

6/26/2020

Hi REDC Members,

Happy Friday! Please see below for highlighted things we're hoping to have your help with:

SERVE Act:

- Rep. Moulton (D-MA), Hartzler (R-MO) will be submitting an amendment for the SERVE Act to vote on during Wednesday's House of Representatives NDAA.
- There is a chance (like the Senate) that the Committee won't want them to submit and will negotiate before then, however, please do keep the pressure up with your emails to HASC Members of Congress, calls, and Tuesday's tweetstorm.
- **We are doing a Tweetstorm on Tuesday between 2-3PM EST to HASC Members of Congress:**
 - We urge you to share with your networks and staff and use the below link to send tweets directly to the Members of Congress on Committee. This will add public pressure to the Committee members to vote yes.
 - **This link will allow people to have a pre-formated tweet directly to the right Member of Congress in their state/district:** <https://p2a.co/sXilXXk>

STRIPED/AED/Deloitte Report **TO SHARE:**

- As Jillian highlighted on Wednesday, REDC supported the report and all REDC Members are welcome to share the infographic and social media images on Facebook, Instagram, and Twitter
- This infographic and social media toolkit is attached!

Telehealth and Parity Comment Periods

Public Comment Period for the Taskforce on Telehealth Policy

- I. The National Committee for Quality Assurance, Alliance for Connected Care and the American Telemedicine Association led Taskforce on Telehealth Policy seeks public input as it drafts recommendation for robust telehealth regulations that allow for widespread use of the technology while also protection against its misuse.

- II. The public comment deadline is July 9 and you can learn more [here](#) about submissions.

Employee Benefits Security Administration (EBSA)

- I. EBSA recently proposed a new Self-Compliance Tool to help improve compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA).
 - The tool enables group health plans, plan sponsors, plan administrators, health insurance issuers, and others to determine if a group health plan or a health insurance issuer is in compliance with the requirements of both laws.
- II. EBSA is requesting public comments on MHPAEA's Self-Compliance Tool proposed revisions by July 24.
 - After this deadline, the Department of Labor will issue a Final 2020 MHPAEA Self-Compliance Tool.
 - You can review the proposal [here](#).

COVID-19 Relief Package Discussions

American Hospital Association Lobbies for Extension of Emergency Declaration

- I. AHA wants HHS to extend its public health emergency declaration beyond July 25
- II. For providers the emergency declaration has loosened rules on privacy and telehealth reimbursement the industry long contended was holding back widespread adoption.

Senators Tina Smith (D-MN) and Senator Cassidy (R-LA) Circulating Letter to HHS and CMS on Telehealth Flexibilities

- I. The letter to the HHS Secretary and CMS Administrator will be sent early next week (*final letter will be included in next week's policy update*)
- II. The letter requests answers to the following questions :

- a. Provide a written plan and timeline for making permanent the administrative changes—including the expansion of the definition of telecommunications systems—you have made to Medicare, Medicaid, and CHIP rules governing the provision of telehealth under Section 1135 Waivers. This plan should include sufficient public notice and comment periods in order to ensure that these permanent changes are not at the expense of access for patients in rural or underserved communities, patient privacy, or protections against fraud, waste, and abuse.
- b. Provide a written plan for when you intend to reinstate OCR penalties against HIPAA violations for everyday technologies that are being used to deliver telehealth services during the COVID-19 pandemic.
- c. Explain whether you intend to increase Medicare reimbursement for telehealth services provided by Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) or require Congressional action to do so.
- d. Detail the list of permanent telehealth changes to Medicare, Medicaid, and CHIP rules that you can act on within your own authority and those that require Congressional action.
- e. Develop guidance for how private health plans should provide advance notice to their enrollees on future changes to coverage of telehealth services.

Employer Insurance Market Holds onto Furloughed Workers

- I. More than 50% of the Americans furloughed due to COVID-19 kept their workplace-sponsored health insurance coverage, according to a recent [Commonwealth Fund study](#).
 - a. However, most people who lost their jobs temporarily or permanently because of COVID-19 didn't have employer coverage to begin with.
 - b. Hispanic workers and middle- to low-income employees faced the most furloughs and layoffs
- II. About 1 in 5 Americans became uninsured.
- III. Most Americans want an alternative to job-based insurance—more than 80% of Democrats and nearly 2/3 of Republicans believe people with job-based insurance should get the choice of a government-regulated and subsidized plan.

