Current Policy & Advocacy Landscape: Opportunities to Leverage & Lead

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Speaker

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Split Congress Will Limit Bipartisan Health Care Reform to Key Areas

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<th>Senate Committees</th>
<th>House Committees</th>
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<tr>
<td>Finance</td>
<td>HELP</td>
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<tr>
<td>Chair</td>
<td>Ron Wyden (D-OR)</td>
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<td>Bernie Sanders (I-VT)</td>
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<td>Ranking Member</td>
<td>Mike Crapo (R-ID)</td>
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<td>Jurisdiction</td>
<td>CMS</td>
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CMS: Centers for Medicare & Medicaid Services; HELP: Health, Education, Labor and Pensions; FDA: Food and Drug Administration
Patient Groups Must Evaluate How to Leverage or Lead in New Health Policies

Policy and Advocacy Landscape /
Congress and the Biden administration have spent the last few years advancing health care legislation, regulation, and executive orders to improve access, quality, and costs of care.

Leverage vs Lead

**Leverage**: Push priorities forward using existing materials and advocacy efforts

**Lead**: Advance emerging priorities by directing development and execution of new advocacy efforts
Congress & Administration Have Several Possible Health Care Targets

PBM: Pharmacy Benefit Manager; IRA: Inflation Reduction Act
Exchange Enrollment Is at a Record High with Redeterminations Set to Begin

**ACA Health Insurance Exchanges**

The 2023 OEP has shown a record-breaking number of enrollees; **16.3 million signed up** for Exchange coverage, a **13% increase** from 2022 OEP¹

**Medicaid Redeterminations**

Redeterminations start April 1. ~ **92 million beneficiaries** must re-enroll in Medicaid and/or CHIP to maintain coverage or else seek coverage elsewhere (e.g., the Exchanges)²

As the Biden administration continues to push for higher coverage rates, the Exchanges may be an important resource for adults (and children) who lose insurance via Medicaid redeterminations


ACA: Affordable Care Act; OEP: Open Enrollment Period; CHIP: Children Health Insurance Program
Patient groups are primed to leverage existing efforts to help patients transition from Medicaid to the exchanges.

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<th>Barriers</th>
<th>Opportunities to Leverage</th>
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<td>Lack of Awareness</td>
<td>CMS Promoting Ex Parte Renewals</td>
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<td>Low Health Insurance Literacy</td>
<td>Increased Navigator Funding</td>
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<td>Varying State Regulations</td>
<td>SEP March 31, 2023 – July 31, 2024</td>
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The IRA Includes Three Major Drug Policy Reforms

1. Medicare Negotiation
   - HHS will negotiate prices with a defined ceiling for a subset of drugs with high spending that have no generic/biosimilar competition.

2. Inflation Rebates
   - Manufacturers will be required to pay rebates to the government when drug price growth exceeds the rate of inflation.

3. Part D Benefit Redesign
   - Restructures the Part D benefit to include a $2,000 out-of-pocket cap, a new manufacturer discount program across coverage phases, and an increase in plan liability.

Beginning in 2025, beneficiaries will also be able to spread their OOP costs over the course of the plan year via Part D smoothing.

IRA: Inflation Reduction Act; HHS: Department of Health and Human Services; OOP: Out-of-Pocket
CMS Will Spend the Next Few Years Implementing the IRA

Near-Term Engagement Opportunities /

- National Stakeholder Calls
- Quarterly Strategic Meetings
- Program Guidance / ICR

Leverage vs Lead

The patient community has a unique opportunity to lead how CMS will operationalize several IRA provisions that will impact patients.

IRA: Inflation Reduction Act; ICR: Information Collection Request; CMS: Centers for Medicare & Medicaid Services
Federal PBM Reform Has Both Executive and Bipartisan Interest


PBM: Pharmacy Benefit Manager; FTC: Federal Trade Commission; HHS: Health and Human Services; OIG: Office of the Inspector General; MCO: Managed Care Organization
States Also Play a Leading Role in PBM Reform

Patient groups can leverage existing PBM reform momentum to illustrate the impact to patients and advocate for additional reform.

- Consolidation of PBM and Insurers
- Spread Pricing
- Gag Clauses

- Registration and Licensure
- Transparency and Reporting

- Comment Letters during Rulemaking
- Letters to Committees
- Grassroots Advocacy

- Engagement Activities

Leverage vs Lead

Leverage

Lead

Patient groups can leverage existing PBM reform momentum to illustrate the impact to patients and advocate for additional reform.

PBM: Pharmacy Benefit Manager
## Behavioral Health Access is a Priority at the Federal Level

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<th>MedPAC</th>
<th>Medicare/Medicaid</th>
<th>ACA</th>
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<td>At Congress’s request, MedPAC is preparing a chapter on the utilization and availability of behavioral health services among Medicare beneficiaries for its June report.</td>
<td>In recent rulemaking, CMS has put forward mechanisms to strengthen network adequacy, increase utilization, and introduce quality measures within Medicare and Medicaid for behavioral health services.</td>
<td>The proposed NBPP for PY 2024 aims to expand behavioral health services by enlarging the network of ECPs to include Substance Use Disorder (SUD) Treatment Centers.</td>
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MedPAC: Medicare Payment Advisory Commission; CMS: Centers for Medicare & Medicaid Services; ACA: Affordable Care Act; NBPP: Notice of Benefit and Payment Parameters; ECP: Essential Community Provider; SUD: Substance Use Disorder.
Unaddressed Gaps in Behavioral Health Stymies Patient Access and Experience

Patient advocacy groups can leverage existing momentum around behavioral health reform to close remaining gaps.

Leverage vs Lead

Patient advocacy groups can leverage existing momentum around behavioral health reform to close remaining gaps.
Government Recognizes Telehealth Is Now Part of the Health Care Landscape

Past and Upcoming Telehealth Actions (Legislative or Regulatory)

Past Actions
- Advancing Telehealth Beyond COVID–19 Act of 2021
- CONNECT for Health Act
- Consolidated Appropriations Act of 2022
- Removal of in-person requirements for abortion medications

Upcoming Actions
- Expiration of flexibilities (beginning in 2025)
- DEA
  - Ryan Haight waiver
  - Removal of in-person requirement for Schedule 3, 4, 5 drugs
- HHS
  - Proposal to permanently allow telemedicine buprenorphine prescriptions

Sources:

DEA: Drug Enforcement Agency; HHS: Department of Health and Human Services; OUD: Opioid Use Disorder
Patients, Providers, & Payers Face Barriers for Telehealth Services

**Patients**
- Lack of access to high-speed internet
- Digital literacy
- Data security

**Providers**
- Reimbursement changes post PHE
- Licenses to practice across state lines
- Health care professionals’ bandwidths

**Payers**
- Integrating hybrid telehealth models
- Inconsistent parity regulation
- Measuring quality

Patient advocacy groups can **leverage** patient experiences and momentum from prior reform to advocate for better telehealth patient experiences.

**Leverage vs Lead**
2023 Outlook: Leverage or Lead

How will you and your team leverage or lead in 2023?
Thank You!

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Questions?