

Civitas Public Policy Briefing

December 2025



Housekeeping Reminders



- This is a Zoom webinar.
- All webinar participants are automatically muted, and your video is not displayed.
- Use the chat feature to introduce yourself (name, org, location), share resources, etc.
- If you would like to ask a question, please use the Q&A function on the taskbar.
- This webinar is being recorded, and the recording will be shared after today's event.
- For questions following the webinar, reach out to contact@civitasforhealth.org.

Agenda

- **Civitas & Troutman Strategies: Welcome & Updates**
 - Jolie Ritzo, CEO, Civitas Networks for Health
 - Karen Ostrowski, Director, Health Policy and Regulatory Affairs (Consultant), Civitas Networks for Health
 - Lindsay Austin, Principal, Troutman Strategies
 - Christopher W. Baxter, Senior Manager, Federal Affairs, Troutman Strategies
- **Public Policy Briefing Overview and Presentation**
- **Q&A with Civitas Members**

Upcoming Events

- **December 16, 3-5 p.m. ET** – [Scaling eLTSS FHIR Implementation to Advance Whole-Person Care presented by EMI Advisors](#)
- **January 21, 3-4 p.m. ET** – [Health Information Organization \(HIO\) Survey 2025 Deep Dive](#)
- **February 11-12** – [ASTP Annual Meeting](#)
- **March 9-12** – [HIMSS26](#)
- **April 27-30** – [InterSystems: READY 2026](#)

Want to see more upcoming events? Click here [events](#)

Your Civitas Government Relations Team



Lindsay Austin – Principal, Troutman Strategies



Chris Baxter – Senior Manager, Troutman Strategies



Jolie Ritzo – CEO, Civitas Networks for Health[®]



Karen Ostrowski, Director, Health Policy and Regulatory Affairs, Civitas Networks for Health[®]



Agenda

1. Dates to Watch
2. State of Congress
3. Federal Funding Status
4. Congressional Activity
5. Administration Activity

Dates to Watch

Dec. 18-19 –
Scheduled
House and
Senate
adjournment,
respectively

Dec. 31 –
RHTP Award
Announcement
from CMS;
ACA credits
expire

Jan. 5-6 –
Senate and
House return
to DC,
respectively

Jan. 30 –
Current CR
expires

Nov. 3 –
Midterm
elections

State of Congress

House

- **119th Congress:** 220 Rs to 213 Ds + 2 vacancies
- **Special elections:**
 - Jan. 31 to replace Sylvester Turner (D-TX)
 - April 16 to replace Mikie Sherrill (D-NJ)
- A slim majority remains challenging for House leadership
- However, Republicans are back to full strength after dealing with resignations; members moving to the administration earlier in the year
- Over 40 sitting House members are either resigning at the end of the term or seeking other office, with more likely in the coming months (over half are Rs)

Senate

- **119th Congress:** 53 Rs to 47 Ds
- John Thune (R-SD) new leader in 119th Congress
- 2025 activity focused on nominees, OBBBA/reconciliation
- Republican Senators Mitch McConnell (R-KY), Thom Tillis (R-NC), Joni Ernst (R-IA) are retiring and Tommy Tuberville (R-AL, running for Governor)
- Democrat Senators Gary Peters (D-MI), Jeanne Shaheen (D-NH), Dick Durbin (D-IL) and Tina Smith (D-MN) are retiring
- 33 Senate seats up for election in 2026
 - 22 Rs and 11 Ds

Reopening the Federal Government

- On November 12, the longest federal government shutdown in history (lasting 43 days) ended; started at midnight on September 30
- In the end, it was a group of 8 Senate Democrats (*Shaheen, Durbin, Kaine, Hassan, King, Rosen, Cortez-Masto, Fetterman*) – all of whom are retiring or not up for reelection in 2026 – who struck a deal with Senate Republicans to reopen the government
- The deal also included the fiscal year 2026 Agriculture-FDA, Legislative Branch, and Military Construction-VA spending bills
- **ACA Enhanced Credit Extension Unresolved:** Democrats demands for reopening the government centered on extending the expiring ACA enhanced premium tax credits
 - Thune promised to hold a vote; Senate Dems plan to put a 3-year extension on the floor today
 - House vote not guaranteed but the Speaker has stated he is working on a plan

