBLIC HEALTH/HEALTH PROMOTION**

**HB 1404, Relative to HIV/AIDS Prophylaxis Treatment for Minors Without Parental Consent and Allowing Pharmacists to Dispense a Limited Supply of Pre-exposure Prophylaxis for the Human Immunodeficiency Virus**

HB 1404 would authorize physicians and APRNs to examine and provide prophylaxis or treatment for human immunodeficiency virus or acquired immune deficiency syndrome for a minor without parental consent under certain circumstances. This bill also authorizes pharmacists to administer up to a 60-day supply of pre-exposure prophylaxis for human immunodeficiency virus if certain conditions are met. NHHA testified that certain sections of the bill, as introduced, are problematic when it was heard in House Health, Human Services and Elderly Affairs committee on January 29, 2020. There has been one subcommittee work session to-date and more to be scheduled. They are considering amending the bill considerably to address specific issues raised by stakeholders, DHHS and committee members. NHHA will continue to monitor the bill.

**NHHA position: Oppose as introduced**

**SB 609, Relative to Passenger Restraints**

SB 609 requires passenger restraint use by all motor vehicle operators and passengers unless specifically exempt by law. NHHA signed in support of the bill when it was heard in Senate Transportation Committee on February 4, 2020. The bill has yet to be acted on by the full committee.

**NHHA position: Support**

**QUALITY & PATIENT SAFETY**

**HB 1246, Relative to Reporting of Health Care Associated Infections**

HB 1246 would clarify the information that hospitals must report regarding infections. HB 1246 was requested by NHHA and the Foundation for Healthy Communities (FHC). FHC testified in strong support of the bill when it was heard in House Health, Human Services and Elderly Affairs on January 22, 2020. The bill was amended slightly, to accommodate a Department of Health and Human Services' request. The bill was passed unanimously by the committee and will be voted on by the full House in the coming days.

**NHHA position: Support as amended**
HB 1386, Relative to Employment Protection for Qualified Patients of New Hampshire’s Therapeutic Cannabis Program

HB 1386 would prohibit an employer from firing an employee solely because the employee has a positive drug test for cannabis if the employee is a qualified patient pursuant to New Hampshire's therapeutic cannabis program. NHHA testified in House Labor, Industrial and Rehabilitative Services committee on February 5, 2020 that we are opposed to the bill, as introduced. This bill is similar to HB 1543 (see below) and our reasons for opposing the bill are the same. We asked that the committee, if they choose to move forward with the bill, to ensure that hospitals are exempted from the requirement outlined in the bill.

NHHA position: Oppose

HB 1543, Relative to Employee Drug Testing

HB 1543 would prohibit an employer from using a failed drug test for cannabis use as grounds for terminating the employment of, or to deny promotion to, any employee. NHHA testified in House Labor, Industrial and Rehabilitative Services committee on January 23, 2020 that we are opposed to the bill, as introduced. The bill does not exempt hospitals from the prohibition. We testified that hospitals must be exempted if the bill were to move forward. The House committee voted Inexpedient to Legislate (ITL) on February 5, 2020 and will head to the full House with this committee recommendation in the next week.

NHHA position: Oppose

SB 506, Establishing A Commission to Study Workplace Safety in Health Care Settings

SB 506 is a bill that NHHA requested be introduced. The bill establishes a commission to study workplace safety in health care settings. This bill is the result of a group of health care stakeholders working together to address the shared concerns that our health care workers face daily regarding incidences of violence in the workplace. NHHA testified to the importance of the bill. The Senate Health and Human Services committee heard the bill on January 14, 2020 and voted to pass the bill with an amendment to add a few additional stakeholders to the commission, which we supported. The full Senate voted to pass the bill on February 6, 2020. The bill now heads to the House Health, Human Services and Elderly Affairs.

NHHA position: Support

FEDERAL UPDATE

Surprise Medical Billing
There are two legislative bills being worked on in the U.S. House in early 2020: House Ways & Means and House Education and Labor. House Ways & Means passed a surprise billing bill in mid-February 2020. The language prohibits providers from balance billing patients for emergency services or medical care the patient reasonably could have expected to be in-network and does not allow patients to be charged more than the in-network cost-sharing amount. Further, the proposal does not rely on a benchmark payment rate to determine out-of-network reimbursement, but instead includes a period for health plans and providers to negotiate reimbursement, to be followed by a mediated dispute resolution process should it be necessary. The proposal also includes several other consumer protection and transparency provisions.

By contrast, the House Education and Labor Committee's version relies on a median in-network rate to resolve out-of-network payments. For amounts paid above $750 (or $25,000 for air ambulance services), the legislation allows for an independent dispute resolution process to determine the final payment. This proposal is similar to ones passed last year by the House Energy and Commerce Committee and Senate Health, Education, Labor and Pensions Committee.

The House Ways & Means Committee bill is closely aligned with our overarching messages: "First and foremost, patients should be protected from surprise bills. We believe that once the patient is protected from surprise bills, providers and insurers should then be permitted to negotiate payment rates for services provided. We strongly oppose approaches that would impose arbitrary rates on providers. It is the insurers' responsibility to maintain comprehensive provider networks, and a default payment rate would remove incentives for plans to contract with providers." We have encouraged our NH congressional delegation to support the House Ways & Means Committee bill.

