

3.20.2020 REDC Policy Update

Hi REDC Members,

Below you will find your weekly policy update, and for the next several weeks we will be providing you with information related to federal action on COVID-19. A couple highlights before the full update:

1. **Please let us know if any of your treatment centers are experiencing denials or reimbursement disparities related to telehealth. We can assist you by notifying Congressional members to take action on your behalf in an effort to gain coverage.**
 - a. As you may know, we are currently circulating a letter among the mental health and substance use disorder community addressed to governors and state insurance commissioners urging them to lift any restrictions on telehealth commercial insurers have imposed during the length of this national emergency. The letter will be closing on Monday and sent out to each state governor, state insurance commissioner, the National Association of Insurance Commissioners, and House and Senate leadership.

2. **Participate in our Action Alert!** We have received a phenomenal response to the Action Alert that was sent out yesterday evening. We encourage your colleagues to take action if they haven't already done so. Below is the request and you can easily connect to your Senator using the link provided at the bottom or here: <https://p2a.co/KyKIVSx>
 - a. **Thus far we have had 3,200 emails sent to Senators and 50 phone calls completed.**

SERVE Act:

- **NDAAs Still Continuing:**
 - At this point, Congress is still working to keep their markup schedule for the NDAA, which we are pushing to include the provisions of the SERVE Act within. **As a reminder, this is one of the pieces of legislation that Congress must pass**, so there is an assurance that they will make it work whether through virtual voting or 6ft away voting this year, even with COVID-19
 - As of this week, all REDC NDAA forms have been submitted to the House of Representatives and the Senate

- Also with the majority of Congressional staffers now teleworking, it has been quite easy to secure phone meetings with them, and Katrina had a number of co-sponsorship meetings this week
- Last week, Katrina and the TRICARE for Kids Coalition met with the Professional Staff from the House Armed Services Committee on the issues related to SERVE Act and Medical Necessity requirements as it relates to the Sec. 703 guidance which is set to decrease 1/3 of specialty care on installations
- **TRICARE and Telehealth**
 - We've also been working with the TRICARE for Kids Coalition to ensure telebehavioral health is covered
 - We've been assured that it is covered; however, if anyone who is contracting with TRICARE comes across any issues, please notify us immediately
- **Removal of Freestanding Facility Language in Policy Manual**
 - We were delighted to see that the TRICARE Policy Manual on the March 4, 2020 update, has officially removed the provisions that originally used by TRICARE East and West to restrict freestanding facilities to contract
 - The following link shows the newly adjusted language, just stating that facilities must be TRICARE certified: <https://www.tricare.mil/CoveredServices/IsItCovered/EatingDisorderTreatment>
 - We'll be doing digging to ensure the same has occurred in the other two manuals, but we take this as a very positive sign that the SERVE Act advocacy is working!
 - However, do note that if this issue is resolved it will require one of REDC Members (particularly in the TRICARE East area) to test it out to ensure there aren't any other administrative hurdles. **Please do let us know if you are working to be TRICARE contracted AND certified for RTC, what issues you are still having**
 - We of course also need to continue working to increase the age limit for military families to receive RTC. <https://www.tricare.mil/CoveredServices/IsItCovered/ResidentialTreatmentCenters.aspx>
- **April 2nd Virtual Congressional Briefing: 2-3 PM EST**
 - With the NDAA still set on its timeline, REDC will be doing its Congressional briefing virtually
 - Given that its virtual, we are opening the briefing up to the public!
 - Please feel free to share the briefing invitation attached and join us on April 2nd from 2-3 PM EST
 - RSVP to attend and receive the webinar link here: <https://docs.google.com/forms/d/e/1FAIpQLSczxjyAJTprnXG9g6Q692AP4E2q9uhjLqmYzj5ILky8CTMUFg/viewform>

Coverage and Reimbursement for Telehealth During COVID-19:

