



Federal Issues

Legislative

Negotiations Continue on Build Back Better Agenda

Democrats on Capitol Hill and the White House continue behind the scenes negotiations on President Biden's Build Back Better agenda this week, working toward a deal on a "framework" for a final budget reconciliation package. Negotiators hope to reach an agreement that will allow a vote on a bipartisan infrastructure bill this week.

As part of the push, the Senate Finance Committee held a [hearing](#) Wednesday entitled "Health Insurance Coverage in America: Current and Future Role of Federal Programs." The scope of the hearing was wide, but primarily focused on issues currently being debated as a part of the Build Back Better Act, the multi-trillion-dollar social policy legislation Democrats are looking to pass through budget reconciliation. Both parties utilized the hearing to advance their respective views on the best approaches to expand coverage and lower costs.

In advance of the hearing, the Congressional Budget Office (CBO) released its [analysis](#) of pieces of the Build Back Better Act's health care changes, including provisions on reducing premium costs, making ARPA

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tax credits permanent, and closing the Medicaid coverage gap. The analysis indicates the net cost of these provisions will increase deficits by \$553.2 billion over 10 years. According to the report, these provisions would result in a net decline of about 3.9 million uninsured, including:

- An additional 4 million Americans enrolled in Medicaid;
- An additional 3.6 million Americans enrolled in subsidized nongroup enrollment;
- A decrease of 1 million Americans enrolled in unsubsidized nongroup enrollment; and
- A 2.8 million decrease in enrollment in employment-based coverage.

During the hearing, Committee Democrats stressed the importance of closing the Medicaid coverage gap and extending the ACA tax credits temporarily made available through the American Rescue Plan Act. Several Democratic Senators also highlighted what they consider the benefits of a federally run public option. Committee Republicans expressed concerns regarding the size and scope of the proposed reconciliation package, the CBO estimate that the package will significantly reduce the number of people who receive employer sponsored health coverage, and allowing Medicare to negotiate prescription drug prices.

Industry Trends

Policy / Market Trends

- **State APCD Advisory Committee Releases New Recommendations**
- **New Analysis Finds that More MA Plans Will Offer Non-Medical Benefits in 2022**

Highmark Participates in Congressional SDOH Caucus Briefing

On Thursday, the newly-formed [Congressional Social Determinants of Health \(SDOH\) Caucus](#) held its first [briefing](#) to highlight best practices and innovative models related to transportation as a social determinant of health. The briefing featured Members of Congress and panelists from across various sectors, including Highmark Health SVP of Social Determinants of Health, Nebeyou Abebe.

Why it matters: Moving forward, the caucus will continue to gather information from stakeholders and use it to develop a bipartisan legislative agenda to advance efforts related to SDOH.

The webinar began with remarks from Caucus Members Representatives Cheri Bustos (D-IL), Markwayne Mullin (R-OK), and Salud Carbajal (D-CA) on why transportation access is important to their constituents' health. The panelists discussed best practices and models around transportation that are working to address social needs, what is needed to enhance or replicate those models, and what Congress can do to accelerate this work and address transportation barriers to improve health outcomes for all.

Key Senators Weigh in on Medicare Advantage

Senators Kyrsten Sinema (D-AZ) and Tim Scott (R-SC) led a bipartisan group of 13 Senators in a [letter](#) to CMS expressing their support for Medicare Advantage (MA) and underscoring their commitment to protecting it from harmful cuts. The letter describes how MA delivers high-quality coverage and access to care to a diverse population, including Black and Latino Americans, as well as seniors living on a limited income.

The senators go on to say “we stand ready to protect MA from payments cuts, which could lead to higher costs and premiums, reduce vital benefits, and undermine advances made to improve health outcomes and health equity for MA enrollees. We look forward to partnering with you to fulfill CMS’s commitment to improving health care access, quality, and affordability, and to advancing health equity.”

Why it matters: The timing of the letter is particularly noteworthy given a recent shift in attention to cutting MA as a potential offset in ongoing budget reconciliation talks.

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CMS Extends Timeline to Finalize MA RADV Rule

The Centers for Medicare & Medicare Services (CMS) issued an [extension of timeline](#) to finalize the Medicare Advantage (MA) Risk Adjustment Data Validation (RADV) regulations proposed in November 2018. The timeline is being extended one year, until November 1, 2022.

Why this matters : The Social Security Act requires CMS to publish a final rule no more than three years after the publication of the proposed rule. However, CMS states the agency is “unable to meet the 3-year timeline for publication of the previously referenced RADV-audit related provisions because of exceptional circumstances” and “additional time is needed to address the complex policy and operational issues that were raised.”

CMS Releases Guidance on Medicaid and CHIP Coverage of COVID-19 Treatments

The Centers for Medicare & Medicaid Services (CMS) issued [guidance](#) to states on statutory requirements for states to cover COVID-19-related treatment without cost-sharing in Medicaid and CHIP for many seniors, low-income adults, pregnant women, children, and people with disabilities who receive health coverage through these programs. Required coverage includes care for conditions that could complicate the treatment of COVID-19 in patients who are presumed positive for the virus or have been diagnosed with COVID-19.

