



Weekly Bulletin – May 12, 2023



WHAT'S NEW THIS WEEK?

Congratulations to Rosa Novo, Florida Alliance Board Chair



Rosa Novo, the Administrative Benefits Director for Miami-Dade County Public Schools and Florida Alliance Board Chair, has been elected to serve on the National Alliance Employer Behavioral Health Advisory Team. The eight-member team will help guide the National Alliance and its coalition members on ways to engage health plans based on the results of the “Voice of the Purchaser” mental health survey. Congratulations, Rosa, and many thanks for representing the Florida Alliance.

Florida Governor Signs into Law Increasing Transparency for Pharmacy Benefit Managers



The recently wrapped up 2023 Florida legislative session included a bill signed into law by Governor DeSantis that adds regulations aimed at increasing transparency for Pharmacy Benefits Managers (PBMs). The law was approved unanimously by the Florida legislature and is the most expansive state legislation regulating PBMs. At the Midwest Business Group on Health Annual Conference this week, Karen van Caulil, as chair of the State Consumer Health Information and Policy Advisory Council for Florida’s Agency for Health Care Administration, was asked to present the components of the law and its expected impact. The Florida Alliance team and associates have actively weighed in on aspects of the bill as it went through the health committees as well as the Florida Senate and House, ensuring that the employer voice was heard.

The law is scheduled to go into effect on July 1, 2023. **The highlights of this legislation include increased authority over PBMs, barring PBMs from forcing Floridians to obtain medications only through mail order and limiting their activities with pharmacy businesses.**

The goals of this legislation are to increase transparency, limit costs, and increase medication access. A more detailed overview of the legislation can be found here: [Pharmacy Benefit Managers feel the pain as DeSantis signs new prescription drug regulations into law | The Capitolist](#)

If you have any questions, please contact Karen van Caulil at karen@flhealthvalue.org



Employer Member Educational Programs And Employer Learning Collaboratives (ELC)

Employer Member Benefit: Complimentary Webinar hosted by the National Alliance *Accelerating Health Equity Using Workplace Policies & Benefits*, Tuesday, May 23, 12:00PM – 1:30PM (ET)

Did you know inequities in the U.S. health system cost approximately \$320 billion today and could eclipse \$1 trillion in annual spending by 2040 if left unaddressed?

Join this thought-provoking employer townhall discussion featuring health equity thought leaders, from employers, coalitions, and strategic partner organizations, including **Florida Alliance Board Chair Rosa Novo**. They will focus on how to identify and implement workplace policies and benefits to meet the needs of an increasingly ethnically and culturally diverse workforce.

Speakers and Moderators



Christina Bell
(Moderator)

National Alliance of
Healthcare Purchaser
Coalitions



Michael Thompson
(Moderator)

National Alliance of
Healthcare Purchaser
Coalitions



Tammy Fennesy
American Eagle



Rosa Novo
Miami-Dade County
Public Schools



Wayne Rawlins, MD
WellSpark Health



Dexter Shurney, MD
Blue Zones Well-being
Institute



**Christa-Marie Singleton,
MD**
Office of Personnel
Management



Cristie Travis
HealthCareTN

Click [HERE](#) to register for *Accelerating Health Equity Using Workplace Policies & Benefits*.

Employer Member Benefit: Complimentary Webinars hosted by Catalyst for Payment Reform

Catalyst for Payment Reform (CPR) announced several learning opportunities for June. The following Health Plan User Groups (HPUG) are listed below. United HealthCare, Aetna, and Elevance (previously known as Anthem) will each cover the following three topics on their respective dates. Please see below for dates, times, and Zoom link information.



JUNE Q2 2023 MEETINGS

Topic: Virtual-First Health Plans

A trend that accelerated because of the COVID-19 pandemic was the use of virtual health care. Although telehealth is hardly new, its uptake was meager until COVID-19 compelled providers and patients to meet by phone and by video instead of in-person. Even now as the delivery system stabilizes, employers and other healthcare purchasers are interested in exploring *virtual-first plans*. Although there is no universal archetype of a virtual-first plan, their commonality is that they encourage patients to seek primary care in a virtual setting, progressing to in-person care only as needed. These plans are differentiated from traditional PPO or HMO products that may include virtual care, but do not encourage/mandate use of virtual care as a point of entry into the delivery system. Major carriers and point solution vendors are responding to demand for these types of products, but questions remain regarding their quality, cost-savings potential, care coordination, and interoperability.