ACA Fight and Healthcare Affordability

- **What they are:** Temporary, extra-generous ACA subsidies that lower ACA marketplace premiums (created in 2021 by the American Rescue Plan Act during COVID)
- **Deadline:** They expire Dec 31, 2025. Without action, premiums rise, and people may lose coverage
- **Timing and stakes:** Only 6 session days left and a thin House majority – outcome could be extended, cap, reform, or lapse
- **Where parties stand:**
 - **Senate Democrats:** put forward a clean, 3-year extension to be voted on today
 - **Senate Republicans:** remain divided, some favor a limited extension with reforms while some oppose any extension
 - On Monday, Sens. Cassidy and Crapo released a bill that would give HSA (must have a high-deductible plan) funding to those earning less than 700% of the poverty level, \$1,000 for people ages 18-49 and \$1,500 for 50-65
 - **House GOP:** largely divided, some vulnerable and moderate members favor an extension with reforms
 - **White House:** Trump's position will influence GOP support; an expected administration plan was delayed due to GOP pushback

Keeping the Government Open

- Congress has passed 3 of the 12 annual spending bills, and appropriators are working towards the next “minibus”
- May include the FY26 Labor-HHS spending bill, though House Appropriations chair Tom Cole (R-OK) recently suggested it may slip to a later date
- **House report:** encourages CDC to work with state HIEs to “facilitate better use of longitudinal health data for essential public and population health uses”
- **Senate report:** included language advocated by Civitas encouraging HHS to work with states to designate HDUs

Agency (in billions)	FY25 Enacted	FY26 PBR	FY26 House	FY26 Senate
HHS	\$115 billion	\$83.1 billion	\$108.1 billion	\$116.9 billion
NIH	\$48.3 billion	\$29.3 billion	\$47.8 billion	\$48.7 billion
CDC	\$9.2 billion	\$5.5 billion	\$7.5 billion	\$9.2 billion
Public Health Data Modernization	\$175 million	\$175 million	\$185 million	\$160 million
ASTP/ONC	\$69.2 million	N/A	\$59.2 million	\$69.2 million
HRSA	\$8.0 billion	\$6.1 billion	\$7.1 billion	\$9.1 billion

Health Information Privacy Reform Act (S. 3097)

- On Nov. 4, Senate HELP Committee chair Bill Cassidy (R-LA) introduced legislation to expand privacy protections for health-related data handled by non-HIPAA-covered entities
- ***Civitas comments submitted to HELP in November:***
 1. Sec. 2(a)(1)(A) – deletes the “individual’s reasonable expectations” basis for use/disclosure, as it’s undefined in HIPAA and would create confusion
 2. Sec 2(a)(1)(B) – tightens language around uses/disclosures for public health, oversight, law enforcement, and legal proceedings, explicitly aligning with HIPAA (45 CFR 164.512) and more stringent state laws to reduce conflicts
 3. Sec 2(a) – adds language to require a formal “regulatory crosswalk” mapping the bill’s protections to existing HIPAA/HITECH rules to minimize fragmentation and guide compliance
 4. Sec 8(b)(2) – adds language specifying standards for privacy-enhancing technologies used to create de-identified data be aligned and consistent with health data interoperability requirements

Health Information Privacy Reform Act (S. 3097)

Sec 2. Protections for Applicable Health Information – Directs HHS, in consultation with the FTC, to issue privacy, security, and breach notification standards for “applicable health information” processed by “regulated entities” and “service providers” and “harmonize” with the current HIPAA and HITECH regime for covered entities, business associates, and PHI “whenever feasible and appropriate”

- Provides enforcement via HHS/FTC and civil penalties aligned with HIPAA

Sec 3. Rights and Requirements Regarding Access to Certain Protected Health Information – Clarifies individual rights and procedures to access protected health information

- Requires valid authorization for certain access requests and limits fees
- Restricts disclosures to information relevant to care/payment or notification purposes
- Directs HHS to update guidance within set timelines

Sec 4. Confidentiality of Records – Amends Section 543 of the Public Health Service Act to align confidentiality provisions and permitted disclosures with HIPAA and modernize references

Sec 9. Preemption – Applies HIPAA’s existing preemption rules to this Act, ensuring federal standards supersede conflicting state laws

Sec 5. NAS Study on Compensation to Patients for Sharing Identifiable Data for Research – Requires HHS to engage the National Academies to study risks/benefits of compensating patients for sharing identifiable health data for research, including analysis of privacy risks, privacy-enhancing technologies, consent tracking, ethics, opt-in/opt-out for de-identified data, and re-identification risks

