

Southeastern Actuaries Conference Virtual Program

Thursday, November 19, 2020

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Agenda

- Introduction
- 2020 Environmental Scan
- State Elections & What's Next



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.

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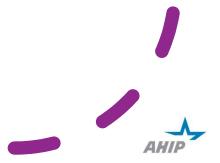
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2020 Environmental Scan:

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

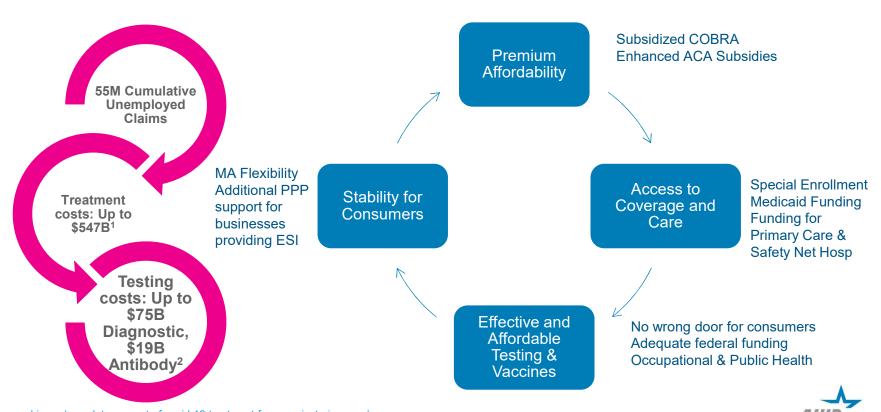


COVID-19: Industry Response Decisive Action in Unprecedented Times





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 & State Best Practices

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

State Best Practices

- ID <u>Bulletin 20-13</u>: Cover all medically necessary & at home test prescribed by medical doctor; does not return to work or public surveillance.
- IA <u>Bulletin 20 -10</u>: Coverage of diagnostic, not broad population or back to work testing.
- OK<u>LH Bulletin NO. 2020-03</u>: 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 <u>informational bulletin</u>: Coverage of when medical need; public surveillance or employee screening are not considered medically necessary; concerned re: effectiveness and reliability of antibody testing.
- LA <u>SB 426</u> 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



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 <u>letter</u> 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."











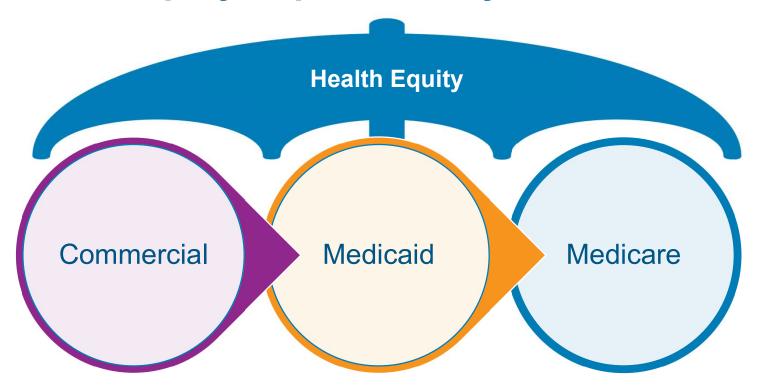






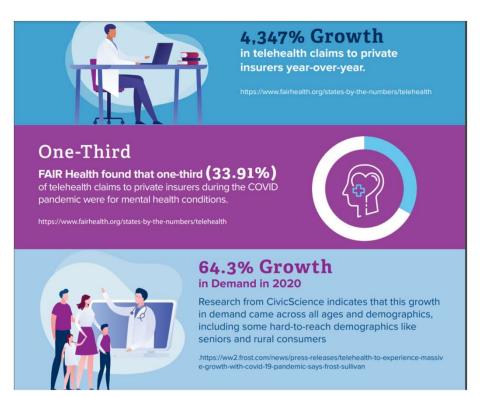


Health Equity Impacts Everyone





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)



Texas v. United StatesACA Constitutionality Challenge

Plaintiff and Intervening States



mandate but preserving rest of ACA

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.

