

06/24/2022

Hello REDC Members,

Here is this week's policy update.

Advocacy Day Recap

- Thank you to everybody who participated in REDC's Advocacy Day this week!
- 58 Meetings were attended.
 - 33 meeting with Representatives.
 - Democrat: 24
 - Republican: 9
 - 25 meetings with Senators.
 - Democrat: 17
 - Republican: 8

REDC Congressional Briefing: July 13th from 12-1pm ET.

- The Congressional briefing will explore how telehealth and federal parity protections continue to close gaps in access to mental health services.
 - The speakers will discuss how telehealth is utilized in a variety of settings across the country and how Congress can continue to advance access to these critical services.
- **Speakers:**
 - Jillian Lampert, PhD, RD, MPH, Board President, REDC; Moderator
 - Kelly Vaillancourt-Strobach, PhD, Director of Policy & Advocacy, National Association of School Psychologists
 - Juhie Parnami, MPH, Chief Telehealth Officer, Eating Recovery Center
 - David Lloyd, MBA, Senior Policy Advisor, Kennedy Forum
 - Faith Carlson, MA, LPC-MH, IAEDP Member, CEDS Candidate, Eating Disorders Coalition Ambassador
- Formal Invitation will be sent out next week.
- **Register [here](#).**

Telehealth

Alliance for Connected Care Updates State Telehealth and Licensure Expansion Dashboard

- The dashboard was updated this week and shows which states have lifted their COVID-19 emergency waivers and how that is impacting telehealth access.
- You can review the dashboard resource [here](#).

Notice of Benefit and Payment Parameter Final Rule—Additional Info on Time/Distance Standards

- Based on conversations during the last REDC Member Meeting, below is additional information on the time and distance standards within the final NBPP 2023 rule that will apply to ACA plans starting next year as one mechanism to tackle network adequacy.
- The time and distance standards will create a benchmark for states to either exceed or make as stringent as the federal government standards. HHS is defining “as stringent as” to mean that the reviews include assessing compliance with time and distance standards and appointment wait time standards using the same specialty list and parameters.
- Time and distance reviews must be based on quantitative data collected from the plan issuer and supported by a justification requirement if an issuer does not meet one or more of the standards.
- State-specific challenges (i.e., provider shortages) may necessitate justification allowances (i.e., in-network cost sharing for out-of-network providers), that ensure access to a provider specialty type that would otherwise be unavailable for enrollees, while states partner with issuers to reach a permanent solution
- The updated provider specialty lists that will apply to the time and distance standards are generally consistent with standards used to evaluate Medicare Advantage plans.
 - Time and distance standards will be calculated at the county level and vary by county designation. A county type designation method that is based upon the population size and density parameters of individual counties will be used, which is in alignment with Medicare Advantage.
 - **The county-specific time and distance parameters that plans would be required to meet would be detailed in future guidance.**
- **Time and distance standards would apply to the provider specialty lists in Table 14 and 15 below. “Behavioral Health” in the listings below means mental health and substance use disorder.**
 - To count towards meeting time and distance standards, individuals and facility providers in Table 14 and 15 must be appropriately licensed, accredited, or certified to provide services in their State, as applicable, and must have in-person services available.
 - Plan issuers unable to meet the specified standards would be able to submit a justification to determine whether the variance(s) is/are reasonable based on circumstances.
 - Further details on which provider specialty types count towards each time and distance category; and how compliance with these standards are calculated will be made available through the final PY 2023 Letter to Issuers.

Individual Provider Specialty List for Time and Distance Standards

Individual Provider Specialty Types
Allergy and Immunology
Cardiology
Cardiothoracic Surgery
Chiropractor
Dental
Dermatology
Emergency Medicine
Endocrinology
ENT/Otolaryngology
Gastroenterology
General Surgery
Gynecology, OB/GYN
Infectious Diseases
Nephrology
Neurology
Neurosurgery
Occupational Therapy
Oncology – Medical, Surgical
Oncology – Radiation
Ophthalmology
Orthopedic Surgery
Outpatient Clinical Behavioral Health (Licensed, accredited, or certified professionals)
Physical Medicine and Rehabilitation
Physical Therapy
Plastic Surgery
Podiatry
Primary Care – Adult
Primary Care – Pediatric
Psychiatry
Pulmonology
Rheumatology
Speech Therapy
Urology
Vascular Surgery

TABLE 15: Facility Specialty List for Time and Distance Standards

Facility Specialty Types
Acute Inpatient Hospitals (Must have Emergency services available 24/7)
Cardiac Catheterization Services
Cardiac Surgery Program
Critical Care Services - Intensive Care Units (ICU)
Diagnostic Radiology (Free-standing; hospital outpatient; ambulatory health facilities with Diagnostic Radiology)
Inpatient or Residential Behavioral Health Facility Services
Mammography
Outpatient Infusion/Chemotherapy
Skilled Nursing Facilities
Surgical Services (Outpatient or ASC)
Urgent Care

Medicaid Interstate Licensure Provision Included in Youth Mental Health Discussion Draft

- The Senate Finance Committee continues to work on putting together a mental health package and releasing discussion drafts of various pieces of the legislation.
- This [latest release](#) by Chair Wyden (D-OR), Ranking Member Crapo (R-ID), Sen. Carper (D-DE) and Senator Cassidy (R-LA) includes language that would

simplify the process for eligible out-of-state providers to enroll as a participating provider in state Medicaid or CHIP plans without additional screening requirements.

Health Resources and Services Administration (HRSA) Releases LGBTQ+ Telehealth Resources

- HRSA published a [webpage](#) outlining resources for health care professional providing telehealth services for LGBTQ+ patients.
- HRSA provides health care providers serving this community through telehealth with expert insights, best practices and other resources.

Epic Research Study Finds Insurance Type is Top Predictor of Telehealth Use

- The [study](#) finds that telehealth use remains higher than pre-pandemic levels for all insurers, suggesting continued insurance coverage for telehealth services is important for ongoing health care access.
- Rates of outpatient telehealth use in urban and rural areas vary only slightly despite documented barriers like broadband access and a higher proportion of elderly residents in rural areas.
 - These findings suggest that efforts to support equitable access to telehealth may need to account for more than technology access, such as insurance coverage for care delivered via telehealth.

Affordable Care Act/COVID Relief

- Democrats continue to face the looming expiration of ACA subsidies that were expanded as part of the American Rescue Plan. If Congress doesn't act, as many as 13 million Americans will get a letter in the fall informing them their health care premiums are going to skyrocket come the new year.
- Democrats continue to try and broker a reconciliation package, which would include ACA subsidies, but Sen. Manchin (D-WV) continues to be noncommittal of supporting an extension.

Colorado Approved as First State to Sell Own State Health Plan

- HHS announced it approved Colorado's plan to expand state health insurance to roughly 10,000 people by making premiums more affordable.
- The approval through CMS' 1332 waiver process now clears the way for the state to implement its insurance plans on the individual market in 2023.
- CO law requires the plans to achieve a 15% premium reduction over their 2021 prices by 2025, adjusted for medical inflation, through a combination of added federal funding, expanded care and boosted competition between insurers.
 - The state will implement the new plan options on top of the state's existing 1332 waiver for a reinsurance program, which the state estimates has already reduced premiums roughly 20% since 2020.

Have a great weekend.

Center Road Solutions Team