- Earlier this week, the Trump Administration expanded Medicare telehealth coverage for services dating back to March 6 that will temporarily pay clinicians to provide telehealth services (common office visits, mental health counseling and preventive health screenings) for beneficiaries nationwide.
- A range of healthcare providers, such as doctors, nurse practitioners, clinical psychologists and licensed clinical social workers will be able to offer telehealth to Medicare beneficiaries. Beneficiaries will be able to receive telehealth services in any healthcare facility including a physician's office, hospital, nursing home, rural health clinic, as well as from their home.
 - The new policy lets clinicians get paid for treating patients from their own phones, rather than just through established telehealth platforms. Healthcare providers can use popular video chat platforms, including Apple's FaceTime, Facebook Messenger, Google Hangouts video or Skype without risk of the Office of Civil Rights issuing penalties for not using HIPAA-compliant technology during the national public health emergency.
 - Prior to this announcement, Medicare was only allowed to pay clinicians for telehealth services such as routine visits in certain circumstances and generally not be allowed to receive telehealth services in their home.
- Medicaid already provides a great deal of flexibility to states that wish to use telehealth services in their programs. No federal approval is needed for state Medicaid programs to reimburse providers for telehealth services in the same manner or at the same rate that states pay for face-to-face services.
- **For more information on individual state law related to telehealth, the Center for Connected Health Policy has the breakdown for each state and program type (Medicare, Medicaid, Private, etc.) that can be accessed here: <https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies?jurisdiction=All&category=All&topic=All>**

Third Supplemental Emergency Funding Package—Updates

- The Senate is working on finalizing a third relief package through the weekend with a vote likely taking place early next week before it heads to the House for consideration and a vote.
- Relevant provisions in the bill include:
 - **TELEHEALTH**
 - Allow people with high-deductible health plans with a health savings account access telehealth even before they've reached their deductible.
 - Federally qualified and rural health clinics could also treat patients in their homes using telehealth during the coronavirus emergency.

- Temporarily allows Medicare patients to virtually consult with doctors even if they don't have a pre-existing relationship. The bill also removes a clause from a previous supplemental bill that limited Medicare payments for telehealth just to doctors who had existing relationships with patients.
- Advocates are working to request expanding the Medicare flexibilities for telehealth to include telephone only.

○ **CHANGES FOR PATIENT PRIVACY WITH SUBSTANCE USE DISORDERS**

- The bill addresses a long-held ask from many in the health care industry: changing rules governing how substance use disorder records can be shared.
- The old rules, known as 42 CFR Part 2, date back to the 1970s, and require explicit patient consent each and every time the records are shared.
- This latest provision allows patients to give a broad authorization to share records. Once that's granted, those records will be governed by HIPAA when used within the health care system. But patients can revoke their authorization, and the bill keeps restrictions on law enforcement use on the records.

ACTION ALERT!

THE SENATE IS PREPARING ANOTHER COVID-19 RELIEF PACKAGE & WE NEED YOUR HELP TO ENSURE AMERICANS CAN ACCESS THE CARE THEY NEED DURING THIS PUBLIC HEALTH EMERGENCY. PLEASE URGE YOUR SENATORS TO DO THE FOLLOWING:

- 1. REMOVE BARRIERS TO MENTAL HEALTH TREATMENT**
 - ELIMINATE ALL BARRIERS TO TELEHEALTH WITHIN PUBLIC & PRIVATE HEALTH PLANS
 - APPROVE FUNDING FOR ALL EMERGENCY RESPONSE GRANTS AT THE SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION
- 2. PROMOTE COVERAGE FOR HEALTH & MENTAL HEALTH CARE**
 - IMMEDIATELY LAUNCH A SPECIAL OPEN ENROLLMENT PERIOD FOR COMMERCIAL HEALTH INSURANCE (HEALTHCARE.GOV)
 - REQUIRE THE USE OF "PRESUMPTIVE ELIGIBILITY" TO INCREASE FLEXIBILITY IN CERTAIN PROVIDERS ACCEPTANCE OF MEDICAID
 - ENSURE FREE COVID-19 TESTING & TREATMENT FOR EVERYONE, INCLUDING PEOPLE WHO ARE UNINSURED

Use the following link to reach out: <https://p2a.co/KyKIVSx>

Best,
Allison, Katrina & Luke