



# Public Sector HealthCare Roundtable Annual Conference

Thursday, September 12, 2020

**Miranda Motter**

AHIP Senior Vice President, State Affairs and Policy

# Agenda

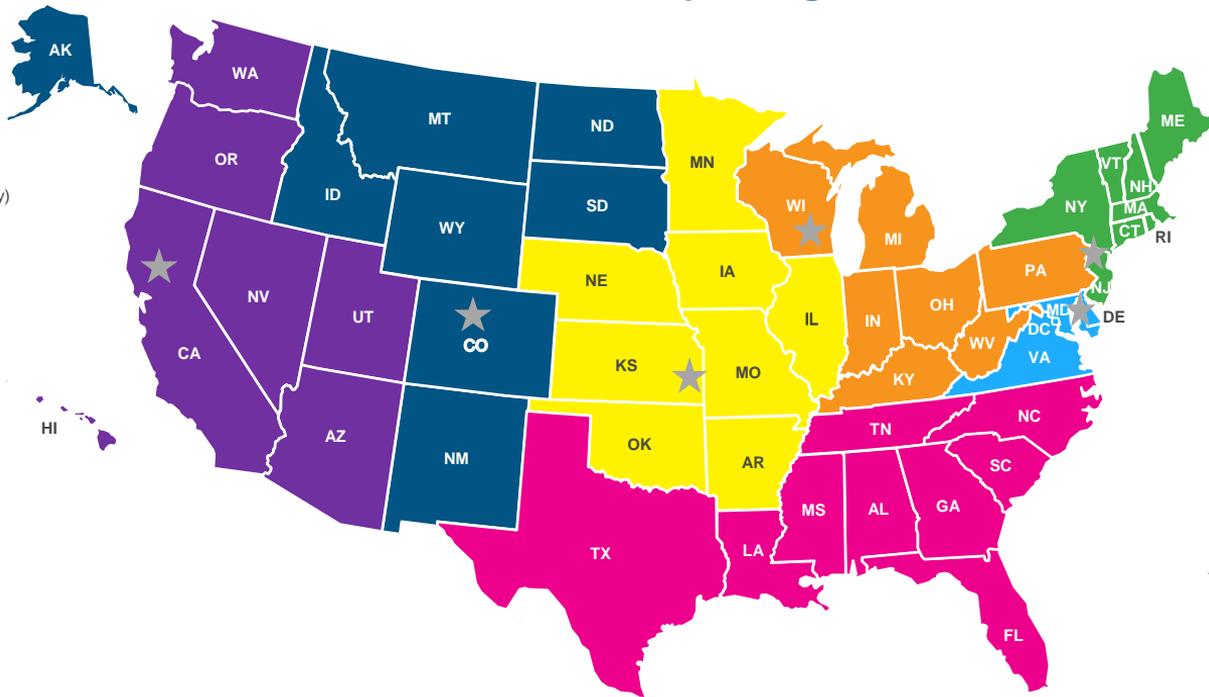
- Introduction : AHIP & AHIP's State Affairs and Policy Teams
- This Year's Challenges & Opportunities
- 2021: Challenges and Opportunities

# Who is AHIP?

America's Health Insurance Plans (AHIP) is the national association whose members provide coverage and health-related services that **improve and protect the health and financial security of consumers, families, businesses, communities and the nation.**



# State Affairs and Policy Regional Teams Map



★ Notes where Regional Director is based.

**Miranda Motter**  
 (Sr. Vice President, State Affairs & Policy)  
 202-923-7346  
[mmotter@ahip.org](mailto:mmotter@ahip.org)

**Samantha Burns**  
 (Vice President, State Policy)  
 202-778-8481  
[Sburns@ahip.org](mailto:Sburns@ahip.org)

**Bob Ridgeway**  
 (Sr Government Relations Counsel)  
 501-333-2621  
[Bridgeway@ahip.org](mailto:Bridgeway@ahip.org)

**Jacqueline Bell**  
 (Project Coordinator)  
 SGRC & NAIC Coordinator  
 202-778-3222  
[jbell@ahip.org](mailto:jbell@ahip.org)

**Jairon Smith**  
 (Executive Assistant)  
 RC Contracts, SST Lists, Database  
 202-778-3212  
[Jsmith@ahip.org](mailto:Jsmith@ahip.org)

