

11/06/2020

Good Afternoon REDC,

As I'm on the edge of my seat as many of you are, I'll hold off on any election talks til we know more haha. In the meantime though, here is your weekly update:

SERVE Act/Military Eating Disorders:

- I. SERVE Act:
 - a. Leads:
 - i. 3 out of our 4 leads won re-election: Sen. Shaheen (D-NH), Rep. Mast (R-FL), and Rep. Moulton (D-MA).
 - ii. Sen. McSally (R-AZ) did not win her seat, meaning we'll need to find another R Senator to lead for next year.
 - b. House & Senate are deep in conference right now, still targeting the first week of December for a vote.
 - c. We used the recent EDC's statement on the GAO report that shined a light on the lack of access to care under TRICARE to keep the push going with policymakers & HASC & SASC Committee staff. HASC has concerns from those findings about the lack of access, and requested that we have a meeting following Thanksgiving.
 - d. Additionally we presented the findings to the TRICARE for Kids Coalition this week, who were also very dismayed to see the results. Couple of interesting things that came out of it:
 - i. The Coalition wants to considering working next year on a Patient Portal to submit complaints about TRICARE that goes directly to DHA instead of the contractors. The GAO report noted that DHA said that no patient has submitted a complaint on access to care, but the military serving organizations were appalled that DHA would even say that **since there is nowhere that a patient could submit a complaint.** Stay tuned as this may be an interesting thing for us to push.
 - ii. On the lack of screening, they flagged that this is technically against what DHA said they would do from an FY16 NDAA. In short, DHA is supposed to be abiding by the AAP's Bright Futures screenings for military families which include mental health screenings. Another potential area for the future.
 - e. Lastly, American Psychological Association was also very interested in the findings and working together to expand the access to eating disorders care given the DOD IG report. We have a call set-up with them in two weeks to discuss.

COVID-19 Relief

I. Package During Lane Duck?

- a. Initial comments have been made by Senate Majority Leader McConnell on picking up discussions for a COVID-19 relief package during the lame duck session of Congress.
- b. The package will be much smaller in scale than the \$2 trillion Speaker Pelosi and Treasury Secretary Mnuchin were discussing prior to the elections.
- c. Given House Democrats failed to pick up the predicted 5-10 House seats to increase their majority, they will have less leverage in the lame duck session to negotiate for a large relief deal.
- d. Conversations are still in their infancy and will become clearer once elections have been finalized.

ACA Watch

I. Open Enrollment Begins

- a. ACA's experts are keeping enrollment expectations modest this year as industries hardest hit by the pandemic were less likely to offer health plans to their workers, so many who lost their jobs may already have been uninsured or enrolled in the ACA marketplace or Medicaid.
- b. As of June, Medicaid enrollment has increased nationwide by 4 million, to a total of nearly 68 million, with larger gains in states that have adopted expanding Medicaid.
- c. Additionally, nearly 500,000 people signed up through a special enrollment period on Healthcare.gov after losing workplace coverage—up from 46% during the same period last year.
- d. ACA navigators say the pandemic has complicated their efforts, forcing most enrollment assistance to take place online or over the phone.

II. Georgia Eliminates Their ACA Marketplace, Effective 2023

- a. Georgia's [healthcare.gov](https://www.healthcare.gov) website will no longer provide options for residents shopping for plans starting in 2023, consumers will need to rely on private brokers, insurance companies, agents, and commercial websites.
- b. The plan, which generated overwhelming opposition and almost no support during the public comment period, has been greeted warily as a test of how radically states can alter the rules of the ACA.
 - i. Governor Kemp, who pushed the plan, argued that this would give private entities an opening in the fall of 2022 to aggressively advertise and compete for consumers and increase the number of choices.

1. Concerns about brokers remain as they get more to sell short-term plans—on average \$8.42 per member each month for short-term plans v. \$6.88 for the ACA plans, according to Georgia’s calculations. Georgia officials said that is too small a difference to drastically change broker behavior.

ii. The Kemp Administration predicts the change will increase enrollment by 6.8% for plans starting 2023.

1. If successful, the gains would partially reverse the coverage losses that have occurred under Trump. Enrollment dropped approximately 150,000 in 2019. Georgia’s overall drop of 21% was twice the national average decline.

Price Transparency for Insurers—Final Rule

I. EBSA, HHS and Treasury issue final rule on Price Transparency, Effective 2024

- a. The final rule is available [here](#).
- b. This latest final rule follows the administration’s mandate for hospitals to publish the secret rates they negotiate with health plans, aiming to clear up the health care system’s pricing.
 - i. While hospitals have fiercely contested the administration’s transparency rules, insurers have been less vocal about the policies targeting their practices.
- c. The final rule requires insurers to supply patients with their complete bill ahead of time, including their out-of-pocket drug costs when medication is prescribed.
- d. Insurers requirements would ramp up in 2022, when they’ll have to provide easily accessible digital data on the prices they pay providers and for covered prescription drugs.
 - i. These files have to include the prices they’ve historically paid, as well as the final negotiated rates or the charges billed by out-of-network hospitals and doctors.
 - ii. In 2023, they will have to publicly post all the payment details for the 500 most common “shoppable” medical services, including the rates they pay their contracted doctors or hospitals.
- e. Insurers haven’t made much noise about suing as hospitals did, so it’s unclear if they’ll seek to block the rules as hospitals have tried.

f. Democratic policy experts also like the policies, even if they're not cheering on the Trump Administration.

i. It is possible they could remain in place in a Biden/Harris Administration.

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