

Subject: REDC Policy Update 11.22.19

Happy Friday REDC Members,

Below is your weekly policy update on the SERVE Act and ACA Stabilization. Center Road Solutions will be closed for the Thanksgiving Day holiday on Thursday, 11/28 and Friday, 11/29. We will reopen on Monday, December 2 and your next policy update will be on December 6. We wish each of you a very happy thanksgiving with friends and family!

SERVE Act

Co-sponsorships

We didn't have any additional co-sponsors in the House or Senate this week.

TRICARE for Kids Coalition

The SERVE Act was presented to the TRICARE for Kids Coalition on Wednesday. Many of the groups within the Coalition are already supportive but did make some recommendation including having "intervention" training included within the CO and Supervisory personnel early identification training.

While there aren't mental health trainings, there are existing suicide prevention (while noting it's not quality) and domestic violence trainings for supervisory personnel. They noted adding this is so needed because many of these supervisory personnel are young and don't have any experience with understanding mental health, so it would be valuable.

Additional concern was raised as DoD has decided to decrease its onsite health care personnel for families for both general and specialty care (e.g. child psychiatrists) by 25-30%! Their argument is that there are enough providers in the community that contract with TRICARE to send the families to; however the SERVE Act highlights that access to care is still an issue outside of service.

Last, they noted a commonality with Health Net (TRICARE West), that is you want anything or help contracting, you actually need to have an internal personal connection inside Health Net! I know some of your centers have already experienced this. Humana (TRICARE East) on the other hand is a black box and the community in general have extreme difficulties working with them.

Senate Hearing

We continue to work on securing the SERVE Act as a topic for discussion at an upcoming Senate hearing but have received no promises.

CBO

Lastly, in inquiring on a CBO and offset, we are told we'll need to wait until after the current NDAA is finalized before starting this process.

ACA Congressional

Lower Health Care Costs Act, Section 305 Timely Billing to Patients

We have reached out to several sites to gain some additional information on how the billing process is operationalized, so a BIG thank you to those centers we have reached out to this week and your continued assistance.

We continue to have positive discussions with Senate HELP Committee and continue to bat around ideas to amend the provision. Committee has realized the trouble with the provision—especially how it is structured currently favors payers—so that is progress!

We are spearheading a secondary letter on behalf of the Mental Health Liaison Group and this letter is slated toward the harms this provision would cause to patient, we are confident we will get a broader base of support with this letter and can increase the co-signer count beyond the 28 groups we had for our July letter.

Partnership for America's Health Care Future Releases Study Public Option

The creation of a public health insurance option would undercut private health plans and force many of them out of the ACA markets, according to a study commissioned by the industry coalition.

If a public option were imposed in 2022, insurers would abandon 20% of the nation's ACA markets over the next 6 years. Over a decade, the study estimates 2 million people would no longer have access to private health coverage on the exchanges.

The shift would be driven largely by an inability to compete with the government's public plan, which the study projects would set premiums 25% below private market rates.

Popularity of Medicare for All May Have Peaked

Support for the national health plan rose from around 40% in 2000 to a high of 59% in March of 2018 but had slipped back to 51% by October this year.

There is still a majority in support, but it is narrow and headed in the wrong direction.

Democrats Press Center for Medicaid and Medicare Services on Drop in ACA Sign-ups

A letter signed by Senate HELP ranking member Murray (D-WA) and Finance Ranking Member Wyden (D-OR) and House Chairmen on Energy & Commerce, Ways & Means and Education & Labor, Pallone (D-NJ), Neal (D-MA) and Scott (D-VA) was sent to CMS earlier this week requesting they explain technical difficulties that afflicted the federal health insurance exchange early in the new enrollment season.

Sign-ups on Healthcare.gov are down about 13% year-over-year.

ACA Regulatory

Critics Say Short-Term Plan Are Being Pushed on ACA Exchanges

Consumers looking at their health insurance options on Healthcare.gov may be redirected to other enrollment sites, some of which allow consumers to click a tab entitled, "short-term plans" and see a list of those plans. If consumers select

a short-term plan, they are direct to call a phone number to finish signing up, according to screenshots from the Washington Post.

Critics say that both the sale of short-term plans through private brokers and consumers' ability to select such plans are the latest examples of Trump administration efforts to weaken the ACA.

Brokers often make higher commissions on short-term plans, health policy experts said, which gives them an incentive to sell them.

The administration's use of outside brokers has prompted nearly two dozen Senate Democrats to send a letter to CMS earlier this week expressing their concern over the promotion of these plans.

Health Costs Continue to Climb for Employees

New data from the Commonwealth Fund shows that health costs continue to climb for workers.

Employees paid at least 6% of their income toward premiums in 37 states, reaching as high as 10% of the average Louisiana worker's income.

About 11.5% of a middle-income worker's income went toward health costs, counting deductibles, up from 7.8 % a decade earlier.

Psych-Appeal Files Class-Action Compliant in the U.S. District Court for the Northern District of Illinois

Psych-Appeal alleges that Health Care Service Corporation (HCSC)—a mutual legal reserve company and an independent licensee of the BCBSA is denying medically necessary residential mental health treatment based on overly restrictive guidelines MCG developed.

HCSC is the fourth largest U.S. health insurers operating through its BCBS plans in IL, MT, NM, OK and TX.

State Actions

Massachusetts Introduces Two Parity Bills

[H.4134](#), Data Reporting and Reimburse of Office Visits introduced by Gov. Baker

Requires insurers to submit annual utilization reports that document number of requests, approvals, denials and denial appeals for MH/SUD vs. med/surg.

Requires insurance commissioner to promulgate regulations to define provider reimbursement parity rules for evaluation and management office visits

[S. 615](#), Requires Parity in Disability Insurance Coverage and prohibits short- and long-term disability policies from limiting or excluding benefits for behavioral health disorders where such limitations or exclusions are not imposed equally upon physical disorders.

Best,
Allison and Katrina