Research Provisions in Health Care Reform

Patient Protection and Affordable Care Act [P.L. 111-148]
Agenda for Today’s Call

• Patient Center Outcomes Research (PCOR)
• Cures Acceleration Network (CAN)
• Coverage for Clinical Trials
• National Network for Depression Centers
• Amendments to False Claims Act
• Physician Payments Sunshine
Agenda for Today’s Call

- Data Collection
- Other Research Authorities:
  - Pain
  - Post-partum Depression
  - Congenital Heart Disease
  - Breast Cancer in Young Women
  - Emergency Medicine Research
  - Minority Health
  - Women’s Health
  - Prevention and Wellness
This slide set and more detailed summaries are available at: www.aamc.org/reform

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Patient-Centered Outcomes Research (PCOR) [ 6301]

Authorizes a Patient-Centered Outcomes Research Institute (PCORI) as a nonprofit corporation that is not “an agency or establishment of the U.S. Government.”
PCORI Mission

“to assist patients, clinicians, purchasers, and policy-makers in making informed health decisions by advancing the quality and relevance of evidence concerning the manner in which diseases, disorders, and other health conditions can effectively and appropriately be prevented, diagnosed, treated, monitored, and managed through research and evidence synthesis that considers variations in patient subpopulations, and the dissemination of research findings with respect to the relative health outcomes, clinical effectiveness, and appropriateness of medical treatments, services, and items.”
PCORI - Governance

21-member Board “shall represent a broad range of perspectives and collectively have scientific expertise in clinical health sciences research, including epidemiology, decisions sciences, health economics, and statistics.”

- Directors of AHRQ and NIH (or their designees)
- 3 patients/health care consumers
- 7 physicians and providers
  - 4 physicians (at least 1 surgeon),
  - 1 nurse
  - 1 State-licensed integrative health care practitioner
  - 1 hospital representative
PCORI - Governance

• 3 representing private payers, with at least 1 representing health insurance issuers and at least 1 representing employers who self-insure employee benefits;

• 3 representing pharmaceutical, device, and diagnostic manufacturers or developers;

• 1 representing quality improvement or independent health service researchers; and

• 2 representing the Federal Government or the States, including at least one representing a Federal health program or agency.
PCORI - Duties

The Institute shall:

• Identify research priorities; and

• Establish and carry out a research project agenda
PCORI – Research Project Agenda

• Systematic reviews and assessments of existing and future research and evidence including original research conducted subsequent to the date of the enactment.

• Primary research, such as randomized clinical trials, molecularly informed trials, and observational studies.

• Any other methodologies recommended by the Methodology Committee that are adopted by the Board.
PCORI - Contracts

The Institute is authorized to “enter into contracts to manage funding and conduct research” with Federal agencies or academic and other entities.

- Preference to AHRQ and NIH, but only if the research under the contract is authorized by their governing statutes.

The entity must comply with transparency, conflicts of interest, methodological, and other requirements of the Institute.

Researchers under contract may publish findings in a peer-reviewed journal, as long as the researcher enters into a data use agreement with the Institute.
The Institute may appoint permanent or ad hoc expert advisory panels to assist in identifying research priorities and establishing the research project agenda.

Shall include practicing and research clinicians, patients, and experts in scientific and health services research, health services delivery, and evidence-based medicine who have experience in the relevant topic, and experts in integrative health and primary prevention strategies.

May include a technical expert of each manufacturer or medical technology included under the relevant topic, project, or category for which the panel is established.
The Institute shall appoint expert advisory panels in carrying out randomized clinical trials.

Panels shall advise the Institute and the agency, instrumentality, or entity conducting the research on the research question involved and the research design or protocol, including important patient subgroups and other parameters of the research.
For a research study for rare disease, the Institute shall appoint an expert advisory panel to assist in the design of the study and determine the relative value and feasibility of conducting the study.

The Institute shall provide support and resources to help patient and consumer representatives effectively participate on the Board and expert advisory panels.
The Institute shall establish a standing Methodology Committee of no more than 15 members appointed by the Comptroller General, including:

- Experts in scientific fields, such as health services research, clinical research, comparative clinical effectiveness research, biostatistics, genomics, and research methodologies.
- Directors of NIH and AHRQ (or their designees).

