

04/30/2021

Good Morning REDC Members,

Below is your policy update for the week.

I. SERVE & Military Eating Disorders

• White House Meeting:

- We coordinated for the TRICARE for Kids Coalition and us to meet with the White House Domestic Policy Council, First Lady's Joining Forces for military families team, and the National Security Council. Within these meetings, we did discuss removing the age limit for military families to access psychiatric residential treatment, and such were included in the recommendations documents sent (see attached).

• NDAA Markup Schedule Delayed:

- Senate: July
- House: TBD but may be the Fall

• News from House:

- Overall the Armed Services Committee is supportive of SERVE, but the biggest issue is that without the President's Budget, they don't have budget caps for this fiscal year. So they are in the dark on how much money they'll have to work with.
 - They noted that this year they received a lot more HASC Members requesting the provisions from SERVE!
 - Another item that was raised is with the new DOD/VA guidance for care requirement added, it created dual jurisdiction with the VA Committee, so we'll need to get a waiver from that Committee for it to be included in the NDAA.
 - Moulton's and Shaheen's office and Katrina did chat that if for some reason we can't get this, the military families age limit is the #1 priority

II. Telehealth

- The House Ways & Means Committee, Health Subcommittee held a hearing entitled, "Charting the Path Forward for Telehealth" earlier.
 - A full summary memo is attached.
- Below are some clips from the hearing that address fraud concerns and the importance of telehealth as it relates to tele-mental health services:
 - Rep. Kind (D-WI) asked Joel White of Health Innovation Alliance about fraud increasing.
 - White recommended establishing permanent safety measures instead of patchworking temporary restrictions and

spoke to options such as AI and data collection for fraud prevention.

- [1:22:36-1:23:59 \(about 2 minutes\)](#)
- Rep. Smith (R-NE) asked Joel White of Health Innovation Alliance about large scale fraud in audio-only communication.
 - White said telefraud is in generally preventable with AI machine learning, whether applied to telemarketing or telehealth, and that telehealth is going to happen no matter what.
 - [1:26:30-1:29:11 \(about 3 minutes\)](#)
- Rep. Chu (D-CA) asked Dr. Thomas Kim of Prism Health North Texas why telehealth is important to behavioral health, and what populations are the hardest to reach with mental and behavioral telehealth.
 - Dr. Kim emphasized the ability of telehealth to reach patients regardless of their physical location and spoke to the benefits of having audio-only options.
 - Dr. Kim said outside of language barriers, he has not found a population that could not receive some form of telemedicine.
 - [1:58:00-2:02:06 \(about 4 minutes\)](#)

• Federal Policy Updates

- **Alliance for Connected Care**
 - See attached for the slide presentation from last week's telehealth summit hosted by the Alliance for Connected Care.
 - The slide presentation gives an overview of the state and federal policy landscape.
 - The REDC Consortium recently joined in support of the Alliance for Connected Care's consensus statement on telehealth across state lines
here: <https://connectwithcare.org/consensus-principles-on-telehealth-across-state-lines/>
- **CONNECT for Health Act**
 - Senators Schatz (D-HI) and Wicker (R-MS) reintroduced the CONNECT for Health Act yesterday with the support of 50 bipartisan senators.
 - The bill has a bipartisan House companion led by Reps. Thompson (D-CA), Welch (D-VT), Schweikert (R-AZ), Johnson (R-OH) and Matsui (D-CA).
 - The Act was first introduced in 2016 and is considered the most comprehensive legislation on telehealth in Congress.
 - Since 2016, several provisions of the bill were enacted into law or adopted through the Centers for Medicare & Medicaid.
 - The updated version for this Congress includes:
 - Permanently removing all geographic restrictions on telehealth services and

- expand originating sites to include the home;
 - Allow health centers and rural health clinics to provide telehealth services, a provision currently in place due to the pandemic but on a temporary basis;
 - Provide the Secretary of Health and Human Services with the permanent authority to waive telehealth restrictions, a provision currently in place due to the pandemic but on a temporary basis;
 - Allow for the waiver of telehealth restrictions during public health emergencies; and
 - Require a study to learn more about how telehealth has been used during the current COVID-19 pandemic.
- **A summary of the legislation and a list of endorsing organizations, including the REDC Consortium can be viewed [here](#).**

III. Health Insurance

- **Kaiser Family Foundation & Purchaser Business Group on Health Survey**
 - The two entities released a [new survey](#) polling executives from 300 companies revealing anxiousness about the rising costs of the private insurance system.
 - The survey revealed executives are interested in a few specific policy solutions including:
 - Lowering of the Medicare eligibility age or the creation of a public insurance option;
 - Hospital price caps, out-of-network rate caps and drug price negotiation, which would give the government greater sway over health costs overall;
 - Broader federal role in health insurance coverage, which executives said would be better for both their businesses and their employees.
 - Those are ideas that all face strong opposition from the health care industry.
 - However, the respondents said that if they're forced to stick with the existing private-sector health system, reining in costs without the government's help would likely mean shifting more expenses to workers, moving employees to the ACA markets or shrinking their insurance networks.

Have a great weekend!

Allison & the Center Road Solutions Team