★ **Stephanie Berry**  
 (Regional Director)  
 202-807-9984 (cell)  
[sberry@ahip.org](mailto:sberry@ahip.org)

★ **Sara Orrange**  
 (Regional Director)  
 (703) 887-5285 (cell)  
[sorrange@ahip.org](mailto:sorrange@ahip.org)

★ **Joshua Keepses**  
 (Regional Director)  
 202-400-0928 (cell)  
[jkeeses@ahip.org](mailto:jkeeses@ahip.org)

★ **Mara Osman**  
 (Sr Regional Director)  
 202-861-1474  
[mosman@ahip.org](mailto:mosman@ahip.org)

★ **Mary Haffenbredl**  
 (Sr Regional Director)  
 202-413-9817 (cell)  
[mhaffenbredl@ahip.org](mailto:mhaffenbredl@ahip.org)

★ **Brendan Peppard**  
 (Regional Director)  
 202-306-3722 (cell)  
[bpeppard@ahip.org](mailto:bpeppard@ahip.org)

★ **Kris Hathaway**  
 (Vice President, State Affairs)  
 202-870-4468 (cell)  
[khathaway@ahip.org](mailto:khathaway@ahip.org)

**Rosemary Englert**  
 (Sr Director)  
 202-778-1154  
[renglert@ahip.org](mailto:renglert@ahip.org)

**Ebone Liggins**  
 (Sr Legislative/Regulatory Analyst)  
 202-778-3285  
[eliggins@ahip.org](mailto:eliggins@ahip.org)

**Brandon Sandine**  
 (Legislative/Regulatory Analyst)  
 202-861-1453  
[bsandine@ahip.org](mailto:bsandine@ahip.org)

**Aaron Tucker**  
 (Director)  
 202-778-1159  
[atucker@ahip.org](mailto:atucker@ahip.org)

**David Kennedy**  
 (Deputy Director)  
 202-380-8514  
[dkennedy@ahip.org](mailto:dkennedy@ahip.org)

**Toan Le**  
 (Legislative/Regulatory Analyst)  
 202-861-1461  
[tlle@ahip.org](mailto:tlle@ahip.org)

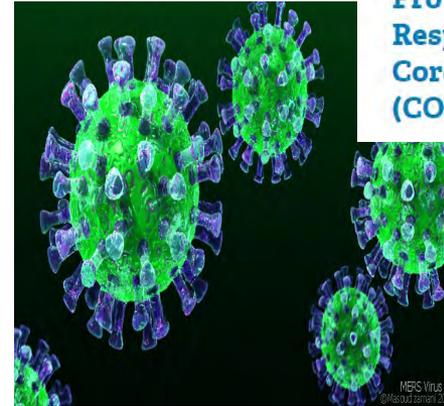
**Aaron Tucker**  
 (Director)  
 202-778-1159  
[atucker@ahip.org](mailto:atucker@ahip.org)

# This Year: Challenges & Opportunities

- COVID-19, COVID-19, COVID-19
- Access to Affordable Coverage – Across all Markets
- Key Issues:
  - Drug Pricing
  - Telehealth
  - Health Equity
  - Future of the ACA - *Texas v. US*