Committee may consult/contract with IOM and academic, nonprofit, or other private and governmental entities with relevant expertise and relevant stakeholders.
The Committee shall, within 18 months of establishment of the Institute, directly or through subcontract, develop and periodically update the following:

Methodological standards for research that provide specific criteria for internal validity, generalizability, feasibility, and timeliness of research and for health outcomes measures, risk adjustment, and other relevant aspects of research and assessment with respect to the design of research.
Methodological standards developed and updated shall be scientifically based and include methods by which new information, data, or advances in technology are considered and incorporated into ongoing research projects by the Institute, as appropriate.

The process for developing and updating standards shall include input from relevant experts, stakeholders, and decision makers, and shall provide opportunities for public comment. Standards shall include methods by which patient subpopulations can be accounted for and evaluated in different types of research.
Standards shall include methods by which patient subpopulations can be accounted for and evaluated in different types of research. As appropriate, standards shall build on existing work on methodological standards for defined categories of health interventions and for each of the major categories of comparative clinical effectiveness research methods (determined as of the date of enactment).

A translation table designed to provide guidance and act as a reference for the Board to determine research methods that are most likely to address each specific research question.
AHRQ, in consultation with NIH, shall establish a training grant program in methods used to conduct CCER, including systematic reviews of existing research and primary research such as clinical trials.

Secretary shall coordinate relevant Federal health programs to build data capacity for comparative clinical effectiveness research, including development and use of clinical registries and health outcomes research data networks, to develop and maintain a comprehensive, interoperable data network to collect, link, and analyze data on outcomes and effectiveness from multiple sources, including electronic health records.
PCORI - Release of Research Findings

The Institute shall, within 90 days after the conduct or receipt of research findings, make findings available to clinicians, patients, and the general public. The Institute shall ensure the findings:

- are conveyed in a manner comprehensible and useful to patients and providers in making health care decisions;
- discuss considerations specific to certain subpopulations, risk factors, and comorbidities, as appropriate;
PCORI - Release of Research Findings

• include limitations of the research and what further research may be needed as appropriate;

• do not include practice guidelines, coverage recommendations, payment, or policy recommendations; and

• do not include any data that would violate the privacy of research participants or any confidentiality agreements.
PCORI - Publication

10602. Clarifications to Patient-Centered Outcomes Research

Deletes “Requirements for Publication of Research” [sec, 6301 (d)(2)(B)(iv)] and replaces with:

“Subsequent Use of Data - The Institute shall not allow the subsequent use of data from original research in work-for-hire contracts with individuals, entities, or instrumentalities that have a financial interest in the results, unless approved under a data use agreement with the Institute.”
10602. Clarifications to Patient-Centered Outcomes Research

Adds to “Conditions for Contracts”

“A researcher who conducts original research under a contract with the Institute to publish such research in a peer-reviewed journal or other publication as long as the researcher enters into a data use agreement with the Institute for use of the data from the original research as appropriate…”
PCORI - Coverage and Reimbursement Policies

PCORI cannot mandate coverage, reimbursement, or other policies for public or private payers.

PCORI cannot prevent Secretary from covering routine costs of clinical care received by an individual under Medicare, Medicaid, or CHIP where individual is in a clinical trial and such costs would otherwise be covered.

Secretary may only use evidence and findings from research to make a Medicare coverage determination through an iterative, transparent process that includes public comment and considers the effect on subpopulations.
PCORI - Coverage and Reimbursement Policies

Does not supersede or modify coverage of items or services under Medicare that Secretary determines are reasonable and necessary.

Does not authorize Secretary to deny coverage of items or services solely on the basis of comparative clinical effectiveness research.
Secretary shall not use evidence or findings from comparative clinical effectiveness research in determining coverage, reimbursement, or incentive programs under Medicare in a manner that treats extending the life of an elderly, disabled, or terminally ill individual as of lower value than extending the life of an individual who is younger, nondisabled, or not terminally ill.
PCORI - Coverage and Reimbursement Policies

Does not prevent Secretary from using evidence or findings from comparative clinical effectiveness research in determining coverage, reimbursement, or incentive programs under Medicare based upon a comparison of the difference in the effectiveness of alternative treatments in extending an individual's life due to the individual's age, disability, or terminal illness.
PCORI - Coverage and Reimbursement Policies

Secretary shall not use evidence or findings from comparative clinical effectiveness research in determining coverage, reimbursement, or incentive programs under Medicare in a manner that precludes or discourages an individual from choosing a health care treatment based on how the individual values the tradeoff between extending the length of their life and the risk of disability.
PCORI - Coverage and Reimbursement Policies

Does not limit the application of differential copayments under Medicare based on factors such as cost or type of service.

