

## April 5, 2024 | Issue 316

#### Editor's note

This note is produced every Friday by <u>KPMG</u> 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 <u>subscribe to our mailing list here</u>.

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

Discussions on all 10 prescription drugs selected for the initial round of Medicare drug price negotiations will continue into the summer after <a href="Model">CMS</a> rejected pharmaceutical manufacturers' counteroffers.

CMS finalized 2025 payment updates for Medicare Advantage and Part D programs, reducing the Medicare Advantage benchmark rate by 0.16% and implementing the Inflation Reduction Act's (IRA) changes to the Part D benefit design, including a \$2,000 prescription drug out-of-pocket cap... the agency also released the CY 2025 Medicare Advantage and Part D final rule, which sets total compensation caps for agents/brokers, requires plans to include additional types of behavioral health providers in their networks, and makes it easier for Part D plans to substitute lower cost biosimilars.

CMS released the <u>2025 Notice of Benefit and Payment Parameters final rule</u>, allowing states to offer adult dental services as a new Essential Health Benefit (EHB) starting in 2027, updating network adequacy standards, and standardizing operations across Federally-facilitated and State-based Marketplaces.





# Healthcare law and policy news

A <u>new white paper from HHS</u> on policy considerations to prevent drug shortages and mitigate supply chain vulnerabilities proposes creating two nongovernmental organizations to rate manufacturers and hospitals on maintaining supply chain resiliency.

A review of behavioral health provider availability for Medicare and Medicaid enrollees by the Office of Inspector General (HHS OIG) across 20 counties found that on average, there were fewer than five active behavioral health providers per 1,000 enrollees, with some counties having no providers at all.

A <u>Kaiser Family Foundation (KFF) study</u> found LGBT adults are significantly more likely to experience provider discrimination than those who do not identify as LGBT; adverse experiences with a provider made LGBT adults less likely to seek care (39% vs. 15%) or led them to change providers altogether (36% vs 16%).

According to a <u>study in the New England Journal of Medicine</u>, GLP-1 drugs may be effective in treating neurodegenerative disorders like Parkinson's, in addition to diabetes and obesity; the study found patients with early-stage Parkinson's who received GLP-1 drug Lixisenatide experienced less motor symptom progression than the placebo control group at 12 months.

Kaiser Permanente <u>completed its acquisition of Geisinger Health</u>, incorporating the health plan into <u>Risant Health</u>, Kaiser's national non-profit value-based-care network.





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.