

4/24/2020

Happy Friday REDC Members,

REDC Member Action Requested:

We still need more example stories of how your patient's insurance does not cover telehealth for IOP or PHP in their ERISA plan (see below for details- same as email on Wednesday)

COVID-19 3.5 Package Passed Yesterday:

- As I'm sure you've all heard, Congress has passed their "3.5" package for COVID-19, which focuses on really having additional bailout funding. Attached you will find the passed bill text and below is a summary.
- **Our overall read, is that if there are any of your facilities that have opened up to COVID patience (we've heard some psychiatric in-patient units in the nation have opened up beds for COVID-19 patients), then you'd be eligible to apply for the \$75B hospital funding. If not, the Small Business Loans have been reopened that I'd think a lot of your centers may be able to apply for.**
- Funding for Providers (\$75B) (Pages 7-9)
 - This funding will go not just to hospitals, but to all eligible health care providers for health care related expenses or lost revenues that are attributable to coronavirus.
 - Eligible health care providers: public entities, Medicare or Medicaid enrolled suppliers & providers, and for-profit & nonprofit entities not otherwise described as the HHS Secretary may specify, that provide diagnoses, testing, or care for those with cases of COVID-19.
 - The funds are can be used for the construction of temporary structures, leasing of properties, medical supplies and equipment including PPE and testing supplies, increased workforce and trainings, emergency operation centers, retrofitting facilities, and surge capacity.
 - To qualify, a provider must submit to the Secretary an application containing its tax ID number and a statement justifying the need of the provider for the payment.
- Funding for Testing (\$25B) (Pages 10-15)
 - Funding to research, develop, validate, manufacture, purchase, administer, and expand capacity for COVID-19 tests.
 - \$11B is designated for States, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes for

necessary expenses to develop, purchase, administer, process, and analyze COVID–19 tests.

- Not later than 30 days after the date of enactment of the legislation, the Governor or designee of each State, locality, territory, tribe, or tribal organization receiving funds must submit to the Secretary its plan for COVID–19 testing, including goals for the remainder of calendar year 2020.
- Not less than \$1B of the amount appropriated for testing is to be transferred to the CDC.
- Up to \$1B may be used to cover the cost of testing for the uninsured.
- \$1.8 billion to the National Institutes of Health to develop, validate, improve, and implement testing, and accelerate research, development, and implementation of point-of-care and other rapid testing processes, and for partnerships with government and non-government entities to research, develop, and implement COVID-19 testing.
- \$1 billion for the Biomedical Advanced Research and Development Authority for necessary expenses of advancing research, development, manufacture, production, and purchase of diagnostic, serologic, or other COVID-19 tests and supplies.
- \$22 million transferred to the Food and Drug Administration, to support activities associated with diagnostic, serologic, antigen, and other tests, and related administrative activities of the administration.
- \$600M is to be transferred to federally qualified health centers and \$225M is to be used to provide additional funding for COVID–19 testing and related expenses for rural health clinics.
- The funds for the rural health clinics may be used for building temporary structures, leasing of properties, and retro-fitting facilities as necessary to support COVID–19 testing and for partnerships with to research, develop, and implement these activities.

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COVID-19 4th Package & ERISA & TRICARE Telehealth/State Licensing/COBRA Issues:

- I. **COBRA Subsidy Letter**
 - a. Earlier this week, the REDC-led letter on behalf of the Mental Health Liaison Group was sent to House and Senate leadership urging for the creation of a COBRA subsidy program for Americans that are unemployed or furloughed during the national emergency. The final letter is attached.

- b. The letter was supported by over 40 national organizations in the behavioral health care space.
- c. This is one of the many priority items we are pushing for inclusion within a fourth relief package.

II. ERISA Telehealth Coverage Letter

- a. The REDC is leading a letter to House and Senate leadership urging Congress to provide temporary statutory authority for the U.S. Department of Labor to mandate telehealth coverage at all levels of care for ERISA plans.
- b. The letter is actively circulating and will be sent to Congress next week.
- c. **Stories Needed of Plans not Covering Telehealth for IOP & PHP (or in general):**

i. Please provide any examples of how your center has not been able to receive reimbursement for ERISA telehealth plans- i.e. for IOP or PHP, and what that means for you as a treatment provider- I need it ASAP.

ii. Here is what to provide us:

