

2022 Major Federal Health Policy Developments

The items outlined below collectively provide a brief recap of the major federal health policy developments in 2022, spanning both congressional and administrative actions.

Legislative

- [**Consolidated Appropriations Act of 2023 \(Omnibus\)**](#) – The Fiscal Year (FY) 2023 omnibus spending package totaled \$1.7 trillion. Notable provisions include a two-year extension of telehealth flexibilities, reauthorization of more than 30 mental health programs, and several public health provisions from the [**PREVENT Pandemics Act**](#). The package also extended CHIP funding for two years and made permanent the option for states to provide 12 months of continuous postpartum coverage. Moreover, the package decoupled Medicaid continuous coverage from the federal public health emergency, which will trigger the beginning of coverage redeterminations in April.
- [**Inflation Reduction Act**](#) – The Inflation Reduction Act was a budget reconciliation package passed along party lines that notably included several drug pricing policies such as the ability for Medicare to negotiate some drug prices and a copay cap on insulin. The bill also included provisions to reduce carbon emissions, address climate change and equity issues, and extend enhanced Affordable Care Act (ACA) premium subsidies through 2025.
- [**Bipartisan Safer Communities Act**](#) – The Bipartisan Safer Communities Act is a set of actions targeting gun and mental health reform. The legislation increased restrictions on some firearms, enhanced school safety resources, and increased access to children and family mental health services. Funding was included for community mental health services, school-based mental health services, Certified Community Behavioral Health Clinic (CCBH) demonstrations, and pediatric primary care providers.
- [**Senate Finance Work on Mental Health**](#) – Although it did not pass in 2022, the Senate Finance Committee developed bipartisan discussion drafts on the following behavioral health issue areas: [telemental health](#), [youth mental health](#), [workforce](#), [parity](#), and [behavioral health integration](#). Lawmakers could further advance this work in the new Congress, though the political appetite for additional mental health reform may have diminished due to the reforms included in the omnibus.

Administrative & Judicial

- [**Dobbs v. Jackson Women’s Health Organization and Related Policies**](#) – In response to the Supreme Court’s decision to overturn *Roe v. Wade*, President Biden issued two executive orders on reproductive health. The first EO directs the Department of Health and Human Services (HHS) to promote access to reproductive health care services, including abortion and contraception. The second EO directed HHS to consider how to protect Medicaid patients who travel out of state for reproductive health services, promoted compliance with federal non-discrimination protections, and directed HHS to evaluate and improve research and data collection on maternal health outcomes. The Administration also issued guidance to protect patient privacy and clarify that treatment necessary to stabilize medical conditions, including abortion, is required under the Emergency Medical Treatment and Active Labor Act (EMTALA).
- [**“Family Glitch” Fix Final Rule**](#) – The Internal Revenue Service (IRS) released a final rule to revise criteria for ACA premium tax credit (PTC) eligibility in the individual market. The rule is intended to fix the so-called “family glitch” that prevented family members from accessing the credits if an employee’s self-only coverage met the affordability threshold. Under these new rules, however, if the employee’s required contribution for family coverage exceeds the affordability threshold, then



family members will now be able to qualify for a PTC and purchase subsidized individual coverage on the ACA Marketplace.

- [Section 1557 Nondiscrimination Implementing Regulation](#) – HHS released a proposed rule to implement Section 1557 of the ACA that prohibits discrimination on the basis of race, color, national origin, sex, age, and disability in health programs and activities. The rule reversed Trump-era regulations that limited the protections of Section 1557. Importantly, the rule strengthened protections against discrimination on the basis of sex, including pregnancy or related conditions including abortion, sexual orientation, and gender identity. The final rule has yet to be released.
- [Transition to the 988 Crisis Line](#) – The Substance Abuse and Mental Health Services Administration (SAMHSA) led the nation's transition to the new 988 Suicide and Crisis Lifeline on July 15, 2022. The Lifeline is a network of state and local call centers supported by SAMHSA that connects people who call or text to crisis counselors. The Administration has continued to offer both technical and financial support as states have struggled with increasing crisis center capacity and readiness.
- [Measuring the Social Drivers of Health](#) – HHS added key new quality measures that will incentivize health care providers to better measure and address the social drivers of health. For hospitals under the inpatient prospective payment system, HHS adopted two measure that will capture the percent of adults who are screened for various social risk factors, as well as the rate of screened adults who screen positive. The first screening measure was also added for clinicians to use as part of the Merit-based Incentive Payment System (MIPS).