Why this matters: The American Rescue Plan Act (ARPA) requires states to cover COVID-19 treatments without cost-sharing, including preventive therapies and specialized equipment, generally through one year after the COVID-19 public health emergency ends. This coverage also includes treatments for post-COVID conditions (often described as “long COVID”) and drugs that have been approved, or authorized by the U.S. Food & Drug Administration (FDA) to treat or prevent COVID-19, consistent with the applicable authorizations.

CMS also recognizes and applauds the efforts many private insurers have made to waive cost sharing for COVID-19-related treatment in the commercial market. Along with the guidance, CMS encourages private health plans to continue to ensure consumers have coverage for treatment for COVID-19, including for long COVID, without cost barriers.

COVID-19 Updates

- **HHS Renews COVID-19 Public Health Emergency.** As anticipated, the public health emergency (PHE) for COVID-19 was [renewed](#) on Oct. 15, 2021, effective Oct. 18, 2021. CMS has previously stated that they would provide plenty of notice before the PHE is allowed to expire.
- **CDC recommendations on COVID-19 boosters.** The CDC Advisory Committee on Immunization Practices (ACIP) released new recommendations on use of COVID-19 vaccine booster shots, and the CDC issued a [statement](#) updating its booster recommendations based on the ACIP recommendation.

ACIP recommends use of a booster dose of the Moderna or Pfizer-BioNTech COVID-19 vaccine at least six months after their primary vaccination series in the following populations:

- Persons aged 65 years or older
- Persons aged 18 years or older who live in [long-term care](#) settings
- Persons aged 18 years or older who have [underlying medical conditions](#)
- Persons aged 18 years or older who work or live in [high-risk settings](#)

ACIP also recommends use of a booster dose of the Johnson & Johnson COVID-19 vaccine for those who are 18 and older and who received that vaccine two months or more ago.

CDC's recommendations now allow for heterologous or "mix and match" dosing for booster shots depending on personal preference. Eligible individuals may choose which vaccine they receive as a booster dose. The Moderna COVID-19 single booster dose is half of the dose that is administered for a primary series dose. The Pfizer-BioNTech and Johnson & Johnson booster doses are the same as that administered for a primary series dose.

State Issues

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Joint State Government Commission Issues Report on the Implications of Diabetes and COVID-19

The Joint State Government Commission (JSGC) recently issued its [fifth report](#) in response to [House Resolution 936](#) (Oberlander, R-Clarion) of 2014, which provides for an ongoing study of the public health problems related to diabetes in Pennsylvania. The JSGC's fifth report outlines the complex interactions between COVID-19 and diabetes, severe COVID-19 outcomes in patients with diabetes, and changes in diabetes care during the pandemic.

The JSGC's report noted that U.S. adults diagnosed with diabetes could nearly triple between 2014 and 2060 and over one in six adults would be diagnosed with diabetes by year 2060. The JSGC found that not only are people with diabetes at much greater risk of death or severe complications from COVID-19, but they are also more likely to experience financial challenges that complicate access to treatment and compound their health risks.

Why this matters: The JSGC recommended that the General Assembly take legislative action to address future public health and economic burdens, which include:

- Legislation banning non-medical switching of patient medications by insurance plans.
- Mandate that health plan policies significantly limit step therapy regulations for patients with diabetes and other chronic diseases. These should rely only on current clinical data, be transparent, and offer clear and concise exceptions to step therapy protocols based on medical necessity.
- Legislation installing caps on out-of-pocket payment for insulin and other essential diabetes medications.

- Mandate that health care plans treat insulin and essential equipment necessary for diabetes maintenance (glucometers, strips, et cetera) as preventive coverage so that it would require no copay.
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State APCD Advisory Committee Releases New Recommendations

The State All Payer Claims Databases (APCD) Advisory Committee released its [final report](#), including recommendations for the Secretary of Labor and states that operate an APCD. The report laid out 14 recommendations on the use of a standardized data layout; data submission to APCDs; data privacy, security, and release protocols; and voluntary submission of data.

The Committee was formed by Section 115 of the No Surprises Act to: (1) advise the Secretary of Labor on the establishment of a standardized reporting format for the voluntary reporting, by group health plans to State APCDs, of medical claims, pharmacy claims, dental claims, and eligibility and provider files; and (2) provide guidance to States on the process by which States may collect data in the standardized reporting format.

New Analysis Finds that More MA Plans Will Offer Non-Medical Benefits in 2022

A new [report](#) published this week by Avalere Health shows in 2022 the number of Medicare Advantage plans offering non-medical supplemental benefits such as meals at a \$0 premium will increase.

The report finds the percentage of plans offering the four types of benefits Avalere analyzed (meals, transportation, nutrition, and in-home support services) will increase from 2021 to 2022. The largest increases will occur for nutrition and in-home support services.

In addition, Avalere found beneficiary access to these offerings at a \$0 premium will increase for all 4 of the benefit types. The increase is greatest for \$0 premium plans offering nutrition (where availability will increase from 67% in 2021 to 89% in 2022) and in-home support services (up from 49% in 2021 to 62% in 2022). Of note, nearly all beneficiaries will have access to at least 1 \$0-premium plan offering meals as a supplemental benefit in 2022.

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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