1. Where your Center is Located (city, state) and What Plan (i.e. BCBS, Aetna) [Note your center name will remain anonymous to Congress]
2. What level of care is at issue (i.e. IOP, PHP, etc.)
3. Any details you can provide to pull heartstrings too- i.e. the patient is a 12 year girl, parents lost their jobs, etc.
4. What does this mean for you as a center?
 - a. For example, are you going to have to have the patient leave the program, tap into operational funds to pay for the patient's temporary care, let go of staff or furlough staff b/c the plan will not cover telehealth, etc.

iii. Who to

Email: Allison.ivie@centerroadsolutions.com

III. Families USA 5 Priorities Letter

- a. The REDC was one of over 400 organizations to support a letter sent to Congress urging for several key health care priorities be included in the next relief package including: access to affordable health coverage, increasing CDC funding for public health data collection and increased funding for states, localities, and tribes.
- b. The letter is attached and an infographic summarizing the priorities can be found [here](#).

IV. TRICARE Telehealth During COVID-19:

- a.** We've worked with House Armed Services Members, and Rep. Escobar (D-TX), Turner (R-OH) and Moulton (D-MA) are leading a letter to the Defense Health Agency asking them to cover IOP & PHP telehealth during the national emergency.
- b.** Additionally, we currently have circulating an organizational sign-on letter to Congress asking Congress to include requirements that TRICARE cover telehealth for all mental health levels of care during the next COVID-19 package.

COVID-19 GRANT APPLICATION FOR TELEHEALTH INFRASTRUCTURE & MEDICAID/CHIP GUIDANCE

I. Federal Communication Commission (FCC) COVID-19 Telehealth Program

- a.** Applications are now being accepted for the \$200 million funding pot for eligible providers to help with the costs of broadband connectivity, network equipment and information sources. Application can be located [here](#).
- b.** Selected applicants will receive up to \$1 million on a rolling basis.
- c.** Eligible health care providers include:
 - i.** Post-secondary education institutions offering health care instruction, teaching hospitals and medical schools
 - ii.** Community health center or health centers providing care to migrants
 - iii.** Local health departments or agencies
 - iv.** Community mental health centers
 - v.** Not-for-profit hospitals
 - vi.** Rural health clinics
 - vii.** Skilled nursing facilities

II. Centers for Medicare and Medicaid Services Release COVID-19 Telehealth Toolkit to Accelerate State Use of Telehealth in Medicaid and CHIP

- a. The [toolkit](#) provides states with issues to consider as they evaluate the need to expand their telehealth capabilities and coverage policies, including:
- i. **Patient populations eligible for telehealth:** Federal rules allow Medicaid services to be delivered via telehealth across all populations. The toolkit will help states identify restrictions on telehealth eligibility, like only allowing coverage for beneficiaries who live in rural areas.
 - ii. **Coverage and reimbursement policies:** While telehealth may not be appropriate for all services, states should review services even if they have not traditionally been delivered in such a manner. For example, some states may have only allowed behavioral health services to be delivered through telehealth. Medicaid reimbursement rates also need to be adequate to facilitate care delivered through telehealth. Not all states have provided reimbursement parity with face to face encounters.
 - iii. **Providers and practitioners eligible to provide telehealth:** The toolkit will help states to evaluate whether state practice acts or regulations limit the ability for certain providers to deliver services through telehealth.
 - iv. **Technology requirements:** The dominant form of telehealth is generally thought of as two-way audio/visual communication, or a video chat. However, telehealth is much broader than this since other forms have always existed alongside what some people consider standard telehealth, such as remote patient monitoring, etc.
 - v. **Pediatric considerations:** Given the importance of Medicaid and CHIP to the pediatric population, the toolkit includes a special focus on this group. For example, states should consider state consent and privacy laws in the development of telehealth coverage policies for children.

SERVE Act:

- New Co-sponsor: Rep. Rouda (D-CA)
- Conversations continue about including the SERVE Act into the House NDAA (Senate is not as far along at this point). As mentioned last week, we have indications that some

provisions will be included in the underlying Chairman's mark bill, but not all. This package will not be publicly available to view until next week.

- Strategically we are planning for both possibilities, and if we need to have our leads submit an amendment during markup for any remaining provisions. For the House, we will need to secure a Republican co-lead on Committee for an amendment (since our co-lead is a vet, but off Committee) and the Senate will need to have 1 more R on Committee supporting if we need an amendment.
- **Stay tuned in case we need some action to target specific Members for an amendment.**

Best,

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