

# Heard on the Net

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**Past CAHIP V-P of Legislation (2008 - 2012)**

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**COVID Deaths Nearing Record Lows In California And The U.S** - The number of COVID deaths continues to fall in California and the rest of the country, dropping 65% in the last three months in the Golden State, another sign that the virus is losing its grip on our lives. In March, California added just 540 names to its COVID death total, and numbers for April could be even lower.

**As Pandemic Emergency Ends, How Will Life Change In California?** - The end of the federal public health emergency will have big impacts on how people in the United States access Covid care, and how much they'll pay for it. But a lot of these changes won't actually apply to Californians — at least not for folks with health insurance. Read more from [KQED](#). *Keep scrolling for more coverage.*

**Timeline of End Dates for Key Health-Related Flexibilities Provided Through COVID-19 Emergency Declarations, Legislation, and Administrative Actions** - "The Biden Administration recently announced that it will end the PHE on May 11, 2023 and FEMA has announced that the emergency incident period under the Stafford Act will also end on that date. Other related emergency declarations or provisions have already ended or are ending soon. [A] table provides a timeline identifying key health-related flexibilities and provisions specified by these various measures, the specific measure that determines their end date, and their end date."

**Telehealth Remains Largely Intact When PHE Ends** - "Coupled with the evolution of state telehealth practice laws and regulations, the provisions of the CAA enable most telehealth providers to continue their routine virtual care practice through the end of 2024. In fact, the expiration of the PHE should have little impact on the majority of telehealth providers."

**No Surprises Act Working as Intended, But Gaps Remain, Leaving Patients Vulnerable** - "The analysis ... found that patients appear to be protected from services that previously left them exposed to surprise billing, like air ambulance services. Additionally, ... the NSA is 'getting consumers 'out of the middle' of payment disputes between providers and payors. However, gaps remains in the law for other services like ground ambulance, which one state regulator noted can result in patients being billed nine out of 10 times"

**Nursing Shortages Show No Signs of Slowing, Survey Finds** - Nearly a third of nurses nationwide say they will likely leave nursing for another career due to the pandemic, a new survey found. Why it matters: Some sectors of the health care industry plagued by significant labor shortages during the pandemic appear to be rebounding, but the AMN Healthcare survey, published on Monday, suggests a shortage of nurses may continue to be a major challenge for health care providers for years to come.

**Action Required: Medi-Cal Renewal Process Is Underway Across California** - Californians enrolled in Medi-Cal should keep an eye out for a yellow envelope in their mailbox over the next 14 months. The Medi-Cal eligibility of over 15.4 million Golden State residents is under review for the first time since the onset of the COVID-19 pandemic in March 2020. If a Medi-Cal beneficiary does receive the yellow envelope, they must provide their current contact information to health care officials as soon as possible to retain their Medi-Cal coverage.

**Oscar Health To Exit California Health Insurance Market** - Oscar Health plans to halt sales on the Covered California health insurance exchange at the end of year as new CEO Mark Bertolini reevaluates the company's position, executives told investors Tuesday.

**PBMs, the Brokers Who Control Drug Prices, Finally Get Washington's Attention** - "The three biggest PBMs ... control about 80% of prescription drug sales in America ... While serving as middlemen among drugmakers, insurers, and pharmacies, the three corporations also own the highest-grossing specialty drug and mail-order pharmacies.... The complexity and obscurity of their role in the drug marketplace have skeptics wondering whether legislation advancing in the House and Senate will actually help patients or lower prices at the pharmacy counter."

**Pfizer CEO Calls US Drug Price Plan 'Negotiation With A Gun To Your Head'** - Pfizer Inc Chief Executive Albert Bourla called U.S. plans to negotiate drug prices for its Medicare health program "negotiation with a gun to your head" and said he expects drugmakers to sue in an attempt to halt the process. "It is not negotiation at all. It is price setting," Bourla said at a Reuters newsmaker event on Thursday, referring to the Biden Administration's signature drug pricing reform, part of the Inflation Reduction Act (IRA). The law aims to save \$25 billion through price negotiations by 2031 for Americans who pay more for medicines than any other country.

**Considerations for Group Health Plan Coverage of COVID-19 Diagnostic Testing as Emergency Declarations End** - "The COVID-19 diagnostic testing coverage mandate ends with the expiration of the PHE. Group health plan sponsors will need to consider ... [1] Whether the group health plan will continue to cover all COVID-19 diagnostic testing and -- if so -- whether cost-sharing requirements will apply.... [2] Whether a plan amendment or participant notice is required."

**Prices for COVID-19 Testing** - "Though the vast majority of people with private health coverage will continue to have coverage for COVID-19 tests ordered or administered by a clinician, those tests may soon be subject to cost sharing, quantity limits, and prior authorization requirements.... The median price of a COVID-19 test in an outpatient clinical setting was \$45 in 2021 among people with large employer-based health coverage ... The median discounted hospital-based self-pay rate was \$51 for a COVID-19 antigen test and \$91 for a PCR test....Recent prices for at-home rapid COVID-19 tests average about \$11 per test."

