

Federal Issues

Legislative

House Committees Advance Mental Health Bills

On Wednesday, the House [Energy and Commerce](#) (E&C) and [Education and Labor](#) (Ed & Labor) - each held markup sessions to consider separate bills aimed at addressing mental health in America.

Why it matters: Key mental health proposals are being advanced in several committees of jurisdiction across Capitol Hill and are expected to be rolled into a larger, bipartisan legislative package Congress hopes to pass by the end of the year.

The [Restoring Hope for Mental Health and Well-Being Act](#), which was passed by the E&C Committee, includes:

- Reauthorization of several expiring initiatives, including programs to address suicides through a new hotline as well as mental health for maternal care and in Native populations.
- Advancement of the Collaborative Care Model, integrating mental health care into primary care settings.
- A [requirement](#) that insurers that are self-funded and do not offer federal government plans to

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comply with laws requiring the same coverage for mental health care as for medical care.

Meanwhile, the [Mental Health Matters Act](#), which was passed by the E&L Committee, includes:

- Improving mental health and counseling services in Head Start and school-based programs.
- New Department of Labor (DOL) enforcement authority under ERISA that would allow the DOL to file civil rights of action against health plan sponsors and seek “monetary relief,” or payment, on behalf of beneficiaries.

Next Steps: Expect additional committees on both sides of the Capitol to advance legislation with potential floor votes later in the summer.

Federal Issues

Regulatory

AHIP Files Letter Supporting HHS, CMS on TCPA Applicability to Redetermination Outreach

AHIP filed a [comment letter](#) with the Federal Communications Commission (FCC) supporting interpretations advanced by the Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS) in their [April 28](#) letter to the FCC concerning the Telephone and Consumer Protection Act (TCPA).

Why this matters: AHIP’s letter voices strong support for the HHS and CMS interpretation that text messages and automated telephone calls made to enrollees for purposes relating to Medicaid redeterminations and other enrollment issues are permissible under the TCPA when made by state and federal agencies, or by contractors working at their direction, such as local agencies, enrollment facilitators and managed care organizations.

AHIP’s comments note the consistency of the HHS and CMS interpretation with past FCC guidance, and emphasize the importance of outreach to Medicaid, CHIP, and Basic Health Plan enrollees to educate them on redetermination processes and urge them to respond to state requests for information as part of state eligibility redetermination efforts.

A positive outcome with the FCC would be a key step to ensuring the success of efforts to minimize coverage loss due to Medicaid eligibility redeterminations and smooth transitions to other forms of coverage where necessary.

COVID-19 Updates

- The Biden Administration [announced](#) Americans can order additional free at-home, rapid COVID-19 tests at COVIDTests.gov – or for people with difficulty accessing the internet, by calling 1-800-232-0233 (TTY 1-888-720-7489). This means that households will be able to order eight free at-home tests, bringing the total of tests available since the start of the program to 16. The third round of tests were made available by a federal government purchase funded by the American Rescue Plan.
- The FDA [expanded eligibility](#) for Pfizer-BioNTech COVID-19 vaccines booster doses for children 5-11 years old. The FDA amended the emergency use authorization to allow for a single booster dose of the Pfizer vaccine for individuals 5 through 11 years of age who are at least five months from the completion of their primary series of the vaccine.
- The Biden Administration has committed on multiple occasions to provide the public with 60-days' notice prior to the end of the COVID-19 public health emergency (PHE). In order to comply with this commitment that notice would have had to have been provided by May 16. Because no notice had been provided, news outlets are reporting and stakeholders widely believe the deadline for the PHE will likely be extended past the current deadline of July 15.
- The FDA authorized the Labcorp Seasonal Respiratory Virus RT-PCR DTC Test for use without a prescription by individuals with symptoms of respiratory viral infection consistent with COVID-19. This product will be the first direct-to-consumer multi-analyte COVID-19 test authorized by FDA. This test allows an individual to self-collect a nasal swab sample at home and then send to Labcorp for testing. The test can identify and differentiate multiple respiratory viruses at the same time, detecting influenza A and B (flu), and respiratory syncytial virus (RSV), along with COVID-19. This home sample collection kit can be purchased online or in a store without a prescription. This test will help individuals more easily determine whether they may be infected with COVID-19, flu, or RSV and can aid in determining if self-isolation (quarantine) is appropriate.

