Insurance Market Working Committee
Public Meeting
Tuesday, October 31, 2023, 10:30 a.m.
Draft Minutes

Date: **Tuesday, October 31, 2023**
Time: **10:00 A.M.**
Location: **Zoom Meeting**
Zoom: https://dchealthlink.zoom.us/j/81562412314?pwd=WDBCMWxaMHNsRHVpZC9UVjRGUDh3QT9

I. Participants:

Insurance Market Committee: Dr. Henry Aaron and Ms. Diane Lewis

HBX Staff and Consultants

Standard Plan Working Group, including Carriers and Advocates

II. Discussion:

HBX staff opened the meeting by describing the bronze AV calculator issue and advised the Committee that the SPWG failed to reach a consensus on recommending Option 2 for bronze AV compliance to the Executive Board. Option 2 raised the cost-sharing fr generic drugs to $30 from $25. HBX staff then introduced Insurance Market Committee members Dr. Henry Aaron and Ms. Diane Lewis and acknowledged SPWG Chair, Dania Palanker.

Dr. Aaron wanted to hear the participants for their views on the CVD options.

Chairperson Palanker stated this was the most difficult discussion to date and that we are in a place where we knew we would eventually get to because we do not want to raise cost share. Option 2 was the best of the options, but not without major concerns.

Dr. Aaron stated the SPWG had difficulty reaching consensus on what to do. Has the SPWG reached consensus on what they did not want to do?

Chairperson Palanker we did not ask the question in that way.

Dr. Aaron asked if a carrier participant if they would like to speak.

Allison Mangiaracino (KP) thanked the HBX staff for their work on the issue. The nature of my objection to Option 2 is that the bronze tier 1 plan will be the most expensive in the mid-Atlantic market. The issue is that we are increasing cost share for enrollees with depression, asthma and anxiety. This is a policy decision, not law. We are undermining the goal of health equity. Asking everyone to pay more so that there is no cost share for one disease over another undermines the health equity goal.

Dr. Aaron asked the group:

1. Should cost- sharing be eliminated for CVD as proposed in this plan?
2. If it is eliminated, which of the three options do you prefer?
3. Since you loathe all three options, which do you loathe the most?

Alternatives to bring the Bronze Plan within the de minimis AV range (65%):

OPTION 1:

- **Increase the maximum out-of-pocket from $9,150 to $9,400 (+$250)**
- **Metal AV = 64.93%**

OPTION 2:

- **Increases the generic drug copay from $25 to $30 (+$5)**
- **Metal AV = 64.75%**

OPTION 3:

- **Increase the copay for the following service categories:**
  - **PCP: $45 to $55 (+$10)**
  - **Specialist: $105 to $125 (+$20)**
  - **Office Visit Mental Health/Substance Abuse: $45 to $55 (+$10)**
- **Metal AV = 64.92%**

Ms. Mangiaracino said we should take another look at how we can make the most impact and look at the drugs that decrease cost-sharing as well. Also, discrimination in terms of office visits and drug codes is another issue.

Dr. Aaron asked if her concern was around policy or the law?

Ms. Mangiaracino said the law is tied to discrimination.

Chairperson Palanker said this working group and the equity recommendations are important to me and my research and work to improve health equity because insurance is a major factor in achieving equity. I would lean to wait on the implementation of this particular phase of your work because I am concerned that if the AV calculator comes out and the bronze plan is above the maximum AV there is a reality that we will have to redesign. We know that design is important, but I am concerned we will have to redo it once the new AV comes out.

Chairperson Palanker continued, for health equity, we know these conditions are chosen for a reason, but I am concerned it might add to inequities because you are decreasing on some conditions, which might raise on other conditions. I liked it all before it raised cost- sharing. I do not like Option 3 at all. It hits people so many times, particularly chronically ill people. I have had a time picking 2 over 1 or vice-versa, Option 1 impacts a very small population, but there is a higher chance that people in Option 1 are more medically fragile. It is a smaller population but more fragile. I do not want to see the plans stopped, but we need to spend more time to see how to move forward.

Ms. Lewis stated she would like to hear from more people.

Dr. Aarron noted only two out of the 24 people on the call have spoken.

Dr. Aaron noted there were no more comments, so we can move on. I can speak for myself and that the Board by saying we are aware of the hard work you put in. We know you grapple with complex, technical issues for groups in vulnerable circumstances. I thank all of you and the Board does too.

Ms. Lewis stated, I join Dr. Aaron in thanking you. We need to move forward, but thanks for your work. None of this is easy. We know hard choices need to be made to achieve health equity.