Energy & Commerce Health Subcommittee Holds Racial Disparities Hearing (*full memo attached*)

- I. The hearing entitled, “Health Care Inequality: Confronting Racial and Ethnic Disparities in COVID-19 and the Health Care System” featured testimony from the National Medical Association, Palo Alto Medical Foundation and the Foundation for Research and Equal Opportunity.
- II. Key takeaways include:
 - a. The effects of COVID-19 on the health of racial and ethnic minority groups is still emerging; however, current data suggest a disproportionate burden of illness and death among racial and ethnic minority groups.
 - b. Existing health disparities, such as poorer underlying health and barriers to access health care, might make members of racial and ethnic minority groups especially vulnerable in public health emergencies, like outbreaks of COVID-19.
 - c. Black Americans experience a disproportionate share of environmental risk factors and are more likely to have limited economic and educational opportunities, food insecurity and poor access to health care.
 - d. While the effect of racism on health is well-established, progress will take time and has to occur on a societal level. This involves a wide range of actions, including improving wages and closing pay gaps, improving access to health insurance, and ensuring more diversity in the health care system so that practitioners can provide culturally competent care.

ACA Watch During COVID-19

The Patient Protection and Affordable Care Enhancement Act

- I. Energy & Commerce Committee Chairman Pallone (D-NJ), Ways & Means Committee Chairman Neal (D-MA), and Education and Labor Committee Chairman Scott (D-VA) unveiled [The Patient Protection and Affordable Care Enhancement Act](#).
- II. The release of this legislation is a messaging bill as Democrats continue to prepare for the election season and will use the same drumbeat of health care affordability and coverage from the ACA that served Democrats so well in the 2018 election cycle.
 - a. The legislative package includes:

i. encourages states that have not expanded their Medicaid programs to do so by renewing the ACA's original expanded federal match.

1. If all states expanded Medicaid, about 4.8 million more Americans would be eligible for Medicaid, including an estimated 2.3 million people who are uninsured;

ii. reverses the Trump Administration's efforts to give states waivers to undermine pre-existing condition protections and weaken standards for essential health benefits;

iii. stops the expansion of junk insurance plans that allow insurance companies to discriminate against people with pre-existing conditions, put consumers at financial risk, and drive up comprehensive insurance costs;

iv. restores critical outreach and enrollment funding that has been gutted by the Trump Administration and provide funding for navigators to assist consumers in signing up for health care;

v. combats the maternal mortality epidemic, which continues to particularly impact Black and Native American people, by extending Medicaid or Children's Health Insurance Program (CHIP) coverage to new mothers from the current 60 days post-partum to one year;

vi. further reduces racial and ethnic health inequities by expanding coverage and premium assistance to more Black and Hispanic Americans; and

vii. protects vulnerable populations from losing health coverage by ensuring that Medicaid and CHIP beneficiaries receive a full 12 months of coverage once enrolled, protecting them from interruptions due to fluctuations in their income throughout the year.

Energy and Commerce Committee Investigation Finds Millions of Americans Enrolled in Junk Health Insurance Plans [\(full report can be read here\)](#)

I. The Committee released a report earlier this week on a year-long investigation into short-term, limited duration insurance (STLDI) health care plans and the insurance brokers who sell and sign people up for these junk plans.

- II. Top takeaways that were found from the STLDI report:
- a. **Insurers systematically exclude coverage for most major medical conditions resulting from pre-existing conditions**, as well as coverage of basic medical services that consumers would reasonably expect to be covered by health insurance. Some of these plans impose significant coverage limitations and exclusions on the limited benefits and services that are covered, including emergency services, hospitalization, substance use and mental health disorders, and prescription drugs. In a few cases, STLDI plans exclude coverage of routine care such as basic preventive care, wellness exams, pelvic exams, pap smears and birth control.
 - b. **STLDI plans impose limitations on the benefits covered.** Many of these plans impose significant limitations on doctor's office visits, hospitalization, emergency services, substance use and mental health disorders, and prescription drugs. For instance, some of these plans impose a maximum of \$500 per policy period for doctor's office visits, a maximum of \$1,000 per day for hospitalization, \$500 per visit for emergency services, and a maximum of \$2,500 per surgery for surgeon services. Consumers who fall sick while enrolled in one of these plans may incur huge, potentially financially ruinous, medical costs.
 - c. **On average, less than half of the premium dollars collected from consumers are spent on medical care.** The investigation found that on average across the eight companies that offer STLDI products only 48% of premium dollars a consumer pays are paid out in the form of health care claims and medical benefits. This is in stark contrast to ACA-compliant individual market plans, which are required to spend at least 80% of all premium dollars on health care claims.