

02/18/2022

Hello REDC Members,

Here is this week's policy update!

- **Today, President Biden and the White House signed the first Proclamation recognizing National Eating Disorders Awareness Week in over 3 decades!**
 - The EDC is proud and honored to have worked with the White House on this.
 - Here is the link to the EDC press release: <https://bit.ly/3BF2wTW>
 - Here is the link to the Proclamation: <https://bit.ly/3JG1KsG>
 - We encourage you to share with your networks!
 - Attached you will find a social media graphic to use!
- **Eating Disorders Awareness Tool Kit**
 - The EDC has created a tool kit for you to use during Eating Disorders Awareness Week.
 - Captions and graphics are included in the attached document.
- **Instagram Live Fireside Chat: A Candid Conversation on Eating Disorders Awareness Week (February 24 at 12pm EST)**
 - Hosted by Department of Health and Human Services on @HHS channel.
 - Moderated by Lisa Murano, Development Manager of National Alliance for Eating Disorders
 - Speakers Include:
 - Admiral Rachel Levine, Assistant Secretary of Health (ASH); Department of Health and Human Services.
 - Ginger Zee, ABC News Chief Meteorologist and Climate Unit Managing Editor.
 - Elisa Donovan, Actress and Author
- **Eating Disorders and COVID-19 Pandemic Summit (February 24 at 2pm EST)**
 - Mark your calendars for the Eating Disorders and COVID-19 Pandemic Summit hosted by HHS Office of Women's Health and HHS Office of Population Affairs.
 - Registration is open to join the summit on Thursday, February 24 at 2:00 PM EST <http://ow.ly/P5JP50HYC1w>.
 - Featuring EDC Board Member, Christine Peat, Director of the National Center of Excellence for Eating Disorders.
 - Social Media Graphic Attached.

Civil Monetary Penalty Authority for DOL Letter (letter attached)

- The REDC signed onto a letter led by The Kennedy Forum to Majority Leader Schumer and Speaker Pelosi requesting that any reconciliation package that moves forward include civil monetary penalty authority for mental health parity.
- 53 leading mental health and substance use organizations signed on to the letter.

- The recent DOL/HHS [parity report to Congress](#) was really a devastating indictment on plans' failure to comply with MHPAEA requirements, which is why DOL called so forcefully for Congress to provide it with this authority in order to better enforce the law and deter future violations – and why organizational support is so meaningful.

Telehealth

- REDC Consortium Leads Letter to Delay 6-month In-person Requirement (letter attached)
- The REDC was joined by 52 mental health/substance use disorder organizations, telehealth entities, and insurers in a letter to House/Senate leadership urging to put a delay in the implementation of the 6-month in-person requirement for telehealth services under Medicare.
 - The 6-month in-person requirement was a provision that was passed within the Consolidated Act of 2021, which stated an individual seeking mental health services via telehealth must see that provider in-person at least six months prior to having a reimbursed Medicare telehealth visit.
- The provision is set to begin the day after the conclusion of the Public Health Emergency declaration.
 - Organization have begun pivoting their approach with Congress to urge either continuation for telehealth flexibilities for two years or delays to harmful provisions that could result in barriers to care.
- The goal of the letter is to raise visibility to this issue and potentially secure a delay within the FY22 omnibus, which the House and Senate are actively trying to come to agreement on prior to their next deadline of March 11.
- Our work was picked up by Politico and featured in their newsletter this afternoon:
 - **GROUPS ASK CONGRESS TO DELAY IN-PERSON TELEHEALTH REQUIREMENT** — *Several dozen groups led by the Mental Health Liaison Group have written [a letter to congressional leaders](#) urging a delay in an in-person requirement for coverage of telehealth for mental health care, POLITICO's Ben Leonard reports. The requirement would kick in at the end of the public health emergency, which is unlikely to end soon but has come into focus as the Omicron surge has declined. Advocates including the American Psychological Association are asking to postpone the requirement until "at least" the end of 2024, arguing it would undermine access to care.*

Telehealth Accounted for 8% of Outpatient More Than 1 Year into the Pandemic

- A new Kaiser Family Foundation and Epic Research analysis found the following:
 - From March through August 2021, 8% of all outpatient visits were conducted via telehealth- down from 13% in the first six months of the pandemic, but well above pre-pandemic levels.

