

08/26/2021

Hello REDC Members,

Here is your weekly policy update!

I. Insurance Coverage & UBH

• Department of Labor Sues United Healthcare and UBH

- Our friends at the U.S. Department of Labor have filed suit against UnitedHealthcare and United Behavioral Health in New York, alleging the companies systematically cover mental health care less robustly than they cover medical and surgical care.
- The companies, which administer employee health plans under department's purview systematically reimburse out-of-network mental health services more restrictively than they reimburse out-of-network medical or surgical services.
 - Baseline reimbursement rates for mental health services are cut by as much as 35%.
- The suit accuses the company of violating the Mental Health Parity and Addiction Equity Act and the full story is attached.
- We are working with the Kennedy Forum on the UBH IOP/PHP telehealth coverage termination date of 9/30.
 - They're working on bringing this issue up at their next CEO Huddle meeting with insurance companies.
 - The Kennedy Forum is deeply concerned learning about this termination date given the rise of the Delta variant.

• Illinois Becomes 3rd State to Require Insurance Coverage for Mental Health Disorders

- HB2595 was signed into law earlier this week, following in the footsteps of CA and OR requiring medically necessary mental healthcare to be covered by insurance beginning January 1, 2023.
- The full press release can be found [here](#).

• REMINDER: REDC Member Survey on Best Points of Contact for Insurance Issues

- Jillian sent out an email earlier this week requesting your input on a brief survey regarding common insurance issues/pain points your rev cycle or UR person receives to help inform our efforts on cases like UBH.
- The survey link is [here](#).

• ACA Sign-ups

- Over 2.5 million people have enrolled in coverage through Healthcare.gov and state marketplaces during the special enrollment period that ended on August 15.
- CMS data reports that more than 1.8 million people purchased insurance through Healthcare.gov, while 723,000 used a state-based marketplace platform.

II. Telehealth

• **New [Survey](#) Shows Telehealth Usage Drips, Still Well Above Pre-Pandemic Levels**

- Telehealth usage dropped substantially at the end of July and beginning of August according to Census Bureau data in partnership with U.S. Health and Human Services.
- The survey had a sample size of more than 55,000 adults.

• **New Jersey Adds Telehealth Forms/Fees**

- New Jersey's health department released a new rule requiring health care entities running a telehealth or telemedicine platform to fill out a yearly form and fork over a \$1,500 fee.
 - Orgs not meeting standards for telemedicine can lose their registration and can face fines of up to \$1,000 for every day the groups give telehealth services without filing the paperwork

III. Research

• **New Research on the Impact of COVID-19 on Eating Disorder Treatment Demand**

- Our colleague, Dr. Tracy Richmond located at Boston Children's Hospital has come out with a new research paper (attached). Key takeaways include:
 - This study found a significant increase in the number of ED-related medical hospitalizations, hospital bed-days, and patient/parent inquiries after the onset of COVID-19, rising above their baseline totals.
 - At the onset of the pandemic, there was no immediate shift in the number of inpatient ED medical admissions. However, post-pandemic, the number of admissions per month began increasing over time in contrast to pre-pandemic when the number of admissions remained stable. Findings were similar for inpatient bed-days. Completed new outpatient ED assessments were decreasing slightly over time pre-pandemic, dropped immediately as COVID-related restrictions were implemented and began to increase significantly over time as the pandemic continued, reaching

pre-pandemic levels at the end of 2020 and continuing to increase over time.

- A sensitivity analysis showed that their service's non-ED hospitalizations and bed-days were stable pre- and post-pandemic, highlighting this distinct rise in ED-related needs.
- The study posits that the hospital's inability to rapidly increase outpatient assessment capacity, even with the use of telehealth, may have contributed to the increase in inquiries and hospital admissions, as individuals may have decompensated to the point of needing medical stabilization due to the wait for consultative care. Additionally, pandemic related restrictions at local ED facilities may have limited patient access to intermediate levels of therapeutic care. Therefore, availability of more multidisciplinary treatment is critical to meet the greater need. The use of technology-based interventions can be effective for early ED detection and relapse prevention.
- The study concludes with the assertion that individuals with EDs require increased support during this stressful time, both in ambulatory and inpatient settings. Initially, and during the COVID-19 pandemic, services within the hospital and community programs were greatly restricted, and patients may have been reluctant to access care until their symptoms were severe. Strengthening and expanding the resources to meet the needs of these vulnerable patients is critical as the effects of the pandemic persist.

IV. NDAA & SERVE Act Status:

- We are full steam ahead prepping for the House Armed Services Committee's markup next Wednesday, Sept. 1.
 - We worked closely with Rep. Moulton's office to prepare Amendment text for the NDAA markup.
 - Already, we have 6 HASC member amendment co-sponsors:
 - Rep. Escobar, Veronica (D-TX)
 - Rep. Crow, Jason (D-CO)
 - Rep. Courtney, Joe (D-CT)
 - Rep. Sherrill, Mikie (D-NJ)
 - Rep. Keating, Bill (D-MA)
 - Rep. Gallego, Ruben (D-AZ)
- We're also sending outreach to *every single other HASC member* to get them on board
- The Senate is still in August recess but we're beginning to prep for engagement once they return.

- Our HASC Full Committee amendment strategy has been composed of the following steps:
 - See if we can cut the mandatory spending even further, limiting it to active-duty TRICARE beneficiaries – **DONE**
 - Pressuring Chairman Adam Smith (D-[WA-9](#)) in Seattle area and Ranking Member Mike Rogers (R-[AL-3](#)) from Eastern Alabama – **DONE**
 - Securing a Republican from HASC to co-lead w/ Moulton a HASC Amt. for the Sept. 1st Full Committee markup, since Katko isn't on Committee – **IN PROGRESS**
 - This upcoming week, before the markup, pressure HASC Members to co-sponsor the amendment and vote in favor of it – **IN PROGRESS**

- As we near the HASC markup, and with recent events in Afghanistan, there is much discussion over raising the defense topline (as was done by SASC) and reappropriating funds that were intended for Afghan allies.
 - As much as \$3.3 billion was put aside in the NDAA for Afghan forces. Now with the Taliban in control of Afghanistan, Congress must find alternate uses.
 - Another \$3 billion is leftover for Afghan forces from Fiscal Years 2020 and 2021, that also needs to be reappropriated.
 - Republicans and Moderate Democrats are also partnering to push the NDAA topline above President Biden and Chairman Smith's intended amount.
 - Our team is monitoring this momentum and strategizing how we can use it in our/SERVE's favor.

Thank you!

Center Road Solutions Team