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Editor's note

<u>This series</u> is produced by KPMG Healthcare and is intended to be short and succinct, less than 360 words, to provide a weekly digestible bite of healthcare regulatory, policy, and industry news relevant to our clients. Links are provided to source material (proposed and final regulations, agency guidance and press releases, reports, research, etc.) when available. Please share this email with colleagues and other interested individuals, and encourage them to <u>subscribe to our mailing list here</u>.

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Healthcare regulatory news

CMS approved <u>four states' Section 1115 waiver demonstrations</u>, allowing Medicaid and CHIP to cover traditional medicine practices provided by Indian Health Service facilities.

The FDA <u>released guidance</u> that permits flexibility in compounding IV fluids, adds three parenteral drugs to its shortage database, and temporarily authorizes international imports of IV fluids to address the supply shortage caused by Hurricane Helene.

The EPA <u>issued a final rule</u>, mandating water systems identify and replace lead pipes within the next 10 years; the agency estimates more

than 9M homes, predominantly in low-income and minority communities, receive water through lead pipes.





Healthcare law and policy news

Over 15M adults have ADHD in the United States, with half of those being diagnosed in adulthood, according to a <u>CDC survey</u>; the study suggests increasing access to telehealth treatment could help individuals better manage ADHD and comes as a group of bipartisan lawmakers <u>urged the DEA</u> to permanently extend current flexibilities for telehealth prescribing of controlled substances.

HIV-positive individuals can safely receive kidneys from HIV-positive deceased donors, according to a <u>recent study</u> that reviewed 198 kidney transplants across the U.S.... This finding may decrease wait times for all kidney transplant patients, regardless of their HIV status.

The Senate Permanent Subcommittee on Investigations <u>released a</u> <u>report</u> showing that the three largest Medicare Advantage insurers deny prior authorizations for post-acute care at much higher rates than other services and are increasingly using algorithmic tools to do so.

Twenty states <u>sued</u> CMS, seeking to overturn the agency's nurse staffing final rule, arguing that the rule exceeds CMS's authority; <u>the final rule</u>, published last spring, mandates that nursing homes increase the number of staff per resident... KFF <u>estimates</u> 19% of current nursing homes currently meet this staffing standard.

The Blue Cross Blue Shield Association agreed to a \$2.8B settlement to resolve an antitrust case brought by healthcare stakeholders... This settlement follows a 12-year legal battle in which providers argued that the Blues engaged in anti-competitive practices by structuring their operations in a way that prevents Blues plans from competing against each other.





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