

10/22/2021

Hello REDC Members,

Here is your weekly policy update.

### **NDAAs Status:**

- We're anticipating that the NDAA will be up for a vote on the Senate floor sometime in the next few weeks. However, Armed Services Committee Chairman Reed says that the bill is ready, and he's getting frustrated with the lack of prioritization by Democratic leadership.
- Shaheen and Tillis are ready to introduce the SERVE amendment and we have met with several Senate offices to build support.
  - We've met with the following: Sinema (D-AZ), Collins (R-ME), Burr (R-NC), Blunt (R-MO), Capito (R-WV), Toomey (R-PA), Klobuchar (D-MN), Kelly (D-AZ), and Tillis (R-NC)
- This week, we pitched and confirmed Sen. Rounds (R-SD) as our Republican co-lead for our amendment on military health professionals' eating disorders training! He'll be leading alongside Shaheen and Klobuchar. We're also in talks with Tillis (R-NC) to join as another R co-lead.
- Next Steps:
  - **Senate Floor Amendment & Passage:** Senators Shaheen & Tillis will submit the SERVE amendment language and Senators Klobuchar, Shaheen, & Rounds will submit military health ED training language ahead of the Senate Floor vote as soon as amendment submissions open. We will advocate hard and activate grassroots/tops to get both amendments passed!
  - **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

### **Appropriations**

- Senate Democratic leaders released all FY22 appropriations bills this week, which included the following eating disorders items:
  - Eating disorders were included in the Peer-Reviewed Medical Research Program (Defense pg. 223) – **same as House**
  - Report directs HRSA and SAMHSA to support training for Primary Care Training and Enhancement grantees and primary care health professionals to screen, briefly intervene, and refer patients to treatment for eating disorders (LHHS pg. 58) – **same language as House but without the \$1M appropriation**
  - Report encourages CDC to collect data by including standard questions on weight control practices for eating disorders through the

Youth Risk Behavioral Surveillance System and Behavioral Risk Factor Surveillance System (LHHS pg. 87) – same as House

- Report encourages NIH to increase support for eating disorders research and encourages relevant Institutes and Centers to collaborate to address research gaps in eating disorders (LHHS pg. 149-150) – same as House

## Telehealth

### • UnitedHealthcare Launches First Virtual Health Plan

- [NavigateNOW](#), a new virtual-first health plan to help bring 24/7 personalized virtual care is now launched by UnitedHealthcare.
- The new health plan offers members \$0 copays for both virtual and in-person medical and behavioral health services, unlimited access to care and premiums that are 15% lower.
  - Disturbingly, members can enroll in a wearable device wellbeing program that lets them earn \$1,000 a year for meeting activity goals.
- This plan is available in Little Rock, AR; Fort Myers, FL; Indianapolis, IN; Springfield, MA; Minneapolis and St. Paul, MN; Pittsburgh, PA; Houston, Dallas and Fort Worth, TX; Richmond, VA.

## ACA/Health Insurance

### Center on Health Insurance Reforms at Georgetown University Release Misleading Marketing Report

- The report shows misleading marketing of non-ACA health plans continued during the COVID-19 special enrollment period (SEP).
- The full report can be found/downloaded here:
  - Key takeaways:
    - Online consumers are still being directed to agents, brokers or other sales representatives selling, by phone, alternative coverage that costs more and covers less than the ACA plans available during the SEP.
    - 10 out of 12 search results directed consumers to websites that collected personal information that resulted in calls, emails, and text messages.
      - Of phone calls with 20 representatives, only 5 recommended marketplace coverage.
    - Consumers were far more likely to be referred to fixed indemnity plans, health care sharing ministries, short-term plans and other non-ACA products that were impossible to categorize based on information provided.
      - Alternative plans were typically more expensive than marketplace coverage and had higher cost-sharing.

- Representatives repeatedly provided misleading information about the alternative plans they were selling as well as false statements about the cost and features of marketplace plans.

## Parity

### State Parity Working Group Call

- Please see the attached slide deck if you're interested in learning more about state parity legislative efforts.
- The slide deck also includes brief federal updates in this space that the REDC Consortium is helping amplify.

## Miscellaneous

- **Addiction Treatment Groups Back Paid Leave Plan**
  - A coalition of addiction treatment organizations is calling on Democrats to preserve national paid leave as part of their social spending bill, arguing it would make it easier for people to seek treatment.
  - The group, which includes several West Virginia treatment organizations, also noted in its letter that efforts to combat the opioid epidemic have long been a top priority for Sen. Joe Manchin.
    - Sen. Manchin has demanded that the bill's size and scope be reduced to win his vote, though he's yet to weigh in definitively on prospect of including paid leave.

Have a great weekend!

Best,

Center Road Solutions Team