Does not limit comparative clinical effectiveness research or any other research, evaluation, or dissemination of information concerning the likelihood that a health care treatment will result in disability.
PCORI - Coverage and Reimbursement Policies

Institute shall not develop or employ a dollars-per-quality adjusted life year (or similar measure that discounts the value of a life because of an individual's disability) as a threshold to establish what type of health care is cost effective or recommended.

Secretary shall not utilize an adjusted life year (or a similar measure) as a threshold to determine coverage, reimbursement, or incentive programs under Medicare.
Patient-Centered Outcomes Trust Fund

Mandatory Appropriations

- FY 2010 = $10 million
- FY 2011 = $50 million
- FY 2012-19 = $150 million

Transfers from Medicare trust funds and from health insurance and self-insured health plans

FYs 2013-19 = average number of individuals in plan multiplied by:
  - $1 for FY 2013
  - $2 for FY 2014
  - $2 plus annual medical inflation for FYs 2015-19
Establishes Cures Acceleration Network (CAN) within the Office of the NIH Director “to accelerate the development of high need cures.”
CAN Functions

conduct and support revolutionary advances in basic research, translating scientific discoveries from bench to bedside;

award grants and contracts to accelerate the development of high need cures;

provide necessary resources for government agencies, independent investigators, research organizations, biotechnology companies, academic research institutions, and other entities to develop high need cures;

reduce the barriers between laboratory discoveries and clinical trials for new therapies;

facilitate review in FDA for high need cures funded by CAN
CAN Grants

Eligible entities include

• private or public research institution
• institution of higher education
• medical center
• biotechnology company
• pharmaceutical company
• disease advocacy organization
• patient advocacy organization
• academic research institution
**CAN Grants**

Cures Acceleration Partnership Awards

- up to $15 million per project for the first fiscal year
- May apply to NIH Director additional funding not to exceed $15 million for a fiscal year subsequent to the initial award
- eligible entity shall contribute non-Federal funds in the amount of $1 for every $3 of Federal funds awarded (NIH Director may waive or modify matching requirement)
CAN Grants

Cures Acceleration Grant Awards

• not more than $15 million for the first fiscal year
• may apply to Board for additional funding, not to exceed $15 million for a subsequent fiscal year

Cures Acceleration Flexible Research Awards
CAN Grants
Cures Acceleration Flexible Research Awards

• NIH Director shall have flexible research authority to use other transactions to fund projects

• Awards made under such flexible research authority for a fiscal year shall not exceed 20 percent of the total funds appropriated for the fiscal year
CAN Funding

Authorizes $500 million to be appropriated for FY 2010 and “such sums as may be necessary” for subsequent fiscal years

Funds appropriated under this section shall be available until expended

No funds appropriated under the Public Health Service Act, other than funds appropriated specifically for CAN, may be allocated to CAN
Coverage of Clinical Trials [10103(c)]

Effective 2014, all health plans and insurers that cover a “qualified individual”:

- Cannot deny the individual participation in an “approved clinical trial”;
- May not deny (or limit or impose additional conditions) coverage of “routine patient costs” for items & services furnished in connection with participation in the trial; and
- May not discriminate against the individual on the basis of the individual’s participation in the trial.
“Qualified Individual”

1. Individual is eligible to participate in an approved clinical trial according to the trial protocol with respect to treatment of cancer or other life-threatening disease or condition.

2. Either—

Referring health care professional is a participating health care provider and has concluded that the individual’s participation would be appropriate; or

Participant or beneficiary provides medical and scientific information establishing that participation in the trial would be appropriate.
“Life-threatening Condition”

“Any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted.”
“Approved” Clinical Trial

Phase I, II, III, or IV clinical trial conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition” and is one of the following:

1. A federally funded trial;

2. The study or investigation is conducted under an investigational new drug application reviewed by FDA; or

3. The study or investigation is a drug trial that is exempt from having such an investigational new drug application.
“Routine Patient Costs”

Include “all items and services consistent with the coverage provided in the plan… that is typically covered for a qualified individual who is not enrolled in a clinical trial.”