Sec 6. Patient Notification Requirements Under the HIPAA Privacy Regulations – Requires written patient notice when health information is removed from HIPAA protections and prior to sale or redisclosure

- Mandates patient consent before selling health data
- Requires advance notice and opt-out opportunities for “wellness data” generated by digital technologies

Sec 7. Minimum Necessary Guidance – Directs HHS to issue guidance on applying the “minimum necessary” standard to AI/machine learning and “health data interoperability requirements” under TEFCA

Sec 8. De-Identified Information – Requires unified national standards for de-identification that meet or exceed HIPAA, including use of privacy-enhancing technologies and contractual prohibitions on re-identification

Other Congressional Activity

Health Care Cybersecurity and Resilience Act (S.3315) – Reintroduced by Sen. Cassidy, the bill requires HHS and the Cybersecurity and Infrastructure Security Agency to coordinate to improve cybersecurity in the healthcare sector

- Updates HIPAA regulations for covered entities and business associates to use modern, up-to-date cybersecurity practices
- Creates grants for eligible entities for the adoption and use of cybersecurity best practices, including “a nonprofit entity that enters into a partnership with an eligible entity”
- Senate HELP plans to hold a hearing and a markup next year

SUPPORT Act Signed into Law (H.R. 2483) – Renews funding for drug prevention and treatment programs as well as mental health initiatives

- 180 days after enactment, ONC must convene a roundtable of HIEs, HIT vendors, and others to examine:
 - How the expanded use of EHRs among mental health and substance use service providers can improve outcomes for patients in mental health and substance use settings
 - How best to increase EHR adoption among such providers
- 180 days after the roundtable ONC must submit a report on the current and potential use of EHRs and HIT in mental health and substance use treatment settings

GOP Healthcare Package – Majority Leader Steve Scalise (R-LA) is working with the E&C, W&M, and Ed & Workforce Committees focused on lowering insurance premiums and PBM reforms

- May include reviving cost-sharing reduction (CSR) payments to insurance companies, an idea considered but excluded in the OBBBA
- Any package will have challenges gaining support from Democrats if it doesn’t include ACA enhanced premium tax credit extensions
- Sen. Mike Crapo (R-ID), chair of the Finance Committee, also said discussions were occurring over other health policies to pursue for an end-of-year package
- Majority Leader John Thune (R-SD) has said President Donald Trump could also be supportive of a healthcare package

Other Activity

- Thomas Bell nomination for HHS IG pending floor vote
- Dec. 3 Senate HELP hearing on “Making Healthcare Affordable Again”
- Dec. 10 House Oversight Subcommittee on Healthcare and Financial Services hearing on “Lowering the Cost of Healthcare: Technology’s Role in Driving Affordability”

“OneHHS” AI Strategy

OneHHS A.I. Strategy – HHS’ initiative to make artificial intelligence (AI) available to the federal workforce, integrating it across internal operations, research, and public health

- The plan calls for a centralized, consolidated data infrastructure “that provides shared data resources (where legally permissible), computing power, models, and testbed environments to Divisions within the Department”
- Strategy Pillars:
 1. Ensure Governance and Risk Management for Public Trust
 2. Design Infrastructure and Platforms for User Needs
 3. Promote Workforce Development and Burden Reduction for Efficiency
 4. Foster Health Research and Reproducibility Through Gold Standard Science
 5. Enable Care and Public Health Delivery Modernization for Better Outcomes

Importance to Civitas

- Modernizing HHS systems may provide additional funding, partnership, and collaboration opportunities from HHS agencies
- Standardization accelerates interoperability by unifying AI governance and technical standards, making it easier for Civitas; members to align across HHS
- A unified federal AI strategy allows Civitas to advocate more effectively for policy shaping reimbursement, privacy rules, and other frameworks impacting members
- Promotes AI adoption for public health needs, aligning with Civitas’ mission to empower local and regional networks with advance tools
- Strategy improves data quality and trustworthiness by emphasizing data integrity and model transparency

ACCESS Model

CMS ACCESS (Advancing Chronic Care with Effective, Scalable Solutions) Model – tests a new voluntary outcome-aligned payments (OPAs) approach in Original Medicare to expand access to new technology-supported care options that help people improve their health and prevent and manage chronic disease