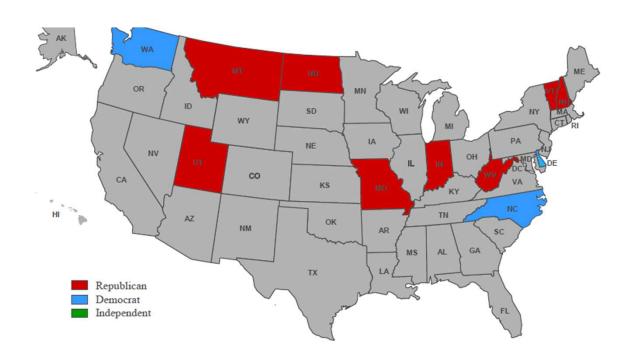




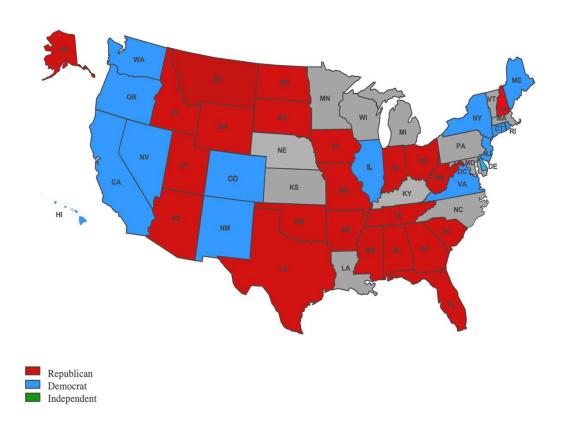
- 2020 State Elections
- State Legislative & Regulatory Issues in 2021

