

8/7/2020

Good Afternoon REDC Members,

Below is your policy update for the week. Also, a friendly reminder to **register for the Eating Disorders Coalition's Virtual Advocacy Day taking place on Wednesday, September 23.** We will be advocating on outpatient nutrition therapy coverage for eating disorders under Medicare and coverage for MH/SUD services provided via telehealth. You can register here: <https://bit.ly/393TDVF>

I. SERVE Act Related Items

- TRICARE for Kids Coalition will be submitting comments to the House & Senate regarding provisions they support or recommend improving, including the Senate SERVE Act related provisions (see attached for some more notes from this past meeting).
- The House & Senate are currently “conferencing” (negotiating) the bills. We expect they will be passed as early as Sept. 30th, but may get punted to the Lame Duck for passage (mid-November to mid-December).
- The June 2018 REDC Advocacy Day request included a request for House members to sign-on to a letter (organizationally led by the EDC) from Rep. Moulton (D-MA) and former Rep. Jones (R-NC) for a GAO study on military eating disorders and availability of care. This GAO study is set to be released potentially as early as today, but will likely be this month.

II. Telehealth Updates

- The REDC joined 225 organizations in a support letter for the bipartisan Protecting Access to Post-COVID-19 Telehealth Act (H.R. 7663) (full letter attached).
 - The bill would:
 - Eliminate most geographic/originating site restrictions for Medicare telehealth, including the patient's home.
 - Allow Medicare telehealth services to continue 90 days beyond the end of the public health emergency.
 - Make permanent the disaster waiver authority, which enables HHS to expand telehealth in Medicare for future emergencies.
 - Require a study on the use of telehealth during COVID
- **President Trump Executive Order on Telehealth**
 - Earlier this week, the President released an EO on expanding telehealth availability in rural settings.

- The EO requests CMS to come up with a new rural payment model and collaborate with the FCC and the USDA to improve telehealth infrastructure, including broadband.
- The EO can be read in full [here](#).
- **CMS Releases Proposed 2021 Physician Fee Schedule**
 - CMS released their [proposed 2021 PFS](#) earlier this week, which needs to be finalized by November 1st.
 - The PFS included some telehealth items including the addition of services available via telehealth:
 - Category 1 (these are services similar to ones that are already on the telehealth list)
 - 90853: Group Psychotherapy (other than of a multi-family group)
 - GPC1X: Visit Complexity Associated w/ Certain Office/Outpatient E/M's
 - Proposing a Category 3, which would be Medicare telehealth services that have been added during the public health emergency (PHE) and will remain through the calendar year in which the PHE ends:
 - 99350: Home visits, established patient
 - 99282/99283: ER Visit
 - 96130/96131/96132/96133: Psychological/Neurological Testing
 - Proposing/clarifying through two new HCPCS G codes to facilitate billing that LCSWs, clinical psychologists, PTs, OTs, and speech language pathologists can furnish brief online assessments, virtual check-ins and remote evaluation services.
 - Importantly, CMS has stated they do not intend to retain the audio-only service coverage once the public health emergency period has ended.
- **Senators Murphy (D-CT) and Blunt (R-MO) Introduce Licensing Bill**
 - The two senators introduced the [Temporary Reciprocity to Ensure Access to Treatment \(TREAT\) Act](#), which would provide temporary licensing reciprocity for all practitioners and health care professional in all states during a national emergency, including all telehealth services.
 - The bill has the support of the American Hospital Association and the American College of Physicians, as well as organizations like Johns Hopkins Medicine and Mayo Clinic.
- **Democrats Probe Behavioral Health Centers Over COVID Protocols**
 - Sen. Warren (D-MA) and Reps. Maloney (D-NY) and Porter (D-CA) want details from the nation's largest mental health and addiction treatment centers on their coronavirus response efforts—including how many residents have become infected.
 - The lawmakers are targeting the American Addiction Centers, Acadia Healthcare, Universal Health Services, Alita Care, Baymark

Health Services, Gaudenzia Inc.; BayCare Health, Promises Behavioral Health, LifeStream Behavioral Center and Pinnacle Treatment Centers.

- In letters to the companies, the lawmakers are seeking information including: How many COVID-19 test have been administered to residents and staff, whether facilities are doing regular testing, how many confirmed cases they've recorded and how many patients or staff have died from the disease.

III. ACA Watch & 2021 Premiums

○ 2021 Rate Filings in 10 Exchange States

- A Kaiser Family Foundation analysis proposed 2021 rates in the exchanges of 10 states and D.C. showed a median increase of 2.4%, with changes ranging from a hike of 31.8% by a health plan in New Mexico to a cut of 12% in Maryland.

- Among the roughly 1/3 of filings that stated how much COVID-19 added to their premiums, the median was 2%, with estimates ranging from a minus 1.2% at a plan in Maine to 8.6% at one in Michigan.

- The benefit reaped by health plans so far in the pandemic can be seen in strong Q2 earnings and reduced spending on care.

- UnitedHealth Group announced last month that its net profit in the April-June quarter nearly doubled from the same period a year earlier.

- UnitedHealth Group said it has provided \$1.5 billion worth of financial support to consumers so far, including premium credits and cost-sharing waivers, and expects to pay out \$1 billion in rebates.

- Anthem reported that its net profit in Q2 doubled from the same period in 2019.

- Anthem said it offered 1-month premium credits ranging from 10%-50% to enrollees in individual, employer and group dental policies.

○ Covered California

- Covered California premiums will increase an average of 0.6% next year—the lowest rate increase in the health marketplace's history.
- The exchange gave its 11 health insurers more time this year to adjust their rates. It has extended open enrollment through August

and continued marketing, allowing more than 231,000 Californians to enroll.

- State regulators will review the rates over the next two months, and the rates are expected to be finalized in October. Open enrollment for 2021 begins November 1.
- **Missouri Passes Medicaid Expansion**
 - MO became the latest state to approve Medicaid expansion to about 230,000 low-income residents at a time when the state's safety net health care program already saw one of the largest increases in enrollment nationwide since the pandemic.
 - The state becomes the 6th red state where voters have defied Republican leaders to expand Medicaid, just weeks after Oklahoma narrowly backed the program.
 - The ballot measure requires MO to expand Medicaid by next July and formally notify the federal government by March 1. Additionally, it adds the expansion into the state's constitution, effectively barring lawmakers from adding conservative elements to the program—like work requirements and premiums.

Best,

Allison

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