# COVID-19 : Industry Response

## Decisive Action in Unprecedented Times



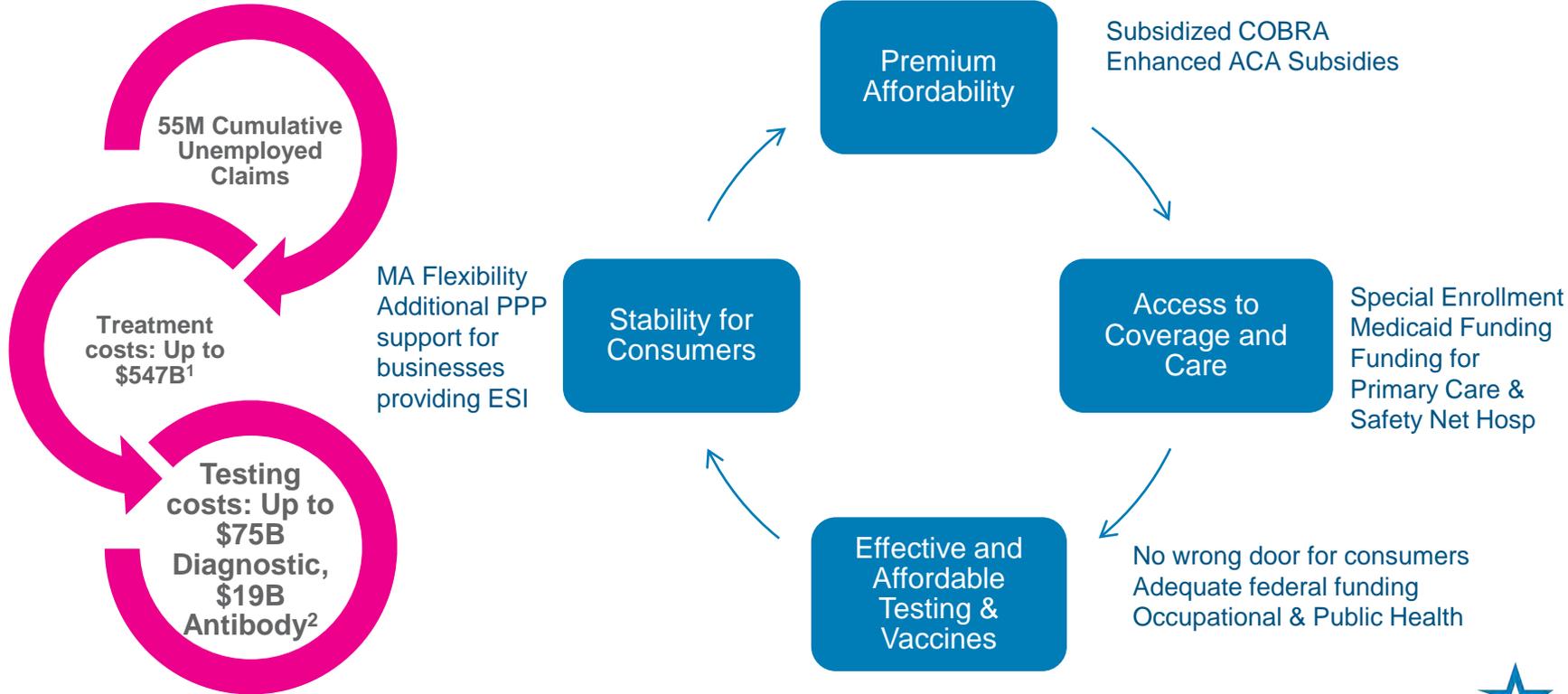
**Insurance  
Providers  
Respond to  
Coronavirus  
(COVID-19)**

# Health Insurance Providers Take Decisive Action

- Proactively eliminating patient cost sharing for COVID-19 testing and treatment – no copay, no coinsurance, no deductible required.
- Fully covering the doctor visits and treatments needed to recover from this disease.
- Waiving prior authorization for those seeking testing or treatment of COVID-19.
- Waiving cost-sharing for telehealth services and expanding telemedicine programs.
- Partnering with hospitals to enhance and accelerate their care in the most affected and at-risk regions so they can more effectively manage an increasingly complex and uncertain environment.
- Simplifying and accelerating the discharge and transfer of patients from hospitals to the safest available, clinically appropriate post-acute care facility
- Additional ways health insurance providers are taking action [taking action](#).

# AHIP COVID Legislative Proposals

## Focus on Affordability, Access



1: <https://www.ahip.org/new-data-on-cost-of-covid-19-treatment-for-u-s-private-insurers/>

2: <https://www.ahip.org/new-study-covid-19-testing-costs/>

# Testing Recommendations

- Ensure all Americans are able to access COVID-19 testing regardless of coverage status.
- Incorporate federal funding in legislation to account for the magnitude of tests that will be required to get the economy back on track, reduce the risk of transmission in different settings, and understand the progression of the disease.
- Solidify comprehensive strategies that incorporate testing to achieve occupational (i.e., workforce) and public health goals.
- Ensure testing doesn't lead to premium spikes in 2021.
- Balance the important role of public health surveillance and health insurance.
- Protect against fraud of testing

# AHIP, Others Call on Congress for Dedicated COVID-19 Testing Funding

AHIP and 48 other organizations representing patients, employers, clinical laboratories, and health insurance providers sent a [letter](#) to congressional leadership requesting dedicated federal funding for the critical testing needed to reopen the country.

