



RESOLUTION

EXECUTIVE BOARD OF THE DISTRICT OF COLUMBIA HEALTH BENEFIT EXCHANGE AUTHORITY

To adopt recommendations modifying DC Health Link standard plans for play year 2024 to lower cost-sharing for the treatment of pediatric mental and behavioral health conditions.

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 adopted 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 business marketplace (SHOP) for Plan Year (PY) 2023;

WHEREAS, the Social Justice and Health Disparities Working Group recommended coverage change to start with Type 2 Diabetes;

WHEREAS, on November 10, 2021, and as modified on March 9, 2022, the Executive Board adopted recommendations of the Standard Plans Working Group for standard plans to cover Type 2 Diabetes services including foot and eye exams, labs, supplies and insulin at \$0 cost-sharing starting for Plan Year 2023 for individual and small group marketplace standard plans;

WHEREAS, the Social Justice and Health Disparities Working Group recommended that after eliminating financial barriers to care for Type 2 Diabetes, the Standard Plans Working Group consider eliminating financial barriers for pediatric mental and behavioral health;

WHEREAS, the Fall 2022 Standards Plans Working Group, which includes all DC Health Link health insurers, brokers, consumer and patient advocates, members of the HBX Standing Advisory Board, and with clinical support provided by physicians and other experts from Children’s National Hospital and Whitman Walker Institute, met nine times from September 13 to November 4, 2022;

WHEREAS, the Standard Plans Working Group’s charge was to remove financial barriers for pediatric mental and behavioral health services considering limitations under federal AV standards;

WHEREAS, the Standard Plans Working Group began deliberations focusing on treatment for the most prevalent pediatric mental and behavioral health conditions impacting black and brown children and other marginalized populations in the District as identified by Children’s National Hospital and eventually all working group members agreed on including all mental and behavioral health conditions;

WHEREAS, while the Working Group began analysis focusing on a limited number of outpatient visits for a handful of conditions, during its deliberations and with further analysis, nearly all members of the working group agreed to recommend that financial barriers be removed for all pediatric mental and behavioral health conditions without a limit on number of outpatient visits;

WHEREAS, the Standard Plans Working Group analyzed impact on AV considering, \$0 and \$10 copayment options and eventually compromised at a \$5 copayment for outpatient visits;

WHEREAS, the Standard Plans Working Group analyzed prescription medication coverage and recommended a \$5 copayment for certain classes and certain specific prescription medication;

WHEREAS, on November 4, 2022, the working group voted on two proposals to amend standard plans for PY 2024 to reduce or eliminate cost-sharing for outpatient pediatric mental and behavioral health care and prescription medication. First, the working group voted 8 to 2 to reduce the copayment to \$5, and then the working group voted 5 to 3, with 2 abstentions for \$0 cost sharing for the treatment of pediatric mental and behavioral health care, including unlimited outpatient visits, identified prescription drugs, and some specific labs; and

WHEREAS, there was no consensus recommendations from the Working Group, on November 9, 2022, the Executive Board’s Insurance Market Committee held a public meeting with public comment. The Insurance Market Committee in a vote of 3-0 voted to recommend to the Executive Board the Standard Plan Working Group recommendation with a \$5 copayment in PY 2024.

NOW, THEREFORE, BE IT RESOLVED that the Executive Board hereby adopts the following recommendations from the Insurance Market Committee:

The Executive Board adopts the recommendation for platinum, gold, silver, and bronze standard plans for PY 2024 to reduce financial barriers to care by lowering cost-sharing for pediatric mental and behavioral health outpatient visits to \$5, \$5 for classes of prescription medication and specified medication, and \$5 for specified labs. This does not apply to HSA High Deductible Health Plans standard plans.

1. This is a substantial change from current coverage and is expected to eliminate financial barriers to care. For example, Standard Plan Mental and Behavioral Health Office Visits Copay for Plan Year 2023:

METAL LEVEL	COPAY
Platinum	\$20
Gold	\$25
Silver	\$40
Bronze Copay Plan	\$45

2. **Mental Health Services and Medications with \$5 Cost Sharing**
For ALL mental and behavioral health conditions.
3. **Ages Covered for \$5 Copay**
Up to 19th birthday, consistent with pediatric ACA services.
4. **Cost-Sharing with AV Offset** (subject to compliance with federal 2024 AV calculator):

\$5 Copay for All Services (including drugs and labs)

Plan	Current Metal AV	Age 18, \$5 Copay
Platinum Plan 2023	89.89%	89.92%
Gold Plan 2023	81.92%	81.91%
Silver Plan 2023	71.95%	71.95%
Bronze Copay Plan 2023	64.91%	65.00%

AV Offset

	MOOP – Current	MOOP – Adjusted
Gold - \$5 Copay	\$5,800	\$5,900
Silver - \$5 Copay	\$8,850	\$9,100

5. Bronze HSA Plan

No modification to Bronze HSA plan (which must comply with federal law).

6. Compliance with Federal Law

All modifications are conditioned on compliance with applicable federal laws. HBX will work with carriers to ensure compliance.

7. Details of Coverage for \$5 Copay

See Attachment A of the [Standard Plans Working Group \(SPWG\) Report Final Version November 9, 2022](#), Pages 19-32.

I HEREBY CERTIFY that the foregoing Resolution was adopted on this _____ day of November, 2022, 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