



RESOLUTION

EXECUTIVE BOARD OF THE DISTRICT OF COLUMBIA HEALTH BENEFIT EXCHANGE AUTHORITY

To adopt recommendations modifying DC Health Link Essential Plans (aka Standard Plans) for plan year 2026 to eliminate cost-sharing for the treatment of HIV.

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-payments, 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, and 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 people with Type 2 diabetes 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, on November 8, 2023, and as modified on January 10, 2024, the Executive Board adopted a Resolution modifying the standard plans at the platinum, gold, silver and bronze copay levels for Plan Year 2025 for cardiovascular and cerebrovascular disease providing for primary care visits, cardiac rehabilitation, medical nutrition therapy, generic drugs, and certain labs, including imaging, be provided at \$0 cost-sharing;

WHEREAS, the Social Justice and Health Disparities Working Group recommended the Standard Plans Advisory Working Group consider eliminating cost-sharing for HIV as the next condition for standard plan design changes;

WHEREAS, the working group met eight times, once a week, and twice in the final week, between September 17 and November 8, 2023, by video and conference call;

WHEREAS, the Standard Plans Advisory Working Group received a [report](#) evaluating the medical needs of people living with HIV from the Whitman Walker Institute. The report noted that DC has the highest prevalence of HIV in the country and that HIV disproportionately affects communities of color: 71% of people living with HIV in DC are Black and 8% are Latino.

WHEREAS, an expert from Georgetown University, Center on Health Insurance Reforms presented to the Standard Plans Advisory Working Group on the AIDS Drug Assistance Program (ADAP) which covers cost sharing for HIV-related medications for eligible enrollees and results in rebate money to the District ADAP. The working group agreed that it did not want the HIV equity-based design to interfere with District's ADAP rebates and would need to have a cost sharing amount for brand RX above \$0;

WHEREAS, the Standard Plans Advisory Working Group debated two options for lowering cost sharing for the treatment of HIV, specific services and prescription drugs (Rx) identified in the Whitman Walker Institute treatment scenario but did not reach consensus on either: Option 1) limiting cost sharing to \$5 for generic and brand name Rx, primary care visits, and laboratory tests; Option 2) limiting cost sharing to \$5 for primary care visits and laboratory tests, no cost sharing changes for Rx. The discussion included debate over whether patients should be seeking cost sharing assistance for Rx from ADAP or manufacturer copay assistance programs;

WHEREAS, the group coalesced around a middle ground Option 3) eliminating cost sharing for generic Rx, primary care visits, and laboratory tests with carriers agreeing to undertake outreach activities to inform enrollees about the availability of copay assistance programs such as ADAP and manufacturer copay assistance programs;

WHEREAS, on October 16, 2024, the Centers for Medicare and Medicaid Services (CMS) released the Final 2026 Actuarial Value (AV) calculator. All Plan Year 2025 standard plans, which do not include the HIV cost sharing changes, fell outside of the *de minimis* range of the Final 2026 AV calculator. Therefore, the Standard Plans Advisory Working Group considered

options to bring all standard plans within the AV *de minimis* range and settled on specific changes that accommodated all HIV scenarios being debated;

WHEREAS, on November 8, 2024, all but one voting member of the Standard Plans Advisory Working Group voted for Option 3 to eliminate cost sharing for HIV primary care visits, laboratory tests, and generic Rx in HIV drug classes (as described in the Whitman Walker Institute report and revised by the Working Group), with carriers agreeing to undertake outreach activities to inform enrollees about the availability of copay assistance programs such as ADAP and manufacturer copay assistance programs, and with cost sharing modifications for plans at each metal level to bring the them within the AV range under the 2026 AVC;

WHEREAS, on November 13, 2024, the Insurance Market Committee met and deliberated on the Standard Plans Advisory Working Group non-consensus recommendation; specifically, discussing whether brand name Rx should be included in the HIV scenario. Subsequently, the Insurance Market Committee voted to recommend Option 3 (which received all but one vote from the Standard Plans Advisory Working Group) to the Executive Board;

WHEREAS, on November 14, 2024, to bring the bronze HSA plan into compliance with the *de minimis* range of the 2026 AV calculator, the Standard Plans Advisory Working Group reached a consensus decision to raise the maximum out of pocket on the bronze HSA plan by \$100;

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

The Executive Board adopts the recommendation for Plan Year 2026 DC Health Link Essential Plans in the individual and SHOP marketplace at the platinum, gold, silver, and bronze metal level tiers, eliminate cost sharing for primary care visits, laboratory tests, and generic Rx for people with HIV as set forth in the Standard Plans Advisory Working Group report, dated November 14, 2024. Additionally, DC Health Link carriers undertake outreach activities to inform enrollees about the availability of copay assistance programs such as AIDS Drug Assistance Program (ADAP) and manufacturer copay assistance programs. Staff will report to the board by December of 2025 on carrier outreach activities and enrollment in ADAP. Additionally, staff will monitor and report to the board about changes in the federal ADAP program, 340B program, or other policies that may alter access to cost-sharing assistance for HIV medications for HBX enrollees. Finally, the Plan Year 2026 standard plan designs are revised to meet the AV for each metal level under the 2026 Actuarial Value Calculator -- platinum, gold, silver, bronze copay, and bronze HSA – to fall within the *de minimis* range as set forth in the report.

I HEREBY CERTIFY that the foregoing Resolution was adopted on this 19th day of November 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