

09/10/2021

Hello REDC Board,

Here is your weekly policy update!

- **Telehealth**

- **Medicare PFS Proposed Rule Submission**

- On Monday, we will be submitting REDC Consortium's comment in response to the Centers for Medicare and Medicaid's proposed rule on the 2022 Medicare Physician Fee Schedule.
- The proposed rule included several provisions related to telehealth that we specifically commented on.
- REDC Consortium's full comment is attached for reference.

- **Health Resources and Services Administration (HRSA) Creates Telehealth Office**

- HRSA has announced the creation of the Office for the Advancement of Telehealth which serves to:
 - Promote the use of telehealth technologies for health care delivery, education, and health information services;
 - Serves as the central focal point for the Department of Health and Human Services efforts in leveraging telehealth programs and policies to improve access, enhance outcomes, and support clinicians and patients;
 - Administers grant programs focused on telehealth for direct services, research, and technical assistance;
 - Advances the provision of telehealth services to rural and underserved communities;
 - Builds the evidence-based for telehealth research;
 - And more...
- Our team will be working on getting a meeting with this office to learn more about their work and ways we can collaborate.

- **Telehealth Across State Lines**

- At least 17 states still have across-state licensure waivers in place. The Alliance for Connected Care has maintained a tracker that you can view [here](#).
- State medical boards have drawn a hard line that they will not cede authority to federal efforts to remove licensing barriers.
 - They state their power to license and discipline medical professionals boosts patient safety.
 - Licensing is also a source of state revenue.

- The pandemic has obviously changed the nation's relationship with telehealth. Although telehealth usage has dipped as states began to reopen, utilization is still 38x higher than before the pandemic.
- States have taken action with Arizona made permanent the rule allowing out-of-state medical providers to practice telemedicine for AZ residents as long as they register with the state and their home-state license is in good standing.
 - Connecticut has similar rules that have now been extended until June 2023.

• **Budget Reconciliation**

- The House of Representatives are on their way in developing their budget reconciliation legislative package.
- There are several highlights that are of interest to the REDC Consortium and are highlighted below.
 - These provisions are not yet set in stone as these serve as the wish list of items from each committee that is responsible for developing their bill under the budget resolution.
 - The provisions will have to get out of committee and then move onto the Rules Committee where it is anticipated they will be cut down to address budgetary violations.
 - The remaining provisions will then move to the House floor for a vote and then move on to the Senate.
 - The process is not anticipated to conclude until late November.
 - In other words, many more steps to go, but some great policy ideas in the mix!
- **Policy highlights:**
 - **Implement a reinsurance program for ACA markets**
 - Estimated to lower premiums by 7%.
 - Reinsurance refresher: reinsurance programs provide payments to health insurers to help offset the costs of enrollees with large medical claims.
 - In some cases, these programs incentivize insurers to remain in or enter a state's ACA marketplace
 - The reinsurance program that was part of the ACA expired in 2016.
 - **Expand ACA premium tax credits**
 - Below 100% of the federal poverty line.
 - **Civil & Monetary Penalties for Parity Violations**
 - Allows the U.S. Department of Labor the ability to assess civil monetary penalties against health issuers and plan sponsors for violations of the federal parity act.

- This would also be a revenue generator for DOL to invest in strong parity enforcement and compliance department.
- **Close the Medicaid gap**
 - Has the potential to cover up to 4 million in total and 2 million low-income people in red and purple states that have not adopted Medicaid expansion.
 - This would be possible through the creation of a federal Medicaid program for non-expansion states
- **Permanently fund the Children's Health Insurance Program (CHIP)**
 - This would avoid lapses in funding, like the one that took place during the Trump Administration
- **Allow people to stay on Medicaid up to 1 year postpartum**

• **NDAA & SERVE Act Status:**

- We are still in a celebratory mood from passing the SERVE Act amendment through the House Armed Services Committee!
- The House is planning to take up the NDAA on the House floor the week of September 20th. Any floor amendments are due next week, so we should know by next Friday (hopefully) if there are any sneaky amendments that would threaten SERVE. We don't expect there to be, but of course we are keeping a watch.
- The Senate is still in August recess right now but we are in close communication with Senate SERVE co-sponsors Shaheen and Tillis so they are ready to submit the SERVE amendment for floor consideration.
- Next Steps:
 - **House Floor Passage:** House will need to pass the full NDAA on the Floor
 - **Senate Floor Amendment & Passage:** Senator Shaheen & Tillis will submit the House amendment language during the Senate Floor vote which is expected end of September or early October
 - **Conference Negotiations:** Then both the House & Senate NDAA will need to be negotiated (called conferenced) for differences, and have one more vote in both Chambers
 - If the Senate Amendment passes on the Floor, then we're good to go and it will be passed into law when the NDAA passes
 - If the Senate Amendment does not pass on the Floor, then the Senate leads and House leads will send a letter to the Conferees to include the House SERVE Act language in the final package

• **COVID-19 Relief Fund—More Funding Available**

- For any REDC members that have applied for provider relief funding, the U.S. Department of Health and Human Services is releasing more than \$25 billion in additional aid to health providers.
- The newly available funds include \$8.5 billion for those that serve rural patients covered by Medicaid and Medicare and an additional \$17 billion for a broader set of providers that can document specific losses tied to the pandemic.
- To learn more and submit an application for funds click [here](#).

• **Parity**

- Late last week, a class-action lawsuit was filed in Colorado on behalf of Colorado Medicaid children.
- The plaintiffs are 3 teenagers and a class of thousands of Medicaid-eligible children under the age of 21 who have been diagnosed with a mental or behavioral health disorder.
 - Subsequently, the doctor(s) recommend intensive Home and Community-based Services to correct or ameliorate their disorders, but they are not provided the treatment from the state as required by federal law
 - The plaintiffs will remain anonymous.
 - They are being supported by the Federation of Families for Children’s Mental Health, Colorado Chapter.
 - All 3 teenagers experience unnecessary institutionalization and other serious harm.
- You can view the Complaint for Declaratory and Injunctive Relief [here](#).

Have a great weekend!

Best,
Center Road Solutions Team