Data Topic: Comparison of Virtual-First Plans to Traditional Products

Given the relative novelty of virtual-first health plans, CPR will allow participating plans to provide their own reporting this quarter. Plans have been asked to prepare a report comparing outcomes for patients enrolled in traditional products compared to the health plan's virtual-first product. Reporting may include the following information: cost of care outcomes and trend data; clinical quality and care experience measures; and utilization across sites of service (i.e., primary care, specialty care, ER, hospital, readmissions, etc.).

Discussion Topic: Virtual-First Product Overview

CPR members would like health plans to describe their flagship virtual-first product. If a health plan does not currently offer a virtual-first product, they can respond to the questions below with their general strategy for virtual care and/or its plans for a future virtual-first product:

1. Product overview (e.g., markets in which available and timeline for expansion, external partners, provider types and services available, network, quality of care, provider payment models)
 2. Integrating virtual and bricks and mortar care (e.g., criteria for referring patients to in-person care, referral patterns within the network, care coordination and data sharing between virtual and traditional providers)
 3. Benefit design and product roadmap (e.g., benefit design to encourage appropriate use of virtual care, member cost sharing model, covered lives currently enrolled, key performance indicators (KPIs) of success, goals for expanding/evolving the virtual-first product)
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United Healthcare HPUG

Wednesday, 6/7 from 1:00 - 2:00pm ET

Zoom link:

<https://us02web.zoom.us/j/81335125385?pwd=STc1Y0R1VU00TXNRNmp1aWpOenhpdz09>

Meeting ID: 813 3512 5385

Passcode: 341497

Elevance HPUG

Tuesday, 6/13 from 2:00 - 3:00pm ET

Zoom link:

<https://us02web.zoom.us/j/89242526805?pwd=SnBXbm1ZZGdSKzZFaFVBUkN1eXEydz09>

Meeting ID: 892 4252 6805

Passcode: 000516

Aetna HPUG

Thursday, 6/15 from 3:00 - 4:00pm ET

Zoom link:

<https://us02web.zoom.us/j/88251846481?pwd=eWp1SWRGL09ud1ZHZU9XSwdjSHY1dz09>

Meeting ID: 882 5184 6481

Passcode: 169431

Please reach out to Ashley Tait-Dinger at ashley@flhealthvalue.org if you have any questions.



In Case You Missed It

DEA Extends Telehealth Prescribing Rules



Earlier this week the Drug Enforcement Administration (DEA) filed a rule to extend the timeframe for telehealth providers to prescribe controlled substances without an initial in-person visit. The rule, which was filed on May 9, allows clinicians to continue prescribing without an in-person visit for six months. The rule was set to expire on May 11. In addition, any practitioner/client relationship established before November 11, 2023, will be able to continue prescribing controlled substances through November 11, 2024.

The extension will allow the DEA more time to finalize its position on the prescription of controlled substances without an in-person healthcare visit. Read more about this rule change here: [DEA extends COVID telehealth prescribing rules until November \(axios.com\)](#)

Recent Restrictions Burden Patients with More of the Costs of Specialty Medications

Although copay accumulators are not new, **concerns continue to be raised about the impact they have on a family's ability to cover healthcare expenses.** Despite the negative effect they have on a family's ability to cover medications or other important health-related bills, nearly two-thirds of all health plans in the U.S. include a copay accumulator policy. The policy precludes the inclusion of any copay assistance from counting towards a family deductible. The copay assistance programs do not alleviate the financial struggles families face while tending to health-related expenses while these programs put additional dollars into the hands of insurers/PBMs and pharmaceutical companies.



To learn more, check out the following article: [Patients Often Lose in the Battle between Pharma and PBMs \(formularywatch.com\)](https://www.formularywatch.com)

A Turn of the Tide: Employee Mental Health in 2023

Headspace, in collaboration with Dimensional Research, recently released its fifth annual workforce toward mental health report. The report, entitled “A Turn of the Tide: Employee Mental Health in 2023,” is a summary of several surveys administered to employees, CEOs, and benefits leaders regarding mental health in the workplace. The report also offers several suggestions for addressing the concerns raised through the report's findings.

The report focuses on five highlights, including workplace “dread,” diversity/equity/inclusion, checking in with HR leaders, and the roles that CEOs have on discussing mental health in the workplace. The report offers timely and helpful considerations to continue conversations and policies regarding mental health in the workplace. To read more about the findings in the report, click [HERE](#).

Please reach out to David Cavalleri at david@flhealthvalue.org if you have any questions.

