

11/19/2021

Hello REDC Members,

Here is your weekly policy update.

Given the holiday next week, updates will resume Friday December 3rd.

NDAA Status:

- The Senate began debate on the NDAA Wednesday night.
- The chamber resumed consideration of the fiscal 2022 defense authorization bill Thursday morning. The Senate is expected to adopt a motion to proceed to the bill by voice vote, after which Democrats will offer the Senate version of the NDAA as a substitute amendment to the House-passed bill.
 - The chamber is expected to then file cloture on both the substitute amendment and the underlying bill, with votes postponed until Monday, Nov. 29, after the Thanksgiving recess.
- The SERVE Act Amendment has been submitted by Senators Shaheen (D-NH) and Tillis (R-NC).
- The Military Providers' ED Training Amendment has been submitted by Senators Klobuchar (D-MN) and Rounds (R-SD).
- Our team has outreached to every single Senate office to flag these amendments for them and pressure for their passage!
- Next Steps:
 - **Senate Floor Amendment & Passage:** The Senate will consider our amendments among hundreds of others and pass a final Senate version around or immediately after Thanksgiving.
 - **Negotiations:** Leadership hopes to have the NDAA done by the end of the year, meaning they only have a few weeks to negotiate differences between the House and Senate versions and send text to the President. We will advocate in this process however it takes place to ensure our amendments are maintained.

COVID-19 PANDEMIC RELIEF

House Passes Build Back Better Act

- This morning, the House of Representatives passed the Build Back Better Act—the large reconciliation package pushed by the Democratic party.
- The bill now moves to the Senate for further consideration and given it is moving through the reconciliation process, it only needs a simple majority (51 votes) to pass and become law.

Provisions of Interest

- **PARITY**

- Authorizes civil monetary penalties for violations of the parity act by group health plans, plan administrators and issuers.

- **ACA**

- Continuation of the enhanced ACA subsidies that were part of the American Rescue Plan passed earlier this year. Allows for individuals with household incomes below 138% of the federal poverty line to receive these subsidies through 2025.
- Provides \$10B annually from 2023-2025 for states to establish a state reinsurance program or use the funds to provide financial assistance to reduce out-of-pocket costs.
- Provides \$100M for the ACA's health insurance consumer information grants for 2022-2025.
- Provides another year of ACA cost-sharing reduction assistance to individual receiving unemployment compensation.
- Provides \$50 million to the Secretary of HHS to award grants to states for the purposes of developing new section 1332 application.
 - 1332 waivers are used for states to implement innovative programs that enhance their state-based ACA marketplace.

- **SUICIDE PREVENTION LIFELINE**

- Provides \$75M to support the infrastructure of the National Suicide Prevention Lifeline that will launch in 2022.
- The FCC approved to include a texting option for the hotline, set to go live next summer, earlier this week.

TELEHEALTH

6-Month In-person Requirement

- During the MHLG Telehealth Working Group meeting this week, there has been confusion and some clarification around in-person requirements for telehealth MH/SUD visits.
 - The Consolidated Appropriations Act of 2021 stipulates in statute that an in-person visit within the last 6 months remains in effect before a telehealth visit can take place.
 - This policy takes effect when the PHE ends, so we have feelers out to figure out if that means the 6 month in-person requirement is retroactive or not.
 - The 2022 Medicare PFS can't remove this in-person requirement since it is in statute. The final rule did update that an in-person visit is required annually after the first initially 6-month in-person visit to continue telehealth services for MH/SUD.

Medicare Payment Advisory Commission (MedPac) Meeting

- MedPac held their monthly meeting where Medicare telehealth policy was discussed.
 - Commissioners would like MedPAC staff to research appropriate payment rates and arrangements for telehealth vs. in-person service, but MedPAC staff clarified that they do not intend to develop specific recommended payment rates for services.
 - In response to MedPAC's staff assertion that it is difficult to discern audio-only vs. audio-visual telehealth based on Medicare claims data, Commissioners agreed with staff recommendations around adding a code modifier for audio-only telehealth services in order to glean more insights from claims data.
 - Some Commissioners still expressed significant concerns around fraud and the possibility of telehealth vendors to put bricks and mortar providers out of business.

- One Commissioner mentioned the idea of requiring telehealth companies to register with CMS directly (in addition to current provider enrollment requirements) and another supported maintaining periodic in-person requirements on all telehealth services (outside of rural areas)
 - Some Commissioners noted that the background information provided by MedPAC staff did not touch on interstate licensing issues and that those issues should be a part of their discussion.

CURES 2.0 FORMALLY INTRODUCED

- Reps. DeGette (D-CO) and Upton (R-MI) introduced the highly anticipated Cures 2.0 legislation earlier this week.
- A section-by-section summary of the bill is available [here](#).
 - **Provisions of Interest:**
 - A Government Accountability Office (GAO) report on recommendations to enhance Medicare coverage and reimbursement for innovative health technologies.
 - Increase access to telehealth under Medicaid and CHIP program that would provide guidance and strategies to states on effectively integrating telehealth into their public health insurance programs.
 - Permanently remove Medicare's geographic and originating site restrictions to access telehealth services.
 - However, this was already done on the regulation side in some part with the finalization of the Medicare Physician Fee Schedule 2022 rule.
 - Allows the Secretary of HHS to permanently expand the types of health care providers that can offer telehealth services and the types of services that can be reimbursed under Medicare.

STATE PARITY WORKING GROUP

- The Kennedy Forum sent a letter (see attached) to the National Association of Insurance Commissioners (NAIC) requesting the NAIC update their “NAIC Market Regulation Handbook’s Data Collection Tool For Mental Health Parity Analysis” as it is inadequate and inconsistent with the parity provisions passed within the Consolidated Appropriations Act of 2021.
- The Bowman Family Foundation will be launching a consumer and provider survey (see attached slide for details) on network access for MH/SUD.
 - We have expressed interest in helping with the dissemination of this survey. Once it is ready for primetime (they’re pilot testing it now), we will be sending it over to REDC members.

ACA OPEN ENROLLMENT

- More than 770,000 sign up during the first week of open enrollment
 - 17% of this figure were new enrollees.
- This open enrollment season is the first time Kentucky, Maine and New Mexico are using their state-run platform.
 - With the removal of those 3 states from the federal marketplace, enrollment is running about 2% higher than last year.

MHLG and CSCOO held a virtual meeting with Acting Principal Deputy Director for CDC, Debra Houry.

- Discussion on opioid education and prevention as well as suicide awareness.
- Notes from the meeting are attached.

We hope you all have a great Thanksgiving!

Best,
Center Road Solutions Team