- Out of a date set of 126 million patients, adults ages 65 and older relied on telehealth for a smaller share (5%) of outpatient visits between March and August 2021.
- Patients in rural and urban areas used telehealth at similar rates during the six-month period (10% and 8%, respectively)
- Women and men used telehealth at similar rates.

○ [The full brief can be read here.](#)

Senate Finance Committee Hearing

- The Senate Finance Committee held their second hearing on youth mental health entitled: 'Protecting Youth Mental Health: Part II- Identifying and Addressing Barriers to Care.'
- The hearing focused on the importance of addressing barriers in access to mental health care for adolescents and how Congress can address these issues and assist in supporting comprehensive, accessible mental health care for America's youth.
- A recap memo is attached.

State Parity Working Group

- The slide deck for the February State Parity Working Group is attached.
- State Updates
 - Pima County, Arizona Opt Out
 - MHA has been leading. Sent letter to all opted-out plans in Arizona expressing concern. Ongoing dialogue with Pima County on its opt out. MHA national and Kennedy Forum sent letter urging an end to the opt out. Progress TBD.
 - Likely Progress in Utah
 - University of Utah has pledged to get rid of most obvious as written parity violations. Bill likely to apply many of MHPAEA requirements to opted out plans under state law. But would not prohibit state/local plans in Utah plans from opting out.
 - Delaware HB 303
 - Summary: Creates a pre-deductible, annual Behavioral Health Well Check with a licensed mental health clinician of masters level or higher. Reimbursement for this benefit must be no less than what a similarly qualified medical professional would receive for an annual physical.
 - Georgia SB 342
 - Summary: For each insurer's 5 largest plans in the individual, small group, and large group market, insurer must prepare and submit parity compliance analyses annually and other information relating to claims denials. Insurer must make summary of analyses available on public website. Requires Commissioner to review each analyses submitted for compliance with MHPAEA.
 - Georgia HB 1013

- Summary: Large bill that includes requirements that insurers must follow generally accepted standards of mental health and substance use disorder care. Includes AMA/APA definition of medical necessity. Defines MH/SUD as current versions of DSM or BG Chapter of ICD. Submit parity compliance analyses required by MHPAEA annually. Submit data on NQTLs annually. If data suggest potential violations, the department shall initiate a market conduct examination, with parity being examined in an exam at least every 5 years.
- Hawaii SB 2585/HB 1946
 - Summary: Requires coverage of annual mental health wellness examination and defines covered components. Shall not be less extensive than coverage provided for physical health examination and shall comply with MHPAEA.
- Maryland HB 517/SB 460
 - Summary: Establishes a Consumer Health Access Program for Mental Health and Addiction Care to assist State residents in accessing mental health and substance use disorder services under public and private health insurance and address insurance-related barriers to mental health and substance use disorder services.
- Maryland HB 684/SB 659
 - Summary: Department of Health may not limit or restrict a Medicaid enrollee's admission for inpatient care at a special psychiatric hospital or an acute general care hospital with separately identified inpatient psychiatric service unless limitation is based on: medical necessity of admission or establishes the limit or restriction through regulation.
- Oklahoma SB 1413
 - Summary: Directs Insurance Department to conduct a market conduct examination to analyze NQTLs with parity. Must examine network adequacy. The department must use parity analyses that it receives pursuant to previously enacted law. Must provide findings to legislature and Governor and make public report available.
- Virginia SB 434
 - Summary: Requires Bureau of Insurance to report a summary annually of parity compliance analyses that they collected during the previous year.
- Virginia SB 321/HB 225
 - Summary: Amends autism spectrum disorder mandate section to explicitly tie definition to the most recent edition of the DSM. Adds language to existing definition of medical necessity that references "generally accepted standards of mental disorder of condition care."
- Washington SB 5618/HB 1688

- Summary: Aligns state law with federal No Surprises Act. Defines “behavioral health emergency services provider” to include mobile crisis response team and crisis stabilization. Amends requirement for coverage of “emergency services” to include “behavioral health emergency services provider.” Insurers must reimburse (no in-network vs. out-of-network distinctions). BH emergency services provider may not balance bill. Modifies dispute process between insurers and providers.
- The recently released DOL Report to Congress that was mentioned in a previous update called on Congress to pass civil monetary penalty authority in an effort to strengthen the Mental Health Parity and Addiction Equity Act.
 - This civil monetary penalties have been included in every version of Democrats’ Build Back Better Act.
 - The best chance of enactment in the short term is through this package, which remains influx given interparty fighting.

Have a great weekend!
Center Road Solutions Team