

07/09/2021

Good Evening REDC Members,

Here is your policy update for the week:

I. SERVE Act

• NDAA

- As you've all been notified, the Senate and House will be marking up the NDAA this month, and we're hopeful that it will include the SERVE Act or that we can attach an amendment during the markup to include it!
- **We need all of your support with grasstops emails, grassroots calls/emails, signing the letter of support**, and more to make this a reality, so thank you in advance for your help REDC!
- Overall, the only hurdle we're seeing is that Committee is being a pain in the butt about finding the offset funding for what is now only \$2M mandatory and \$135M discretionary over 10 years.
- Here are the steps we're taking:
 - Actively lobbying Armed Services Committee Members
 - Engaging grasstops organizations (including REDC Members like you) to send emails to your Members if they are on Committee
 - Compiling a large letter of support
 - Grassroots calls and emails within the eating disorders and mental health community
 - Working with our partners at the Alliance for Eating Disorders Awareness to engage their social media influencers to put pressure on the Chair and Ranking Members
 - Engaged Former Congressman Patrick Kennedy to make a call to SASC Chairman Reed (D-RI) about including SERVE
- Additionally, we've learned the following has been a result of our advocacy over the TRICARE issues with mental health and eating disorders care:
 - **CURRENT STATUS:** *The DHA pilot to provide assistance in network appointing for mental health referrals began **June 14, 2021** in the National Capital Region at Kimbrough Ambulatory Care Center. Preliminary findings demonstrate challenges with reaching beneficiaries to arrange appointments, network mental health access and with successfully getting patients to accept IRMAC assistance in scheduling mental health appointments. These results are in contrast to integrated network appointing pilot results for other specialties but are consistent with the national experience of patients being hesitant to accept mental health*

care for personal reasons. The IRMAC will continue to collect pilot results from beneficiaries referred to mental health and will identify opportunities to resolve challenges identified above. Pilot results for all specialties will inform future direct care-wide implementation.

- **House Defense Appropriations Committee Report**

- The [report](#) was released today and we successfully got the following provisions included:
 - **Committee recommends \$10 million for the Combat Readiness Medical Research Program, including research of eating disorders!**
 - Mandated assessment on the shortage of current and prospective mental health care professions for servicemembers and their families, including social workers, psychologists, and psychiatrists.
- Additional items of relevance include:
 - Report text on ineligibility for military service due to obesity, mental health conditions, or substance use. Mandated report on existing military fitness and nutrition initiatives and campaigns and whether they are effective in recruiting and retaining servicemembers.
 - Also report out on anticipated costs of the military health system for treating “obesity-related health conditions” across military, dependent populations.
 - Report text on the “alarming rate of food insecurity faced by military families”. The Sec. of Defense is directed to report out and brief the House and Senate on food insecurity among servicemembers + dependents.

II. Telehealth

- Two surveys were released by CVS and McKinsey respectively on consumer opinions related to telehealth.
 - CVS surveyed 1,000 patients and 400 providers.
 - Despite the growing popularity of telemental health, 28% of respondents said they didn't visit a provider due to concerns over availability or affordability.
 - 19% of respondents said they'd sought out online care for minor injuries or illness, up 12% from 2020.
 - An additional 61% expressed high or moderate concern about the affordability of mental or behavioral health conditions.
 - In the McKinsey report, 40% of patients are interested in using telehealth in the future, up from 11% pre-COVID.

- Providers are also favorable with 58% saying they view telehealth more positively than pre-pandemic.
- **Researchers Release Telehealth Working Paper**
 - Researchers at Tel Aviv, Ben Gurion and Stanford universities and the Clalit Research Institute released a [working paper](#) on the adoption of telemedicine in Israel.
 - Findings show that telemedicine adoption early on in the pandemic lowered the per-episode cost of treating patients by 5%.
 - Virtual visits in the country surged from 5% of all primary care appointments to around 40% during the spring 2020 lockdown and remained at about 20% afterward.

III. No Surprises Act & Insurer Pushback

- The Biden administration issued an Interim Final Rule (IFR) with comment earlier this week, which implements portions of the No Surprises Act.
 - As a refresher, the No Surprises Act was the bill that had the timely billing provisions that we were successful in stripping out of the final bill text.
 - We reviewed the IFR to ensure that there was no mention of timely billing and we are in the clear. Yay!
 - Although this is just an interim rule, some of the provisions will impact some REDC members.
 - The National Law Review has a nice [summary](#) of the key takeaways of the 400+ page rule.
 - The full rule can be viewed [here](#).
- **UnitedHealth Limits Out-of-Network Care**
 - UnitedHealth Group unexpectedly will end some out-of-network coverage starting July 1st.
 - We have notified our friends at the Kennedy Forum about this policy change.
 - Many speculate the move is part of a broader set of policies to lower provider reimbursement, which occurred just days before CMS published the IFR.
 - As an aside, UnitedHealth's initial policy that was put on pause that would have allowed the insurer to retroactively deny ER visits would not be allowed under the No Surprises Act.
 - Starting on July 1, the insurer will no longer pay out-of-network claims when fully insured customers seek non-emergency care outside of their local coverage area.
 - Patients seeking treatment from step down facilities away from where they live, including skilled nursing homes, residential treatment facilities, inpatient rehabilitation programs and more, are subject to the new rule.

- Anyone currently receiving treatment will be allowed to continue their treatment.
- United rolled out the policy to a select number of fully insured employer plans and individual market health products, which must fully adopt the new restrictions by mid-2022.
- Nearly 120 million U.S. residents live in areas with shortages of mental health providers and only 27% of the population lives in counties with an adequate supply of mental health professionals.
- There is no precedent to the new United Healthcare limits on out-of-network care based on geographical location. Additionally, the insurer can continue telling its employer clients that it provides out-of-network benefits and potentially offer them lower premiums even as it denies coverage to policyholders.

Best,
Allison & the Center Road Solutions Team