Highlights from the letter include:

**“Testing is one of the most important tools we have to combat this crisis, both for identifying the virus and also for preventing its spread in communities across the country. It’s vital that the federal government designate the resources to support expanded access to testing.”**

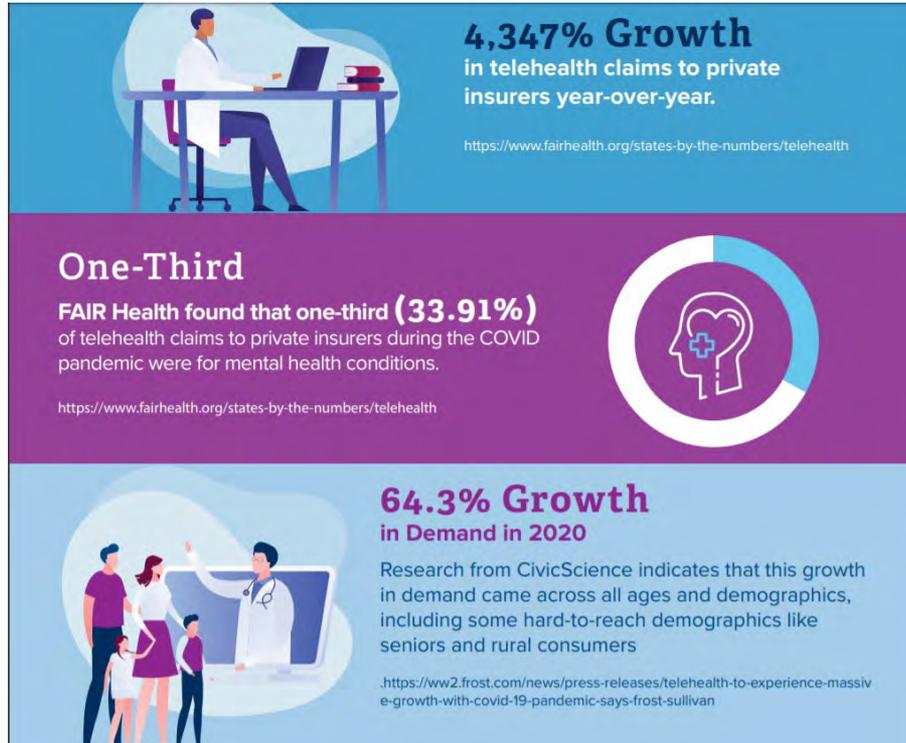
**“Swift action is needed to ensure that every American, especially essential workers, frontline healthcare physicians and other clinicians and those at disproportionate risk for COVID-19 have access to vital COVID-19 testing, whether for diagnostic, occupational, return-to-school, public health or virus monitoring purposes.”**



# State Testing: Best Practices

- ID [Bulletin 20-13](#): Cover all medically necessary & at home test prescribed by medical doctor; does not return to work or public surveillance.
- IA [Bulletin 20 -10](#): Coverage of diagnostic, not broad population or back to work testing.
- OK [LH Bulletin NO. 2020-03](#): Coverage when symptoms indicate mediate need; “return to work” programs, PH surveillance testing, or any efforts not associated with diagnosis or treatment is not considered medically necessary.
- WY [informational bulletin](#): Coverage of when medical need; public surveillance or employee screening are not considered medically necessary; concerned re: effectiveness and reliability of antibody testing.
- LA [SB 426](#) – Governor Signed; Coverage of diagnostic tests, antibody tests and antiviral drugs when ordered by physician for clinical decisions. Not subject to cost sharing until 12.31.21