**ACA Preventive Services Mandate Partially Vacated: What's Affected, What's Not, and What's Next** - "For now, the ruling is in force across the country and technically allows plan sponsors and insurers to impose cost-sharing with respect to preventive services affected by the ruling. However, due to the significant operational, written plan design, and communications hurdles to altering course, and the practical and legal constraints on timing, near-term changes are unlikely." [Article includes detailed list of services that are/are not affected by the ruling.

**Plan Sponsor Considerations After Federal Court Blocks Enforcement of Some ACA Preventive Health Service Requirements** - "Employers that sponsor health and welfare plans are still permitted to provide coverage for preventive services without participant cost sharing. The decision -- even if it stands -- only implicates the requirement (not the ability) of employer group health plans and insurers to provide this coverage.... Most group health plan sponsors will be unlikely to scale back coverage for preventive services in any meaningful way."

**A Change for Next Year: Get Health Insurance Information Using California's Tax Form** - California will join a growing number of states in using tax forms to point people toward lower-cost health coverage available through state insurance marketplaces.

**CDC Approves Second Bivalent Booster Vaccine For Some. Find Out If You're Eligible & Where You Can Make Appointment to Get It** - For months, many people have been wondering, "When can I get a second bivalent COVID booster?" — especially if they got their first bivalent booster seven months ago, in September 2022, back when these shots were first authorized. Now, the Centers for Disease Control and Prevention (CDC) have announced that as of Wednesday, certain people who are at higher risk of severe illness, hospitalization or death from COVID can get a second bivalent booster shot from Moderna or Pfizer — specifically, people age 65 and older, and people who are immunocompromised.

**CMS Releases 2024 Medicare Part D Benefit Parameters** - "Plan sponsors that want to confirm their prescription drug coverage is creditable or want to remain qualified for the employer retiree drug subsidy will have to determine if their 2024 prescription drug coverage is at least actuarially equivalent to the standard Medicare Part D coverage, which may require a closer look this year due to improvements in the Medicare Part D program brought about by the Inflation Reduction Act of 2022." [\[CMS Fact Sheet\]](#)

**The End of the COVID-19 Public Health Emergency: New Deadlines for Group Health Plans** - "This article provides [1] a recap of the deadlines, [2] rules of thumb for determining the deadlines, and [3] tables more specifically addressing some of the most common deadlines that arise. Plan administrators should review plan operations now and prepare to administer these shifting deadlines correctly to avert potential penalties and minimize avoidable claims exposure."

**Transitioning from Medicaid to Employer-Sponsored Insurance (PDF)** - "[1] What steps should a person take if they have an offer of employer-sponsored health insurance? ... [2] When can eligible employees enroll in employer-sponsored insurance ... [3] For people who enroll in employer-sponsored insurance during a special enrollment period, when will their coverage start? ... [4] What happens if someone misses the deadline to enroll in employer-sponsored insurance? ... [5] Can a person enroll in a marketplace plan if they have an offer of employer-sponsored insurance? Will they be eligible for financial help?"

**HSAs: Avoiding ERISA Status While Still Providing a Strong Benefit** - "Proper plan sponsor HSA use requires employee participation to be voluntary, although employers may use automatic enrollment; employers cannot limit the ability of employees to transfer assets to different HSA administrators; employers cannot limit the use of HSA funds or withdrawals; employers cannot influence employees' HSA investment decisions; and employers must offer a reasonable availability of investment options,"

**IRS Confirms That All FSA Claims Must Be Substantiated, No Matter How Small** - "According to the IRS [\[Chief Counsel Memorandum\]](#), it is not only these unsubstantiated expenses that are taxable. If expenses are not properly substantiated, then the employer's cafeteria plan is invalid. In other words, all deductions for medical insurance premiums, FSAs, and any other items would be treated as taxable compensation to the employees. All FSA reimbursements would be taxable as well."

**Is An Employer's Health FSA Subject to COBRA?** - "Most, if not all, health FSAs will qualify for the special limited COBRA obligation, and those that do may limit COBRA coverage in two ways: [1] the maximum COBRA coverage period may terminate at the end of the year in which the qualifying event occurs; and [2] the health FSA is not required to offer COBRA coverage to qualified beneficiaries whose accounts are 'overspent' as of the date of the qualifying event."

**IRS to Require Electronic Filing for ACA Reporting in 2024** - "Starting in 2024, employers filing 10 or more returns in aggregate must file their Forms 1094-C and 1095-C electronically. This ends the option to file by paper for virtually all employers, and therefore employers will need to prepare to engage with an ACA reporting vendor to complete next year's filing via the IRS AIR system."

**Your EAP May Be Subject to ERISA** - "It is common for EAP providers to fail to recognize an EAP as an ERISA benefit plan.... Often, the service agreement with the EAP does not address claims, fiduciary status, and COBRA responsibilities."

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