Do not include:

• investigational item, device, or service;

• items and services provided solely to satisfy data collection and analysis needs and are not used in the direct clinical management of the patient; or

• a service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis.
Clinical Trials Section Does Not

Require group health plan, or health insurance issuer offering group or individual health insurance coverage, to provide benefits for routine patient care services provided outside of the plan’s (or coverage’s) health care provider network unless out-of-network benefits are otherwise provided under the plan (or coverage).

Limit a plan’s or issuer’s coverage with respect to clinical trials.

Preempt State laws that require a clinical trials policy for State regulated health insurance plans that is in addition to the policy required under this section.
National Centers of Excellence for Depression

Authorizes through SAMHSA a network of National Centers of Excellence for Depression for the treatment of depressive disorders, defined as “a mental or brain disorder relating to depression, including major depression, bipolar disorder, and related mood disorders”
National Centers of Excellence for Depression

Not more than 20 Centers within a year following date of enactment

Not more than 30 Centers by Sept. 30, 2016

Grants

• to be awarded to institution of higher education or a public or private nonprofit research institution

• may not exceed $5 million per year

• are for 5 years

• may be renewed, on a competitive basis, for an additional 5-year period
National Centers of Excellence for Depression

Priority to entities that meet one or more of the following criteria:

• Demonstrated capacity and expertise to serve targeted population

• Existing infrastructure or expertise to provide appropriate, evidence-based and culturally and linguistically competent services

• Disproportionate numbers of underserved and at-risk populations in medically underserved areas and health professional shortage areas
National Centers of Excellence for Depression

Priority to entities that meet one or more of the following criteria:

• Proposed innovative approaches for outreach to initiate or expand services
• Use of the most up-to-date science, practices, and interventions available
• Demonstrated capacity to establish cooperative and collaborative agreements with community mental health centers and other community entities to provide mental health, social, and human services to individuals with depressive disorders.
National Centers of Excellence for Depression

Grantee institutions must agree to match non-Federal contributions toward the activities of the Center in an amount equal to $1 for each $5 of Federal funds provided under the grant.

Non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.
Translational Research Through Collaborations with Community-Based Organizations

Each Center shall:

• demonstrate effective use of a public-private partnership to foster collaborations among members of the network and community-based organizations such as community mental health centers and other social and human services providers;

• expand interdisciplinary, translational, and patient-oriented research and treatment; and

• coordinate with accredited academic programs to provide ongoing opportunities for the professional and continuing education of mental health providers.
False Claims Act Amendments, [10104(j)(2)]

Amends Federal False Claims Act’s public disclosure/original source rule, increasing likelihood of *qui tam* suits filed against medical schools and teaching hospitals.

- Report, hearing, audit, or investigation would have to be Federal to be “public”

- “Original source” exception no longer requires private whistleblower plaintiffs to have “direct and independent” knowledge of publically disclosed allegations and transactions
Physician Payment and Ownership Sunshine Provisions [6002]

Requires annual reporting of payments, other transfers of value to physicians and teaching hospitals from manufacturers of drugs, devices, biological, or medical supplies for which payment is available under Medicare, Medicaid, or the Children’s Health Insurance Program (CHIP)

Also requires reporting of physician ownership or investment interests in such manufacturers

Reporting begins March 31, 2013

Secretary to post reports on public Web site
Physician Payment and Ownership Sunshine Provisions

Excludes payments of less than $10 unless annual aggregate to a recipient exceeds $100

Requires description of the nature of the payment

- consulting fees;
- compensation for services other than consulting;
- honoraria;
- gift;
- entertainment;
- food;
- travel (including the specified destinations);
Physician Payment and Ownership Sunshine Provisions

- education;
- research;
- charitable contribution;
- royalty or license;
- current or prospective ownership or investment interest;
- direct compensation for serving as faculty or a speaker for a medical education program;
- grant; or
- any other nature of the payment or other transfer of value (as defined by the Secretary).
HHS Secretary is required to ensure that any ongoing or federally conducted or supported health care or public health program, activity or survey collects and reports on multiple data elements including race and ethnicity, gender, geographic location, primary language and provide this information to multiple entities in HHS, including National Center for Minority Health and Health Disparities at NIH.
Encourages NIH Director to “continue and expand, through the Pain Consortium, an aggressive program of basic and clinical research on the causes of and potential treatments for pain.”