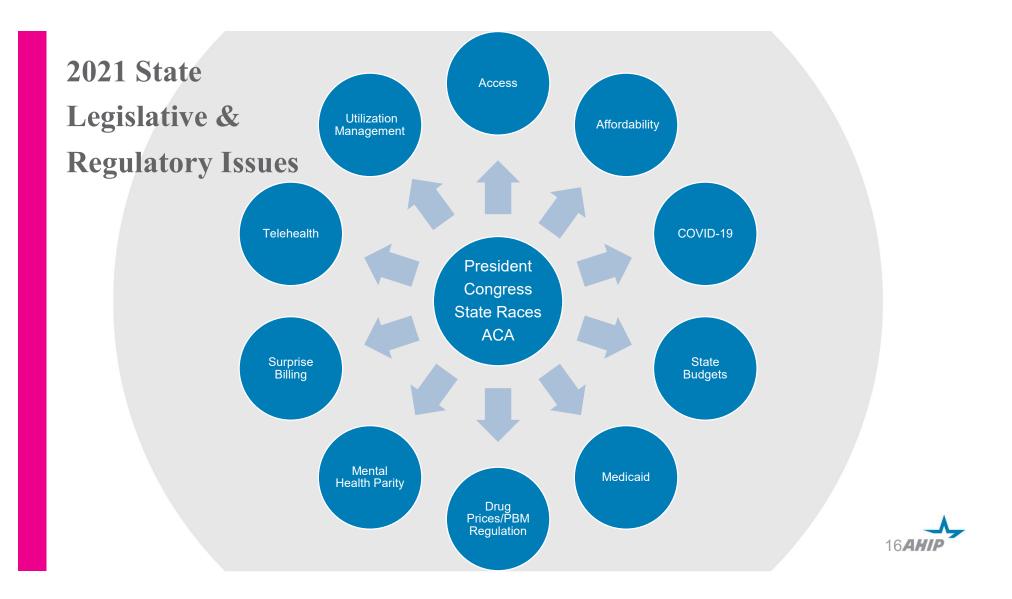


Results of the 2020 Gubernatorial Races



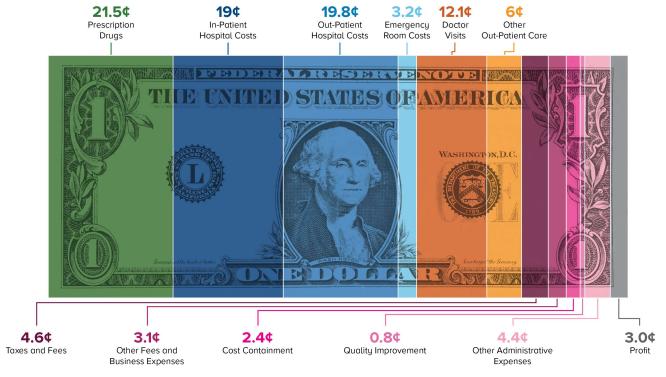
Republican and Democratic Trifectas in 2021





Where Does Your Health Care Dollar Go?

Your premium—how much you pay for your health insurance coverage each month—helps cover the costs of the medications and care you receive and improves health care affordability, access and quality for everyone. Here is where your health care dollar really goes.



This data represents how commercial health plans spend your premiums. This data includes employer-provided coverage as well as coverage you purchase on your own. Data reflects averages for the 2016-18 benefit years. Percentages do not add up to 100% due to rounding.



COVID-19 Vaccine: Background

- Federal government stakeholders have provided significant financial support (over \$10B) to accelerate development of COVID-19 vaccines.
- Numerous pharmaceutical companies around the world have launched research efforts to rapidly develop COVID-19 vaccines.
- Six products are currently in U.S. Phase 3 trials –
 Pfizer and Moderna have released promising results
 and may seek FDA review by end of November
 2020.
- The CARES Act mandates that health insurance providers cover a COVID-19 vaccine as a preventive service within 15 business days of ACIP recommendation.



COVID-19 Vaccine Policy Issues

Approval Pathway

Coverage and Payment

Distribution and Administration

Post-Market Monitoring



COVID-19 Vaccine Coverage: What We Know*



Government Purchases of Vaccine will Immunize significant numbers of Americans

Health Plans will not be required to reimburse federal government for gov't purchased vaccine in the early phase

When vaccine is widely available and can be delivered through usual approaches, plans will be responsible for covering the cost of the vaccine



Cost-sharing is not allowed for in- or out-of-network administration

Medicare Part B and Medicare Advantage plans will be required to cover EUA vaccines

Medicaid FMAP increased 6.2% for the pandemic; to receive increase, state Medicaid must cover vaccines without cost sharing (Medicaid to pay admin fees)



Health Plans expected to cover admin fee when administered from day 1

CARES Act requires coverage 15 days after ACIP – expectation is this will happen nearly immediately

Medicare Part B and Medicare
Advantage plans will be required to
cover EUA vaccines

For 2021, vaccine and administration will be paid for by Medicare FFS on behalf of MA members²⁰

*All preliminary and subject to change

COVID-19 Vaccine Coverage: What We Know*



Many of the vaccine candidates must be stored at cold and ultra-cold temperatures

Plans do not appear to be required to cover additional fees for cold storage in initial phases; unclear if there will be additional charges in later phases of allocation



Operation Warp Speed is developing a data system to include all immunization information

AMA released unique codes for each vaccine for the ingredient and, separately, for the administration by dose for record-keeping purposes



FDA will evaluate evidence to grant EUA; ACIP will make recommendation

Tri-agencies encourage plans to negotiate "reasonable" fees with out-of-network providers

Medicare announced administration fees it will pay for single- and multi-dose vaccines

CMS guidance to plans references the Medicare rate as reasonable



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 pet 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.

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.
- Pilot: Pfizer pilot delivery program focused on distribution of ultra-cold storage requirements in RI, TX, NM and TN
- 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





Questions

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