# Telehealth: Primed for Sustainable Change



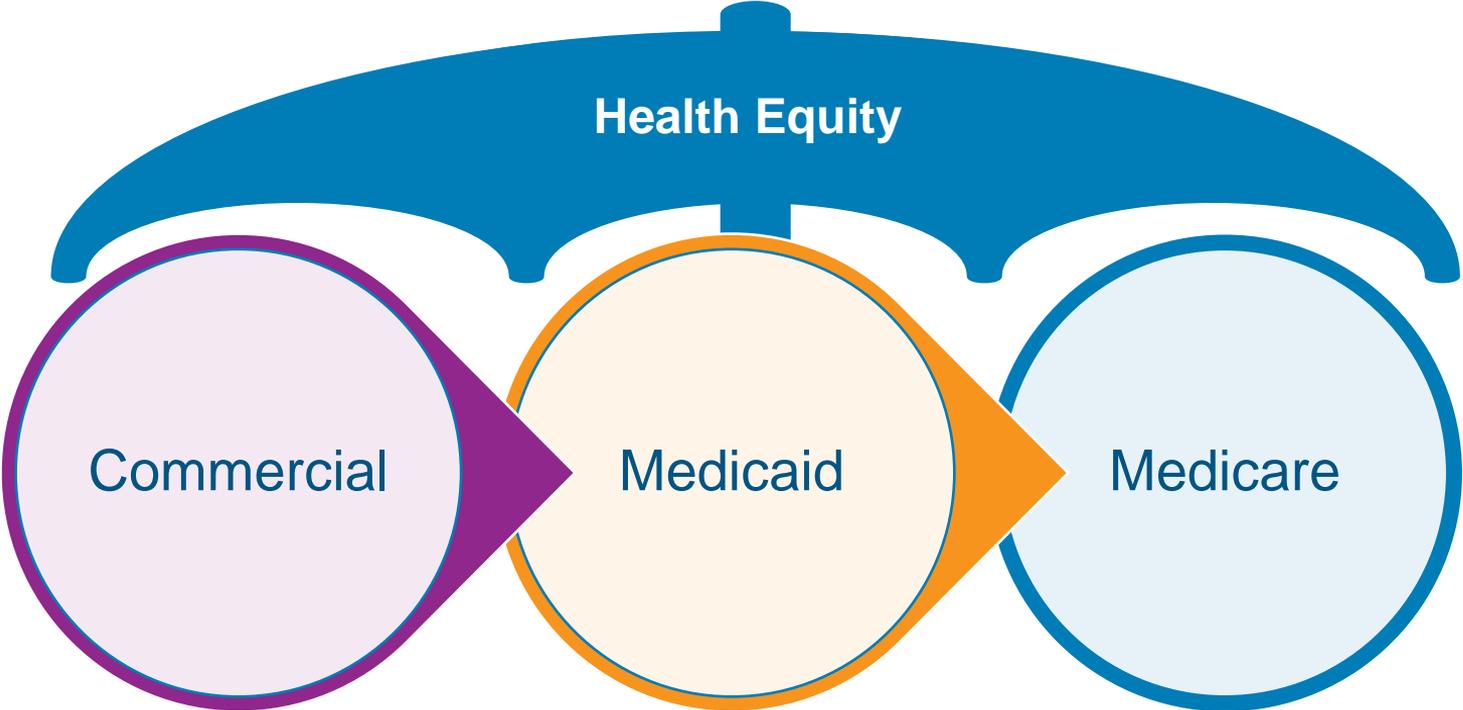
## Policy Solutions

- Allow for **flexibility in benefit design**
- **Eliminate barriers to access** (geography, originating sites, patient-doctor relationship, state licensure)
- **Approve telehealth as equivalent care** (network adequacy requirements, risk calculations, quality measures)