State Issues

New York

Legislative

Assembly Passes Copay Accumulator Legislation

The Assembly last week passed legislation (S.5299/A.1741) that requires any third-party payments, financial assistance, or discount for out-of-pocket expenses for prescription drugs be applied to the insured's deductible, copayment, coinsurance, out-of-pocket maximum, or any other cost-sharing requirement.

Why this matters: The measure is now up for consideration in the Senate. According to a [recent study](#), drug copay coupons drastically increase the amounts paid by employers, insurers and other workers for prescription drugs.

Last Friday, the Albany *Times Union* published an [op-ed](#) from HPA President and CEO Eric Linzer that criticized drug coupons and other discounts as gimmicks that actually cost consumers more money by driving them towards more expensive drugs and away from lower-cost, equally effective alternatives. The op-ed notes that if the goal is to make prescription medications more affordable and accessible to consumers, lawmakers should focus on the high prices charged for prescription drugs instead of prohibiting copay accumulator programs.

Hearing on COVID-19 Impact on Insurance

Last Friday, the Assembly Insurance Committee held a hearing on the ongoing impacts of the COVID-19 pandemic on insurance in New York. After being postponed earlier this year, the hearing sought to examine the major issues the pandemic has caused for the property and casualty, motor vehicle, health and life insurance industries, its effect on employers and consumers, and potential legislative and regulatory solutions. The committee heard testimony from the Department of Financial Services, consumer advocates, provider representatives, and those representing the various insurance sectors. HPA's Director of Government Affairs, Ashley Stuart, provided the health plan perspective, focusing on the broad range of measures the industry has undertaken over the past two years to ensure patients received the care they needed, providers were supported, and employers received assistance.

Industry Trends

Policy / Market Trends

ACA Premiums Could Rise 53% in 2023

A Families USA report estimates those enrolled in coverage through HealthCare.gov could see premiums rise by 53%, on average, next year. The cause is the expiration of the enhanced Affordable Care Act premium assistance. West Virginia would see the greatest average premium hike at \$1,536 per year, followed by Wyoming and Delaware. Click [here](#) for additional details.

Updates to Medicare.gov Website

The Centers for Medicare & Medicaid Services (CMS) [launched](#) an update to [Medicare.gov](#). This redesign includes updates to the Medicare.gov home page to feature key tasks and information most frequently sought by people with Medicare, people nearing Medicare eligibility, and their families. The updates also include detailed pricing information and coverage options for Medicare Supplement Insurance (Medigap) policies. CMS noted that additional improvements are planned for the next few months to streamline the Medicare Plan Finder landing page and the Medicare Account landing page and align the look and feel with the new home page.

Modern Medicaid Alliance Spotlights How Medicaid MCOs are Providing Mental Health and Addiction Recovery Support

The Modern Medicaid Alliance (MMA) published a new [blog](#) detailing the role of Medicaid in addressing the nation's mental health and addiction crises. The blog showcases how Molina Healthcare of California [launched](#) a new partnership with WEconnect Health Management to support members struggling with substance abuse and mental health challenges.

In order to address the needs of its members, the Molina-WEconnect partnership enables in-network providers to leverage the WEconnect Recovery mobile app to help support their Molina members in their recovery. With the mobile app, members can receive personalized resources straight to their phone, such as daily reminders, access to online support groups, and the ability to track their rewards to stay active and engaged on their recovery journey. Through this innovative and collaborative partnership with WEconnect, Molina members in California also have access to exclusive peer support services they need for their unique path to recovery.

Interested in reviewing a copy of a bill(s)? Access the following web sites:

Delaware State Legislation: <http://legis.delaware.gov/>.

New York Legislation: <https://nyassembly.gov/leg/>

Pennsylvania Legislation: www.legis.state.pa.us.

West Virginia Legislation: <http://www.legis.state.wv.us/>

For copies of congressional bills, access the Thomas website – <http://thomas.loc.gov/>.

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