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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>.

In observance of the Labor Day holiday, the next issue of ATW will be published on Tuesday, September 2. Have a nice holiday weekend!

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Healthcare regulatory news

NIH Director Jay Bhattacharya has <u>unveiled</u> a list of top research priorities and called for an immediate, agency-wide review of all current and upcoming NIH-funded projects to ensure they align with these goals. The agency reaffirmed its commitment to tackling chronic

diseases and nutrition while emphasizing the importance of advanced tools like AI and realworld data platforms.

CMS <u>announced</u> a nationwide push to send states monthly enrollment reports identifying certain Medicaid and CHIP enrollees whose citizenship or immigration status could not be confirmed via federal databases. States are expected to review these cases, verify immigration status, and take appropriate actions, including adjusting coverage or enforcing non-citizen eligibility rules.

According to unnamed FDA staff, the agency <u>plans</u> to merge its multiple adverse event reporting systems into a single platform for monitoring drug and medical device safety. The consolidation aims to streamline reporting, reduce duplication, and enhance the agency's ability to detect and respond to potential safety issues.

HHS and CMS <u>are forming</u> a new federal Healthcare Advisory Committee to provide expert recommendations on care delivery and quality. The committee will focus on developing actionable policies for chronic disease prevention and modernizing CMS programs with real-time data, according to the agencies.



Healthcare law and policy news

A Maryland federal court <u>temporarily blocked</u> CMS from implementing certain provisions of its Exchange <u>program integrity final rule</u>, including new verification requirements and a \$5 charge for automatically re-enrolled consumers in \$0 premium plans who fail to verify eligibility, following a lawsuit filed by Democracy Forward on behalf of several cities and advocacy groups.

Over 350 healthcare organizations are <u>urging</u> Congress to extend Medicare telehealth access beyond the September 30, 2025 expiration with a minimum two-year extension to ensure continuity of care, especially for rural and underserved populations. Stakeholders argued that telehealth is essential for millions of patients, advocating for more permanent telehealth reforms to avoid disruption in care and confusion among patients and providers.

A district court in Texas <u>vacated</u> key provisions of a Biden-era CMS rule that aimed to limit MA plans' payments to agents, brokers, and third-party marketing firms, ruling that CMS

overstepped its authority by trying to cap administrative payments beyond direct compensation and restricting contract terms.



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