# Telehealth Recommendations for States

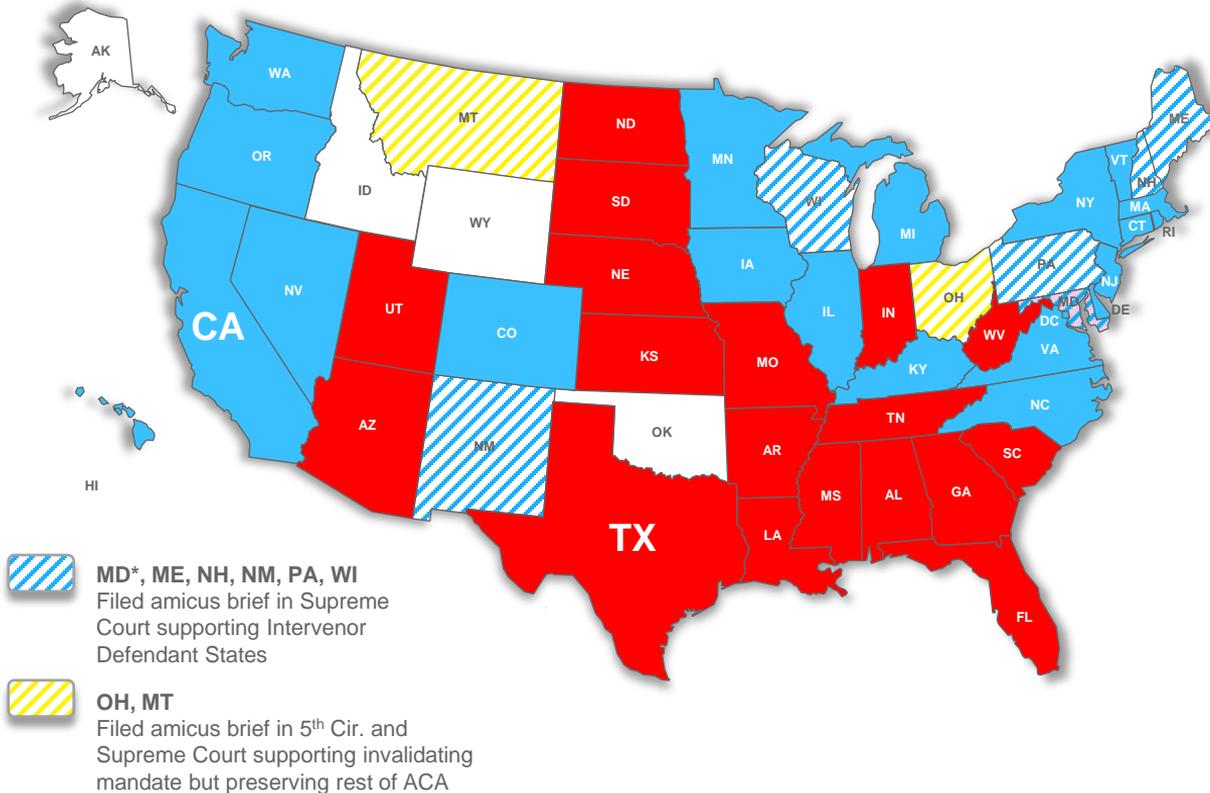
- **State Medicaid Agencies** can encourage increased access to care through telehealth by:
  - Increasing flexibility for which providers are eligible to practice via telehealth
  - Increasing flexibility for which services are eligible to be delivered via telehealth
- **State Legislatures** can encourage growth of telehealth by allowing health insurance providers to have flexibility in the way in which plans design benefits:
  - Expanding the type of providers eligible to deliver services via telehealth
  - Expanding the types of services eligible to be delivered via telehealth
  - Not mandating brick and mortar payment parity between virtual and in-person visits; telehealth visits do not always require the same level of intensity or the same equipment as in-person visits, and in other instances may be needed to ensure access to coverage; thus should not be reimbursed equally
  - Allowing insurance providers to maintain utilization management protocols
  - Expanding eligibility based on patient location or geography
- **State Licensing Boards**
  - Increase flexibility in requirements around state licensure which will allow practice across state borders

# Health Equity Impacts Everyone



# Texas v. United States ACA Constitutionality Challenge

## Plaintiff and Intervenor States



### Plaintiff States (17 states, 1 Governor):

**TEXAS** (lead state), Alabama, Arkansas, Arizona, Florida, Georgia, Indiana, Kansas, Louisiana, Mississippi (Phil Bryant as Governor), Missouri, Nebraska, North Dakota, South Carolina, South Dakota, Tennessee, Utah, West Virginia

(Maine & Wisconsin Withdrew as Plaintiffs)

### Intervenor Defendant States (20 states and DC):

**CALIFORNIA** (lead state), Colorado, Connecticut, District of Columbia, Delaware, Hawaii, Illinois, Iowa, Kentucky, Massachusetts, Michigan, Minnesota, Nevada, New Jersey, New York, North Carolina, Oregon, Rhode Island, Vermont, Virginia, Washington

