



MEMORANDUM

September 12, 2022

To: Subcommittee on Health Members and Staff

Fr: Committee on Energy and Commerce Staff

Re: Subcommittee Markup of Five Health Bills

On **Wednesday, September 14, 2022, at 10:30 a.m. (EDT) in the John D. Dingell Room, 2123 of the Rayburn House Office Building, and via Cisco Webex online video conferencing**, the Subcommittee on Health will hold a markup of the following five bills: **H.R. 3173**, the “Improving Seniors’ Timely Access to Care Act of 2021”; **H.R. 3655**, the “Vaccine Injury Compensation Modernization Act of 2021”; **H.R. 5141**, the “Maximizing Outcomes through Better Investments in Lifesaving Equipment for (MOBILE) Health Care Act”; **H.R. 8163**, the “Improving Trauma Systems and Emergency Care Act”; and **H.R. 6737**, the “Flint Registry Reauthorization Act.”

I. H.R. 3173, THE “IMPROVING SENIORS’ TIMELY ACCESS TO CARE ACT OF 2021”

Rep. DelBene (D-WA) and 91 original bipartisan cosponsors introduced H.R. 3173 on May 13, 2021. The legislation would establish several requirements related to the prior authorization process under the Medicare Advantage (MA) program. Specifically, MA plans must (1) establish an electronic prior authorization program that meets specified standards, including the ability to provide real-time decisions in response to requests for items and services that are routinely approved; (2) improve transparency by requiring MA plans to report to the Department of Health and Human Services (HHS) on the extent of their use of prior authorization and the rate of approvals or denials; and (3) meet other standards relating to the quality and timeliness of prior authorization determinations.

An amendment in the nature of a substitute (AINS) for H.R. 3173 is expected to be filed. The AINS includes a number of changes to improve the electronic prior authorization timeline, create an exceptions process for extenuating circumstances with respect to real-time prior authorization decisions, and enhance transparency requirements with respect to MA plans. The AINS will also require HHS to make public information on prior authorization determinations, including the rate of approvals and denials.

II. H.R. 3655, THE “VACCINE INJURY COMPENSATION MODERNIZATION ACT OF 2021”

Reps. Doggett (D-TX) and Upton (R-MI) introduced H.R. 3655 on June 1, 2021. The legislation would make several changes to the Vaccine Injury Compensation Program (VICP),

including removing the current cap of eight special masters and replacing it with a floor of at least 10 special masters; updating reporting requirements; requiring the table to be updated more quickly as new vaccines are recommended; increasing compensation caps; and changing the statute of limitations from 36 months after the date of the occurrence of the first symptom or manifestation or significant aggravation of injury to five years after such date.

An AINS for H.R. 3655 is expected to be filed that would strike all matter except Section 2(a) pertaining to the cap on special masters and pending applications.

III. H.R. 5141, THE “MAXIMIZING OUTCOMES THROUGH BETTER INVESTMENTS IN LIFESAVING EQUIPMENT FOR (MOBILE) HEALTH CARE ACT”

Reps. Susie Lee (D-NV), Hudson (R-NC), Ruiz (D-CA), and Herrera Beutler (R-WA) introduced H.R. 5141 on August 31, 2021. This legislation would allow Federally Qualified Health Centers to use New Access Point grants for establishing mobile health units, building renovation, and acquisition and construction costs to increase access to health care in rural and underserved communities.

An AINS for H.R. 5141 is expected to be filed to make technical and other changes.

IV. H.R. 8163, THE “IMPROVING TRAUMA SYSTEMS AND EMERGENCY CARE ACT”

Rep. O’Halloran (D-AZ) introduced H.R. 8163 on June 21, 2022. The legislation reauthorizes grants through fiscal year (FY) 2027 for trauma care to support the improvement of emergency medical services and trauma care readiness and coordination. The bill requires the Office of the Assistant Secretary for Preparedness and Response (ASPR) to develop guidance for and otherwise support states—and consortia of states—to coordinate and improve emergency medical services and trauma care during declared emergencies. The bill also expands eligibility and revises grants for improving emergency medical services and trauma care in rural areas and competitive grants for improving regional emergency medical and trauma systems.

An AINS for H.R. 8163 is expected to be filed to make technical and other changes.

V. H.R. 6737, THE “FLINT REGISTRY REAUTHORIZATION ACT”

Rep. Kildee (D-MI) and 13 original bipartisan cosponsors introduced H.R. 6737 on February 15, 2022. The legislation would amend the Water Infrastructure Improvements for the Nation (WINN) Act, enacted in December 2016, to reauthorize the Lead Exposure Registry program at \$5 million annually for FY 2023 through FY 2033.

An AINS for H.R. 6737 is expected to be filed to make technical and other changes.