

07/15/2022

Hello REDC Members,

Here is this week's policy update.

REDC Briefing

- Thank you to everybody who participated as a speaker or an attendee at Wednesday's briefing!
- If you were unable to attend, you can watch the recording [here](#).
- The access passcode is REDC2022!

Parity & Reconciliation

- The REDC joined a letter led by the Kennedy Forum to Senator Schumer for the inclusion of U.S. Department of Labor civil monetary penalty authority for parity.
 - The full letter is attached.
- Renewed negotiations of a second reconciliation package are underway in the Senate as Senator Schumer continues to work with Senator Manchin on an agreement.
- The reconciliation package would be small; however, it is likely to include an extension of the enhanced ACA subsidies that are slated to expire at the end of year to keep monthly premiums low for Americans.
 - We hope that the parity provisions outlined in the attached letter can also make it in.

State Parity

- The Kennedy Forum held their state parity call this month and the full slide deck is attached.
- The discussion this month did provide an update on the Wit v. UBH decision including:
 - Amicus briefs filed Monday by:
 - Attorney's General of IL, RI, CT and led by AG Bonta, CA
 - AMA / American Psychiatric Association
 - NABH / American Psychological Association / AHA, et al.
 - Consumer groups – NHELP, Kennedy Forum, NAMI, MHA, AFSP, et al.
- There are positive signs with the Ninth Circuit asking UBH to respond. Court has accepted the plaintiffs' response to UBH's filing. Appears that the court is actively considering en banc petition.

Telehealth

- **Manatt Health Webinar, “Post-PHE State Telehealth Policy Trends: What Does the Permanent Policy Landscape Look Like?”**

- A summary of the webinar is below:
 - COVID-19 fundamentally changed the telehealth landscape.
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 - Less than 1% of office visits were through telehealth prior to the onset of the pandemic.
- Behavioral health accounts for the greatest share of telehealth visits both before and during the pandemic.
- The pandemic has accelerated the implementation, adoption, and widespread use of telehealth.
- Led to significant policy changes
 - Telehealth reimbursement rates
 - Expansion of covered modalities
 - Cross-state licensure
- Changes in how providers deliver care
 - Many providers now operating on a hybrid care model
- New challenges emerged
 - Determining what services can be administered through video vs. audio-only modalities.
 - Developing policies for the establishment of provider/patient relationships via telehealth.
 - Addressing digital equity issues.
- New opportunities also emerged
 - Permanent COVID-19 flexibilities that expanded access to care.
 - Coverage parity.
 - Equitable payment.
 - Cross-state licensure allowances.
- More than 40 states have implemented laws requiring insurers to cover telehealth services at parity with in-person services when clinically appropriate.
- Nearly half of all states have now implemented laws requiring permanently implementing payment parity, though a number of these laws have certain caveats - such as only covering certain services.
- Medi-Cal telehealth utilization rapidly increased in response to the COVID-19 pandemic.
 - DHCS’ temporary policy changes during the public health emergency included:
 - Expanding providers’ ability to render all applicable Medi-Cal services.
 - Allowed most telehealth modalities to be provided for new and established patients.
 - Allowing many covered services to be provided via telephone or audio only for the first time.
 - Allowing payment parity between services in person, synchronous telehealth, or audio only.

Waving site limitations for providers and patients.

- - Allow for expanded access to telehealth services through non-public technology platforms.
- California is looking to preserve the telehealth policies put in place during the pandemic public health emergency.

Letters of Support

- The REDC signed a letter led by the American Foundation for Suicide Prevention in support of the Expanding Access to Mental Health Training Act (S. 4461).
 - The bill is led by Sens. Cassidy (R-LA) and Rosen (D-NV)
 - The letter is attached.
- The bill would reauthorize and expand the Mental Health Awareness Training (MHAT) program, which is a grant program to train individuals to respond to mental health crises and to support those living with mental health disorders. The program also provides funding to train emergency services personnel, veterans, law enforcement officers, and others to deescalate mental health crises.

Have a great weekend!

Center Road Solutions Team