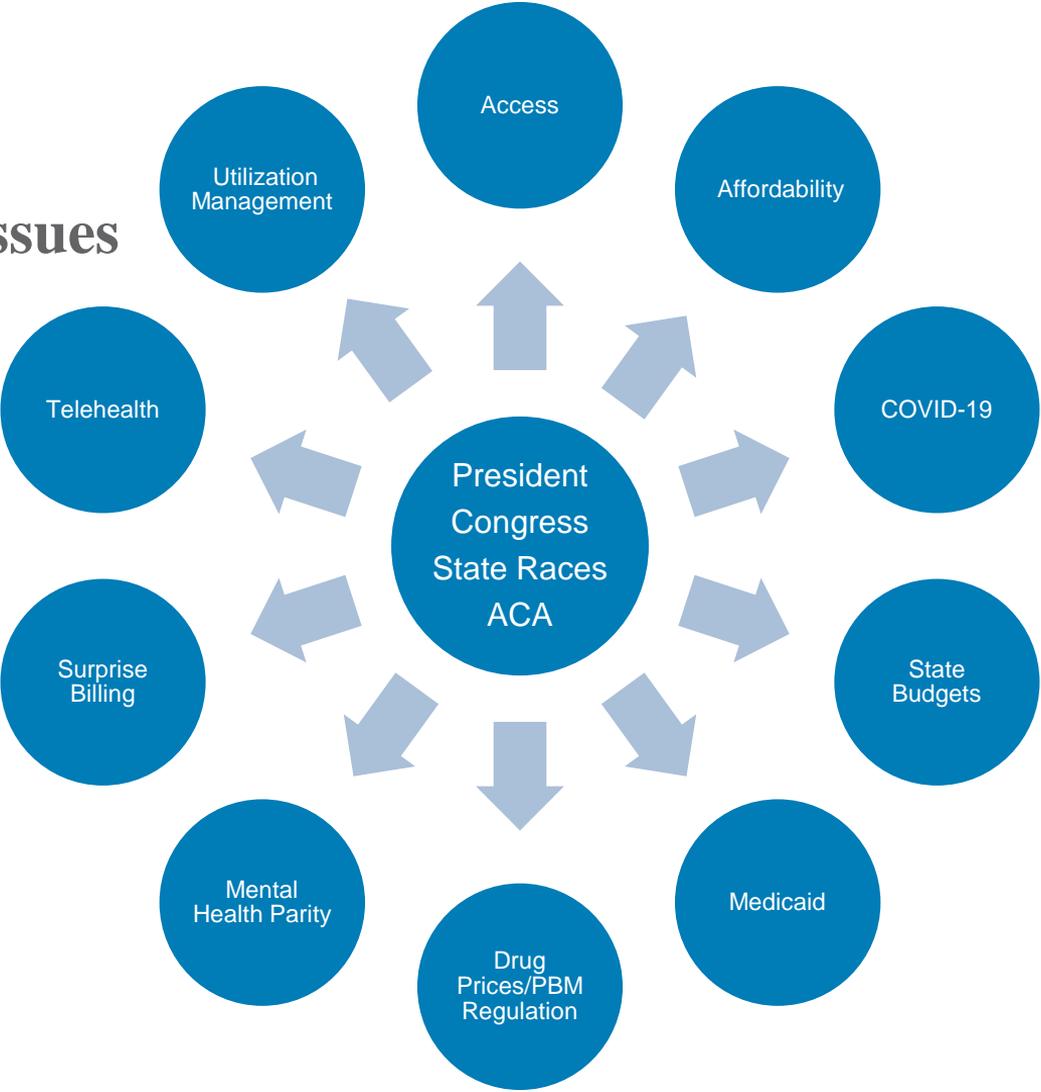
\* **MARYLAND:** Filed separate lawsuit asking court to validate the ACA. Case dismissed without prejudice.

# 2021: Challenges & Opportunities

- Federal Elections – President, US Senate and US House
- State Elections
- *Texas v. US* Outcome
- COVID-19



# 2021 State Legislative & Regulatory Issues



# COVID-19 Vaccines: Background

- Federal government stakeholders have provided significant financial support (over \$10B) to accelerate the development of COVID-19 vaccines and pre-purchase hundreds of millions of doses.
- In U.S., 4 vaccines in Phase III
- The CARES Act mandated that health plans cover a COVID-19 vaccine as a preventative service within 15 business days of Advisory Committee on Immunization Practices (ACIP) recommendation.
- In August, CDC selected 4 states (North Dakota, Florida, California, and Minnesota) and one city (City of Philadelphia) to be part of a pilot project to plan for vaccine distribution.

# COVID-19 Vaccine Policy Issues

Approval  
Pathway

Coverage and  
Payment

Distribution  
and  
Administration

Post-Market  
Monitoring

# Vaccine Coverage: What We Know\*



## **Government Purchases of Vaccine will Immunize significant numbers of Americans**

When vaccine is widely available (Phases 3 & 4) and can be delivered through usual approaches, we expect plans will be responsible for covering the cost of the vaccine



## **Health Plans expected to cover administration fee from day 1**

CARES Act requires coverage 15 days after ACIP recommendation. “Items and services” will be set by ACIP



## **Traditionally, with preventive services, cost-sharing is allowed for OON services**

IFRs requiring COVID-19 vaccine to be free to all regardless of administering provider  
Focus on Mass Vaccinations/Non-traditional Sites

