



Around the world of U.S. healthcare in 360 words or less



March 22, 2024 | Issue 314

Editor's note

This note is produced every Friday by [KPMG](#) and is intended to be short and succinct, no more than 360 words, to provide a digestible bite of healthcare and life sciences news from the past week. Please share this email with colleagues and other interested individuals, and encourage them to [subscribe to our mailing list here](#).

We welcome your feedback. Let us know if KPMG can help. Please reply to this email with any comments or requests.

[> Subscribe here](#)



Healthcare regulatory news

President Biden signed an [executive order](#) prioritizing investment in women's health research and strengthening research standards across federal agencies to reduce disparities; the order asks Congress to approve \$12B for a National Institutes of Health women's health fund.

CMS is providing state Medicaid agencies with [additional flexibilities](#) to issue interim payments to providers impacted by the Change Healthcare ransomware attack.

[Medicare Part D plans may now cover the anti-obesity medication \(AOM\) Wegovy](#) for cardiovascular disease, according to new CMS guidance. Medicare will cover all other AOMs that receive FDA approval for an "additional medically accepted indication."



Healthcare law and policy news

MedPAC's March 2024 [report](#) to Congress recommended increasing Medicare physician pay for inflation and several reforms to MA, including replacing the quality bonus program, improving encounter data, and establishing more equitable benchmarks; [the American Medical Association \(AMA\) responded](#) that the recommendations inadequately address physician pay cuts.

[A Congressional Budget Office \(CBO\) analysis](#) on future Medicare coverage of AOMs suggests that if covered at their current prices, AOMs would increase the federal deficit over the next 10 years; CBO expects semaglutide to be selected for price negotiation in the next few years.

A [bipartisan group of senators requested additional information](#) from the Department of Defense (DoD) in response to a [Defense Logistics Agency \(DLA\) report](#) that revealed 27% of the FDA's Essential Medicines List is categorized as "Very High Risk" due to their dependence on ingredients of Chinese or unknown origin.

Per an [American Hospital Association \(AHA\) survey](#), 94% of hospitals reported some financial impact from the Change Healthcare ransomware attack; nearly 60% of hospitals cited revenue losses of at least \$1M per day.

A [Health Affairs Scholar study](#) found the treatment retention rate for in-network telehealth-based opioid use disorder (OUD) is significantly higher (72%) than that for uninsured or out-of-network patients (48% and 37%, respectively).

A [study by the National Bureau of Economic Research \(NBER\)](#) found mass Medicaid disenrollment due to the 2005 termination of Tennessee's 1115 waiver (TennCare) led to a nearly 17% increase in total state crime; the study cites mental health and substance use disorder outcome changes as the primary effects of disenrollment and potential mechanisms for increased crime.



Questions or comments, please send to us-hclspractice@kpmg.com.

kpmg.com/socialmedia



[Privacy](#) | [Legal](#)

You have received this message from KPMG LLP. If you wish to unsubscribe from Around the world of U.S. healthcare in 360 words or less, please [click here](#). If you wish to unsubscribe from all KPMG communications, please [click here](#).

KPMG LLP, 3 Chestnut Ridge Road, Montvale, NJ 07645

© 2024 KPMG LLP, a Delaware limited liability partnership and a member firm of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee. All rights reserved. USCS011380-1B

The KPMG name and logo are trademarks used under license by the independent member firms of the KPMG global organization.