Mandates the Pain Consortium, in consultation with NIH’s Division of Program Coordination, Planning, and Strategic Initiatives, to develop annual recommendations on appropriate pain research initiatives that could be supported through the Common Fund.
IOM Conference on Pain

Mandates Secretary to enter into an agreement with IOM to convene a Conference on Pain to:

• increase recognition of pain as a significant public health problem in the US;

• evaluate adequacy of assessment, diagnosis, treatment, and management of acute and chronic pain in the general population, and in identified racial, ethnic, gender, age, and other demographic groups that may be disproportionately affected;
IOM Conference on Pain

- identify barriers to appropriate pain care; and

- establish an agenda for action in both the public and private sectors that will reduce such barriers and significantly improve the state of pain care research, education, and clinical care in the US.

Report summarizing the Conference’s findings and recommendations to Congress not later than June 30, 2011.
Interagency Pain Research Coordinating Committee

Mandates Secretary to establish committee to coordinate efforts within HHS and other Federal agencies related to pain research, and:

- develop summary of advances in pain care research;
- identify critical gaps in basic and clinical research on symptoms and causes of pain;
- make recommendations to avoid unnecessary duplication of effort;
- make recommendations on dissemination of information on pain care; and
- make recommendations to expand collaborative, cross-cutting research.
Encourages Secretary to continue activities on postpartum depression or postpartum psychosis, including:

- basic research concerning etiology and causes;
- epidemiological studies on frequency, natural history and differences among racial and ethnic groups;
- development of improved screening and diagnostic techniques;
- clinical research for development and evaluation of new treatments; and
- information and education programs for health care professionals and the public, which may include a coordinated national campaign.
"Sense of Congress" that Director of the National Institute of Mental Health may conduct a nationally representative longitudinal study (FYs 2010-19) of relative mental health consequences for women of resolving a pregnancy (intended and unintended) in various ways, including carrying pregnancy to term and parenting the child, carrying pregnancy to term and placing the child for adoption, miscarriage, and having an abortion.

Mandates Secretary to study benefits of screening for postpartum conditions and report to Congress no later than 2 years after the date of enactment.
Congenital Heart Disease Research [10411]

Authorizes Director of NHLBI to “expand, intensify, and coordinate” congenital heart disease research and related activities, including:

- causation of congenital heart disease;
- long-term outcomes in individuals with congenital heart disease, including infants, children, teenagers, adults, and elderly individuals;
- diagnosis, treatment, and prevention;
- studies using longitudinal data and retrospective analysis to identify effective treatments and outcomes for individuals with congenital heart disease; and
- identifying barriers to life-long care.
**Congenital Heart Disease Research [ 10411]**

Authorizes Director of NHLBI to coordinate research efforts among multiple institutions and to develop research networks, and requires Director to consider the application of research and other activities to minority and medically underserved communities.

Authorizes Director of CDC to establish a National Congenital Heart Disease Surveillance System to track epidemiology of congenital heart disease and to facilitate further research into the types of health services patients use and to identify possible areas for educational outreach and prevention.
Breast Cancer Research in Young Women [ 10413]

Requires Secretary, acting through CDC, to develop a national evidence-based education campaign for young women and health care professionals regarding breast health.

Requires Secretary, acting through CDC in consultation with HRSA, to conduct an education campaign among physicians and other health care professionals.
Breast Cancer Research in Young Women [10413]

Requires Secretary, through CDC, to conduct prevention research, including:

• behavioral, survivorship studies, and other research on impact of diagnosis on young women;

• formative research to assist with development of educational messages and information for the public, targeted populations, and their families;

• testing and evaluating existing and new social marketing strategies targeted at young women; and

• surveys of health care providers and the public regarding knowledge, attitudes, and practices related to breast health and breast cancer prevention and control in high-risk populations.
Breast Cancer Research in Young Women [10413]

Requires Secretary, acting through NIH, to conduct research to develop and validate new screening tests and methods for prevention and early detection of breast cancer in young women.
Emergency Medicine Research [ 3504]