\*All preliminary and subject to change

# Vaccine Coverage: What We Know\*



**Medicare Rate will vary for 1<sup>st</sup> and 2<sup>nd</sup> dose to cover cost of reporting and follow up**



**Key issue is how health plans will receive data on vaccine received at any location while billed to the government or administration in non-commercial sites**



**Vaccine coverage and administration will likely be outside of Medicare Advantage and Short-Term Limited Duration Plans**

# Vaccines – Health Insurance Provider Role

- Encourage people receive the vaccines that are recommended for them.
- Conduct outreach to members to inform them of the vaccines that are recommended for them and how they can get them.
- This may include reminders to ensure they receive multiple doses when needed.
- Work with provider networks and coordinate across partners such as public health officials.
  - For data sharing regarding the status of their members' vaccine status
    - Encourage data to be shared with state or regional databases
- Educate members on the safety and effectiveness of vaccines, playing an important role to address vaccine hesitancy.
- Some collaborate to support post-market surveillance by contributing real-world data on safety and efficacy to FDA, CDC, and other authorities.
- Leverage data to help identify which people may meet the criteria to be eligible for COVID vaccine-19.

# Post-Market Monitoring & Surveillance

- There are reporting mechanisms in place whereby providers are responsible for reporting adverse events (i.e., VAERS).
- Some insurance providers participate in FDA Sentinel, Vaccine Safety Datalink.
- AHIP and health insurers can serve as resource for providers and patients to know how to report adverse events to authorities.
- Evidence will continue to build regarding safety and effectiveness for each population over time.

## State COVID-19 Vaccine Planning

- **Financial Support.** The CDC sent the 64 jurisdictions a total of \$200 million to help develop vaccination plans.
- **Playbook.** In September, CDC released a 57-page playbook describing what the vaccination plans should cover. <https://www.cdc.gov/vaccines/imz-managers/index.html>
  - In October, CDC released a 2.0 update to the playbook, including updates to:
    - Pharmacy partnership for long term care program
    - Federal pharmacy partnerships program
    - Vaccine implementation strategies for critical populations, and Information on OWS Tiberius platform.
- **Draft/Interim Plans.** October 16: CDC deadline for all 50 states, 9 territories and 5 large cities to submit their initial/draft (“iterative”) plans to distribute the vaccine.
  - Most draft/interim plans include framework addressing 15 areas.
  - CDC technical assistance underway.
  - CDC released draft Executive Summaries (<https://www.cdc.gov/vaccines/covid-19/covid19-vaccination-guidance.html>)

# State COVID-19 Vaccine Planning

- **State Vaccine Leads Vary:** State Immunization Officers, State Public Health Leaders, Emergency Management Leads, Governor's Health Care Policy Staff, Lt. Governors, Director of Infectious Disease and Epidemiology, State Health Authority, State's COVID-19 Lead.
- **Independent Panels.** NY, CA, MI and WV; and the DC: are creating independent panels to review the vaccine data.
  - Washington, Oregon and Nevada have joined California's COVID-19 Scientific Safety Review Workgroup.
- **Questions.** NGA recently sent Trump Administration a series of questions from Governors focused on 3 key areas:
  - Funding
  - Allocation and Supply
  - Communication and Information Requirements

<https://www.governor.ny.gov/news/national-governors-association-submits-list-questions-trump-administration-effective>

# Health Plans Are Longstanding Partners In Encouraging Vaccine Uptake

As we head into the fall, Americans are bracing for the start of seasonal flu season. And this year more than ever, a flu vaccine shot is a necessity. The health care system has already been strained due to COVID-19, and the flu vaccine can reduce that burden and help save lives.

AHIP has put together a flu vaccine toolkit full of resources to help you with your planning and outreach, including:

- [Flu Vaccine Infographic](#)
- [Blog Post on Vaccination Rate](#)
- [Motion Graphic on the Flu Vaccine](#)
- [One-Pager on Flu Vaccine Campaigns](#)

**Vaccines save lives.** This year, as more people work from home and go to the pharmacy or doctor's office less frequently, health insurance providers are stepping up their outreach to encourage everyone to get their flu vaccines. Together, we can keep Americans in all our communities healthy.

# Questions

Miranda Motter – [mmotter@ahip.org](mailto:mmotter@ahip.org)