**Medicaid DSH Cuts Delayed Until May 22, 2020**

On December 21, 2019, Congress passed a continuing resolution that included a continuation of the delay in Medicaid Disproportionate Share Hospital (DSH) payment cuts through May 22, 2020. The Medicaid DSH program provides essential financial assistance to hospitals that provide critical community services such as trauma care and disaster preparedness resources and care for our nation's most vulnerable populations - children, the poor, the disabled and the elderly. Congress cut Medicaid DSH payments in the Affordable Care Act (ACA), reasoning that hospitals would care for fewer uninsured patients as health coverage expanded. However, the projected increase in coverage has not been fully realized due to some states not expanding Medicaid, as well as lower-than-anticipated enrollment in coverage through the Health Insurance Marketplaces. NH's congressional delegation members have been supportive and consistent with their dedication to ensure that the Medicaid DSH program remains intact.

**Federal Appeals Court Decision**

The Federal Fifth Circuit Court of Appeals issued a ruling on December 18, 2019 that found the individual mandate under the Affordable Care Act (ACA) unconstitutional because it can no longer be considered a tax, but it did not invalidate the entire law. It sent those other issues back to the Federal District
Court for further consideration of the severability arguments—in essence, whether the ACA can remain once the individual mandate has been stripped from the law. For now, the ACA remains intact.

This is a disappointing outcome, as it potentially puts in jeopardy all of the coverage gains that have been achieved under the Affordable Care Act, including our state’s Medicaid expansion program. But it also puts at risk the health insurance reforms, such as protections against pre-existing medical conditions, as well as the payment and delivery system reform efforts under the ACA. The Supreme Court will soon consider whether to take on this case and if it will be taken up during this term. The New Hampshire Hospital Association joined with the American Hospital Association and thirty-two state hospital associations in an amicus brief urging the Supreme Court take up the case and to find the ACA constitutional.

**NHHA Comments on Medicaid Fiscal Accountability Rule (MFAR)**
The Centers for Medicare and Medicaid Services (CMS) in November 2019 issued the Medicaid Fiscal Accountability Regulation (MFAR) that would significantly change state Medicaid program financing and supplemental payments for providers. The New Hampshire Hospital Association submitted a letter outlining our concerns about the MFAR rule. While the proposed rule purported to be focused on increased transparency with the Medicaid program, it instead restricts state access to important funding streams, restricts states' ability to make supplemental payments to offset base payments set below the cost of providing care, and introduces significant uncertainty with respect to how CMS will evaluate state financing approaches. This proposal also seeks to limit the supplemental payment program approval to a three-year period that would directly impact NH's settlement agreement with hospitals. The proposals are numerous and varied, and, if finalized, they would give states virtually no time to make policy and budgetary adjustments to mitigate the loss of federal funds, assuming they could be mitigated at all. These proposed changes would have devastating consequences for the Medicaid program. Bottom line: the MFAR proposed rule should be withdrawn. Comments on the rule were due on February 1, 2020, and, as is typical when there is no statutory deadline, CMS has not set a target date for finalizing the rule. The National Governors Association and State Medicaid Directors, among many other national organizations, submitted comment letters that were similar to the hospital community - which helps with the strong messaging that the proposed rule would be harmful to Medicaid programs across the country.

**Administration Proposal for Medicaid Block Grants**
CMS recently released new guidance, *Healthy Adult Opportunity Waiver*, which provides states with the opportunity to receive a defined budget to cover services for certain healthy adults using 1115 waiver authority, also known as a block grant. Generally, CMS will allow states to receive a defined amount of federal funding - on either an aggregate or per capita basis - annually to cover benefits for certain non-disabled adults under the age of 65 who do not need long-term care services and supports. However, CMS is targeting what are referred to as optional adults, which includes the Medicaid expansion population. There are many provisions that are problematic,
including allowing for work requirements, beneficiary cost sharing, restrictions on drug formularies and removal of presumptive eligibility. States would also be allowed to change provider payments without approval from CMS. NHHA has serious concerns with a block grant approach. There should be critical safeguards in place to prevent loss of coverage or access to care. This new authority should not be used as a pretext to strip coverage or benefits from any of the 75 million Americans who rely on the Medicaid program, nor should it be used to deny access to those who may become eligible in the future. Those who rely on the program today must be able to rely on the program tomorrow. In particular, a defined funding approach must not prevent states from meeting the coverage needs of vulnerable populations in times of economic fluctuation. Finally, we need to make certain that Medicaid funds are maintained for health care services and not diverted for other state spending priorities.

**White House Released FY2021 Administration Budget Request**

President Trump submitted his budget request for federal fiscal year 2021 to Congress on February 10, 2020. The budget request, which is not binding, proposes hundreds of billions of dollars in reductions to Medicare and Medicaid over 10 years. The budget request also contains a number of provisions related to drug pricing, opioids and other health-related issues. Several key health-related items are included:

- **Health Reform Allowance** - The budget request proposes an allowance for health care reform that would result in $844 billion in savings.
- **Medicare** - The budget proposes reductions to Medicare of $478.5 billion over 10 years, including hundreds of billions in cuts to payments for hospital services.
- **Medicaid** - The budget proposal includes a number of legislative and regulatory changes that would provide states with increased flexibility, as well as restrict eligibility, program funding and hospital payments.
- **Other Proposals** - Among other proposals, the budget includes funding to address the opioid crisis and support veterans' health services.

Typically, White House budgets are not enacted, however, policy proposals are often embedded and can be seen as a roadmap for future spending priorities or cuts. Proposals such as cuts to bad debt funding, graduate medical education, uncompensated care, post-acute care and site neutral policies are all mentioned in the budget request and will need to be watched closely.