Requires Secretary to support programs administered by NIH, AHRQ, HRSA, CDC, and other Federal agencies to expand and accelerate research in emergency medical care systems and emergency medicine, including:

- basic science of emergency medicine;
- model of service delivery and components of such models that contribute to enhanced patient health outcomes;
- translation of basic scientific research into improved practice; and
- development of timely and efficient delivery of health services.
Mandates Secretary to support programs administered by NIH, AHRQ, HRSA, CDC, and other Federal agencies to coordinate and expand research in pediatric emergency medical care systems and pediatric emergency medicine, including:

- examination of gaps and opportunities in pediatric emergency care research and a strategy for the optimal organization and funding of such research;
- role of pediatric emergency services as an integrated component of the overall health system;
- system-wide pediatric emergency care planning, preparedness, coordination, and funding;
Emergency Medicine Research [3504]

- pediatric training in professional education; and
- research in pediatric emergency care, specifically on the efficacy, safety, and health outcomes of medications used for infants, children, and adolescents in emergency care settings to improve patient safety.

Requires Secretary to support research to determine the estimated economic impact of, and savings that result from, the implementation of coordinated emergency care systems.
Establishes Office of Women's Health and Gender-Based Research within the Office of the Director of AHRQ. The Director of the new office shall:

- report on current AHRQ level of activity regarding women's health, across, where appropriate, age, biological, and sociocultural contexts; and

- establish short-range and long-range goals and objectives within AHRQ for research important to women's health.
Establishes Office of Women's Health within Office of FDA Commissioner to:

• report on current FDA levels of activity regarding women's participation in clinical trials and analysis of data by sex in the testing of drugs, medical devices, and biological products;

• establish short-range and long-range goals and objectives for issues of particular concern to women's health within FDA’s jurisdiction, including adequate inclusion of women and analysis of data by sex in FDA protocols and policies;
Women’s Health [ 3509]

• provide information to women and health care providers on those areas in which differences between men and women exist;

• consult with pharmaceutical, biologics, and device manufacturers, health professionals with expertise in women's issues, consumer organizations, and women's health professionals on FDA policy with regard to women; and

• make annual estimates of funds needed to monitor clinical trials and analysis of data by sex in accordance with needs that are identified.
Designate the National Center for Minority Health and Health Disparities (NCMHD) at NIH as an Institute.

Designates NCMHD Centers of Excellence as institutions eligible to receive endowments.

Requires Director of NCMHD to “plan, coordinate, and review and evaluate research and other activities conducted or supported by the Institutes and Centers” at NIH.
Requires AHRQ Director to convene an independent Preventive Services Task Force responsible for developing recommendations for the clinical health care community, which must consider clinical preventive best practice recommendations from AHRQ, NIH, CDC, IOM, specialty medical associations, patient groups, and scientific societies.

Requires CDC Director to convene an independent Task Force on *Community* Preventive Services responsible for developing recommendations for the public health community.
Prevention and Wellness [ 4301]

Requires the CDC Director, in coordination with the Community Preventive Services Task Force, to provide research funding in the area of public health services and systems, including: evidence-based prevention practices; translation of interventions from academic settings to real-world settings; and effective strategies for organizing, financing, or delivering public health interventions.
Upcoming Calls

Topic: Physician-related provisions (includes fraud and abuse, quality, Sunshine Act)
Date: April 27, 2-3:30pm EDT

Topic: Hospital-related provisions (includes fraud and abuse, GME, quality, community benefit)
Date: April 29, 2-3:30pm EDT

Topic: GME (includes redistribution of unused Medicare resident cap slots; counting didactic and other time in hospital and non-hospital settings; permanently distributing cap slots from closed hospitals)
Date: May 3, 2-3:30pm EDT
Upcoming Calls (Cont.)

Topic: Student Loans (closed call; only financial aid administrators)
Date: May 4, 2-3:30pm EDT

Topic: Quality Provisions (includes quality reporting and performance-based payments for hospitals and physicians)
Date: May 10, 2-3:30pm EDT

Topic: Workforce, Title VII, Public Health, and Disparities
Date: May 12, 2-3:30pm EDT

Topic: Demonstration Projects and the CMS Innovation Center
Date: May 13, 2-3:30pm EDT