- ACCESS will focus on four clinical tracks addressing many of the most common chronic conditions:
 1. Early cardio-kidney-metabolic conditions (eCKM): hypertension (high blood pressure), dyslipidemia (high or abnormal lipids, including cholesterol), obesity or overweight with marker of central obesity, and prediabetes
 2. Cardio-kidney-metabolic conditions (CKM): diabetes, chronic kidney disease, and atherosclerotic cardiovascular disease, including heart disease
 3. Musculoskeletal conditions (MSK): chronic musculoskeletal pain
 4. Behavioral health conditions (BH): depression and anxiety

Importance to Civitas

- Reinforces Civitas' (and its members') role as a national convener on shared data infrastructure
- Strengthens the ROI story for health data utilities
- Shifts the focus in chronic care from “activities performed” to “measurable improvement.”
- More digital tools connecting to providers and exchanging data; draws in newer, digital-first companies entering the Medicare space who will need help with compliance, outcomes reporting, and integration into local data ecosystems

FDA TEMPO (Technology-Enabled Meaningful Patient Outcomes for Digital Health Devices) Pilot – in collaboration with the ACCESS model, TEMPO is a voluntary pilot designed to promote access to certain digital health devices while safeguarding patient safety

- Pilot will evaluate a new, risk-based enforcement approach that supports digital health devices to improve the conditions included in ACCESS

Management Agenda

President Trump's Management Agenda – On Monday, OMB posted a memo directing agencies to cut jobs, close offices and use AI to make the government more efficient

- The directive puts OMB in the driver's seat for reshaping government, a role previously overseen by DOGE
- Many of the goals pursued early in Trump's term remain the same; end DEI programs, shrink the workforce, eliminate duplication, consolidate procurement, and downsize the federal government's physical footprint
- The plan also calls for an increased use of technology to streamline and automate federal process and make federal workers more efficient

Leverage Technology to Deliver Faster, More Secure Services

Eliminate bureaucratic barriers and build a government fit for the 21st century.

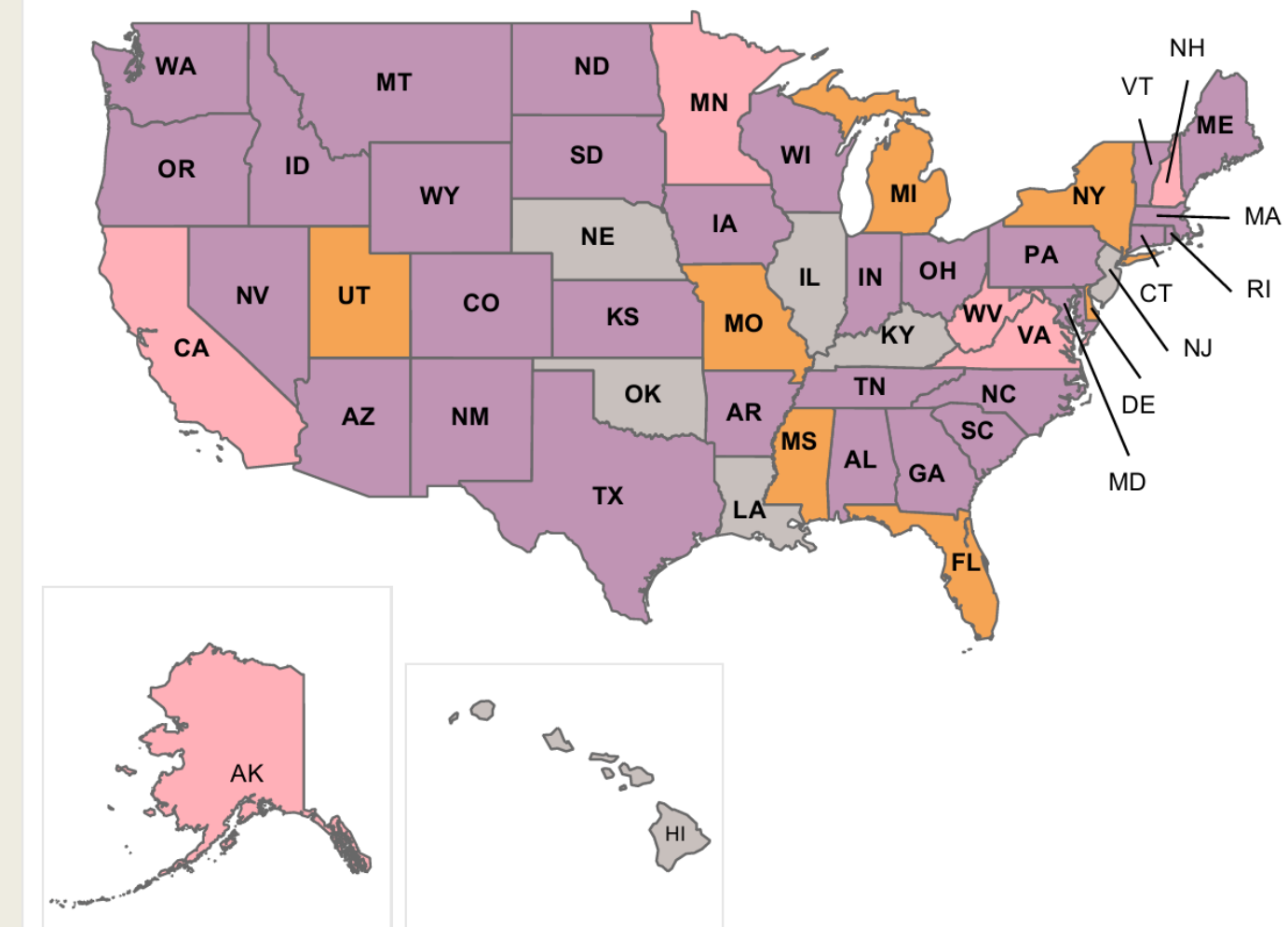
- Consolidate and standardize systems, while eliminating duplicative ones
- Reduce the number of confusing government websites
- Ensure secure, digital-first services that are built for real people, not bureaucracy
- Defend against and persistently combat cyber enemies
- Eliminate data silos and duplicative data collection
- Reduce wasteful processes through artificial intelligence

