

12/5/22

Good Morning REDC Members,

Congress is BUSY with end of year negotiations and our apologies for the delay in getting our weekly update over to each of you--we are in full swing!

SERVE Act Implementation

1. *As the REDC members know, the Department of Defense has failed to fully implement the SERVE Act by its September 30th, 2022 deadline and our team have been working with the Hill to pressure them to implement the law.*
2. Update: We have been working with the White House Domestic Policy Council and they are reaching out to the DoD to see what they can do to get this implemented
3. Additionally, Katrina attended the DoD's Defense Health Board meeting yesterday, and raised the issue of it not being implemented yet, and they are looking into it.
4. Sen. Shaheen's team is meeting with DHA this month given the mixed messages they are giving the Senator on this issue. As soon as we have an update, we'll share.

Defense Health Board Meeting

1. Overall the meeting discussed what the DoD is doing regarding access to abortion services and reproductive rights since servicemembers and their families are across the nation.
2. There was an additional subcommittee discussion on military families mental health:
 1. On May 5th the Acting Asst Secretary of Defense for Health Affairs directed them to make recommendations to enhance the military health systems capabilities to meet mental health needs- particularly of military families (children and adults) and promote innovative mental health care research and treatment strategies for PTSD and other behavioral health conditions.
 2. This is a work in progress, but here are the themes:
 1. Improving access to MH services
 2. Increase/expand pool of providers to increase workforce diversity
 3. Improve salaries for mh professionals within the MHS
 4. Increase MH training program complements
 5. Increase MH funding and research
 6. Ensure quality of care for direct care and purchased care
 7. As a follow-up, we'll be sending the DHB our flags and previous recommendations- including an obvious one- implement the law!

Parity

Congress is working to pass an end of the year package, which may include two parity provisions- 1) funding for states to enforce parity, 2) not allowing non-gov't entities to opt out of mental health parity. We are hopeful that these will pass into law by the end of the year.

1. Additionally the Senate Finance Committee released a discussion draft last week that can be [viewed here](#).
 1. The Committee only has jurisdiction over Medicare and Medicaid.
 2. The response from the mental health community is lukewarm as the overall sense is it doesn't do too much; focuses on Medicaid parity; and requests a GAO study on coverage of MH/SUD services in comparison to med/surgical within Medicare Advantage plans.

Telehealth

High-Deductible Health Plans and Telehealth

1. Democrats are treating calls to extend pre-deductible telehealth coverage under high deductible plans (HDHP) linked to health savings accounts (HSA) as a GOP ask, which they plan to use as a leverage to get Democratic priorities into the year-end spending package.
2. Without action from Congress, pre-deductible coverage of telehealth services for individuals with HDHP-HSAs will end at the end of 2022, potentially cutting off access to vital telehealth services for millions of Americans.
3. According to telehealth lobbyists, permanent extension of HDHP telehealth coverage is not likely to make it into the year-end package. But a one- or two-year extension of a broad array of Medicare telehealth waivers will likely include the HDHP Telehealth policy affecting private plans.

Pandemic Response Accountability Committee Releases Telehealth Report

1. The committee, which Congress created in the [2020 CARES Act](#), worked with inspectors general from six federal agencies to examine expanded telehealth in Medicare, and in federal employee health benefits, veterans' care, workers' compensation programs, and health care for federal prisoners.
 1. The [report](#) highlighted federal programs could do more to prevent fraud, waste and abuse in telehealth.
 2. The committee reported instances in which providers billed the government:
 1. for longer telehealth visits than actually occurred
 2. multiple times for the same service
 3. for unnecessary equipment or tests

HHS Proposes Making the Sharing of SUD Records Easier for Providers

1. The Department of Health and Human Services released [a notice of proposed rulemaking](#) today to make it easier for providers to share patients' substance use disorder treatment records.
 1. Currently, a stricter regulatory regime protects the privacy of substance use disorder treatment records than that of standard medical records governed by the health privacy law known as HIPAA.
 2. Patients usually have to consent each time substance use records are shared. Providers say that means they sometimes don't have access to all the information they need to treat patients, and that the rules pose a compliance burden.
 3. Under the proposal, providers would only need to get a patient's consent one time to share substance use records. Health organizations, including the American Hospital Association and American Society of Addiction Medicine, have pushed for the change.

Wishing all of you a great week,
Center Road Solutions Team