

05/10/2021

Good Evening REDC Members,

Before we get to our policy update for the week, we would like to introduce you to our newest Director of Government Relations, Maddie Schumacher (they/them/theirs).

Maddie has a wealth of bipartisan advocacy, coalition building, and policy experience including work with the League of Women Voters, OCA-Asian Pacific American Advocates, MENTOR Minnesota, HHS' Office of Minority Health, JustSpeak and Amherst H. Wilder Foundation, amongst other roles! They will be helping with the REDC's advocacy work, bringing in their vast experience in cross-sectional policies.

I. SERVE Act

- This week we met with Subcommittee Chairwoman Gillibrand's (D-NY) staff on SERVE inclusion within the NDAA as well as the idea of creating a complaint system for both patients and purchased-care providers if they are having issues with the MCOs (TRICARE East and West). The reception was very well received and they noted in particular they wanted more information on both requests.
 - NDAA markups are not expected until at least July.

II. COVID & Telehealth

- **GAO Report on Mental Health Impacts of COVID-19**
 - The Government Accountability Office (GAO) released their report on the impact COVID has had on behavioral health care, which can be viewed [here](#).
 - Key takeaways of the report show:
 - Between April 2020-February 2021 adults with symptoms of anxiety or depression averaged 38.1%. For comparison, a similar CDC survey from January 2019-June 2019 averaged about 11%.
 - Decreased access to behavioral health services during the pandemic
 - Layoffs of providers;
 - Reduction in services and social distancing requirements
 - **Providers had positive reactions to increased telehealth use and payments, which resulted in fewer missed appointments and improved access to care for patients.**
- Earlier this week, we sent data--anecdotal and evidence-based on REDC members use of telehealth during the pandemic to the White House Domestic Policy Council.

- The information was requested by the Council during a public session during the Alliance for Connected Policy summit as they continue to have internal discussions of what flexibilities should be maintained post-pandemic.
- **Congressional Action**
 - Despite pushes from Congressional members, professional committee staff that sit on the committees of jurisdiction continue to be bullish about telehealth expansion.
 - Committee staff state the pandemic hasn't answered the most pressing questions about whether virtual care will drive up the nation's health care tab.
 - Although MedPAC (the independent federal advisory group that guides Congress on Medicare) recommended in March that a 1- to two-year pilot program should be stood up to study fraud and spending before making permanent changes.
 - Congressional Telehealth Caucus Co-chair Rep. Welch (D-VT) has stated the big study has already been done--and it was a success.
 - Quoted to the press, "We had a pilot. It was called Covid," said Rep. Welch. We just don't need a pilot when we have a full-scale five-alarm fire."
- **Senate HELP Hearing on COVID-19, Mental Health and Substance Abuse (full memo attached)**
 - The Senate HELP Committee held a hearing earlier this week, which included positive testimony regarding telehealth:
 - **Key Takeaways:**
 - Telehealth has been extremely helpful for providers and should be supported going forward (including audio-only).
 - There is a shortage of mental health and behavioral health specialists, making it even harder to reach the growing number of those in need.
 - Supporting community care and loan forgiveness programs are two ways to address this problem.
 - Collaborative care models have been beneficial to patients and providers and Congress should invest in them.
 - The Mental Health Liaison Group (MHLG) submitted comments for the record for this hearing that were co-signed by the REDC Consortium.
 - Full comment submission is attached.

III. ACA

- **2022 Notice of Benefit and Payment Parameters (NBPP) Finalized**
 - As a refresher, the annual rule governs core provisions of the ACA including the operation of the marketplaces and standards for insurers.

- Highlights include:
 - Lowers the maximum annual limitation on cost-sharing to \$8,700 for self-only coverage and \$17,400 for non-self-only coverage.
 - Adoption of additional flexibility related to special enrollment periods (SEPs).
 - Allows enrollees to change to a lower metal level qualified health plan if they qualify for a SEP based on loss of APTC eligibility.
 - Additionally clarifies that an SEP is available when employer contributions or gov't subsidies for COBRA cease.
- **SEP Sign Up Update**
 - HHS announced that nearly 940,000 Americans have signed up for health insurance through Healthcare.gov as a result of the SEP along with additional financial assistance afforded by the American Rescue Plan.
 - Premiums have been reduced by 40% for nearly 2 million current Healthcare.gov enrollees.
 - The SEP is open through August 15. A listing of individual state sign-up data can be viewed [here](#).

IV. Parity

- Rep. Cardenas (D-CA) will be introducing a bill shortly that seeks to send grant funding to states to collect and review the analyses that are now required under the parity law.
 - Attached is a summary of the bill text and a summary of the legislation.

V. Other

- **2021 Child and Adolescent Mental and Behavioral Health Principles (attached)**
 - Led by the American Academy of Pediatrics and the National Alliance to Advance Adolescent Health, the 2021 Child and Adolescent Mental and Behavioral Health Principles have been finalized.
 - These principles were endorsed by the REDC Consortium and will be used to educate Congress and the Administration on policies they can take up to strengthen mental and behavioral health care for children.

Wishing everyone a nice weekend,
Allison & the Center Road Solutions Team