Rural Health Transformation Program (RHTP)

- \$50 billion over 5 years
 - \$25 billion distributed evenly amongst approved states
 - \$25 billion allocated based on rural factors, application initiatives, State policies, and quality of application
- CMS expected to announce awardee decisions by Dec. 31
- The first budget period begins immediately – with funds distributed in January – and ends Sept. 30, 2027
- Many proposals call for expanding HIE/HDU/interoperability infrastructure, creating regional referral and connectivity hubs, improved analytics, consumer/provider interfaces and digital tools, among other initiatives
- **Civitas Activity** – have been engage with key authors of the RHTP program; in mid-Nov, sent around a tracker of relevant state proposals (in process of updating)

Rural Health Transformation Program - State Applications

- State Announced Submission and Posted Application
- State Announced Submission and Posted Application Summary
- State Announced Submission
- Application Submitted (Per CMS), No Public Details



Regulatory Agenda

Agency	Stage	Title	RIN
HHS/CMS	Proposed Rule Stage	Administrative Simplification: Modifications to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Electronic Transaction Standards (CMS-0061)	0938-AV43
HHS/CMS	Proposed Rule Stage	Interoperability Standards and Prior Authorization for Drugs (CMS-0062)	0938-AV44
HHS/OCR	Final Rule Stage – Expected May 2026	HIPAA Security Rule to Strengthen the Cybersecurity of Electronic Protected Health Information	0945-AA22
HHS/OCR	Final Rule Stage – Expected May 2026	HIPAA Privacy Rule: Changes to support, remove barriers to coordinated care, and individual engagement	0945-AA00
HHS/CMS	Final Rule Stage – Expected Sept. 2025	Administrative Simplification: Adoption of Standards for Health Care Attachment Transactions and Electronic Signatures (CMS-0053)	0938-AT38
HHS/ASTP/ONC	Proposed Rule Stage – Pending OMB Review	Health Data, Technology, and Interoperability: ASTP/ONC Deregulatory Actions to Unleash Prosperity	0955-AA09
HHS/ASTP/ONC	Final Rule Stage – Expected Nov. 2025	Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability (Remaining parts of HTI-2)	0955-AA08
HHS/OS	Final Rule Stage – Expected May 2026	Health and Human Services Acquisition Regulation: Standards for Health Information Technology	0991-AC35
HHS/OS	Proposed Rule Stage	HHS Acquisition Regulation: Part 339, Acquisition of Information Technology; Other Parts; Supply Chain Risk Management	0991-AC37
HHS/ACF	Proposed Rule Stage	Standards for Data Exchange	0970-AC58

Keep in Touch with the Civitas Team

Scan me!

