



RESOLUTION

EXECUTIVE BOARD OF THE DISTRICT OF COLUMBIA HEALTH BENEFIT EXCHANGE AUTHORITY

To adopt recommendations modifying DC Health Link standard plans for plan year 2025 to lower cost-sharing for the treatment of cardiovascular and cerebrovascular disease.

WHEREAS, the Health Benefit Exchange Authority Establishment Act of 2011, effective March 4, 2012 (D.C. Law 19-94; D.C. Official Code § 31-3171.01 et seq.) (“Act”) created the District of Columbia Health Benefit Exchange Authority (“Authority”), an independent authority of the Government of the District of Columbia, and its governing Executive Board;

WHEREAS, 45 C.F.R. §155.1000(c) allows state exchanges to limit certification to those plans that it finds are in the best interest of qualified individuals and employers and 45 C.F.R. §156.200(d) allows state exchanges to require additional certification requirements beyond the federal minimums;

WHEREAS, on March 22, 2013, the Executive Board adopted a Resolution to develop standardized benefit plans (benefits and cost-sharing) at each of the four metal level tiers based on input from consumers, employers, carriers, and based on early purchase preferences;

WHEREAS, on July 14, 2021, the Executive Board approved a Resolution adopting the recommendations of the Social Justice and Health Disparities Working Group, which includes modifying insurance design for DC Health Link standard plans to eliminate cost-sharing, including deductibles, co-insurance, and co-payment, for medical care, prescription drugs, supplies and related services that prevent and manage diseases and health conditions that disproportionately affect patients of color in the District and developing standard plans for the small group marketplace (SHOP) starting Plan Year 2023;

WHEREAS, on November 10, 2021, and as modified on March 9, 2022, the Executive Board adopted a Resolution modifying the standard plans at the platinum, gold, silver, bronze copay levels for Plan Year 2023 by providing certain outpatient services including physician visits, a foot and eye exam, labs, supplies, prescription drugs, including insulin, for Type 2 diabetics at \$0 cost-sharing as allowed by law and providing that standard plans be made available in SHOP for Plan Year 2023;

WHEREAS, on November 16, 2022, and as modified on March 8, 2023, the Executive Board adopted a Resolution modifying the standard plans at the platinum, gold, silver, and bronze copay levels for Plan Year 2024 for pediatric mental and behavioral health outpatient visits to a

\$5 copay, no deductible, for unlimited outpatient pediatric mental and behavioral health visits, including specialist visits, prescription drugs, and related labs as allowed by law;

WHEREAS, the Social Justice and Health Disparities Working Group recommended the Standard Plan Working Group consider eliminating cost-sharing for cardiovascular and cerebrovascular disease as the next condition for standard plan design changes;

WHEREAS, on November 8, 2023, the Standard Plans Working Group presented its Report to the Executive Board regarding reduced cost-sharing for cardiovascular and cerebrovascular disease, based on the existing 2024 actuarial value calculator;

WHEREAS, the Executive Board, at that meeting, directed the Standard Plans Working Group to reconvene after the release of the Centers for Medicare and Medicaid Services (CMS) Draft 2025 AV calculator to consider additional options to bring the silver and bronze plans into *de minimis* AV compliance, and to re-run the plans through the new calculator when it is released. Further, the group was directed to consider cardiology specialist visits at \$0 cost-sharing and to get a sense of the specialist community on cost-sharing;

WHEREAS, on November 15, 2023, CMS released the Draft 2025 AV calculator (AVC). The bronze and silver plans fell within the *de minimis* range of the Draft 2025 AV calculator. The platinum and gold plans were not within the *de minimis* range of the 2025 AV calculator and the Standard Plan Working Group considered options to bring these plans within the AV *de minimis* range;

WHEREAS, on December 12, 2023, the Standard Plans Working Group members discussed and deliberated that providing \$0 cost sharing for specialty visits would discourage consumers from seeing their primary care providers and in addition, given the limited number and availability of cardiologists in DC, as presented by GW expert, the Working Group wanted to incentivize going to a primary care provider as opposed to a specialist. Working Group members, which included consumer advocates and carriers, participated in the discussion and came to this consensus decision;

WHEREAS, on December 12, 2023, to bring the platinum and gold plans within the *de minimis* AV range, the Standard Plan Working Group reached consensus to: 1) Raise the MOOP for platinum by \$100; 2) Raise the MOOP for gold by \$250; 3) Clarify that labs will be included at \$0 cost sharing irrespective of setting; and 4) that specialists visits will not be included for \$0 cost-sharing;

NOW, THEREFORE, BE IT RESOLVED that the Executive Board hereby adopts the following unanimous recommendations from the Standard Plans Working Group:

The Executive Board adopts the recommendation for DC Health Link standard plans in the individual and SHOP marketplace at the platinum, gold, silver, and bronze metal level tiers for 2025, that primary care visits, cardiac rehabilitation, medical nutrition therapy, generic drugs, and certain labs be provided at \$0 cost-sharing for cardiovascular and cerebrovascular disease, as set forth in the Recommendations of the Standard Plans

Advisory Working Group to the District of Columbia Health Benefit Exchange Authority, dated December 29, 2023. The \$0 cost-sharing for cardiovascular and cerebrovascular disease will apply to primary care and will not apply to specialists visits. The plans shall, at least annually, make available to the public on their company websites, or to be made available on the HBX website, the names of the specific cardiovascular and cerebrovascular medications and attendant services, which have \$0 cost-sharing.

I HEREBY CERTIFY that the foregoing Resolution was adopted on this 10th day of January, 2024, by the Executive Board of the District of Columbia Health Benefit Exchange Authority in an open meeting.

Khalid Pitts, Secretary/Treasurer
District of Columbia Health Benefits Exchange Authority

Date