



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, the working group met seven times, once a week, between September 12 and October 24, 2023, by video and conference call;

WHEREAS, the Standard Plan Working Group heard from a cardiovascular and cerebrovascular disease expert from George Washington University School of Medicine, and received a [report](#) evaluating the cardiovascular and cerebrovascular needs specifically for people of color in the District of Columbia from Whitman Walker Institute;

WHEREAS, the Standard Plans Working Group deliberated and all members agreed that if the equity plan were to move forward, to narrow \$0 cost sharing to generic prescription medications and primary care/internal medicine services, among other services and labs identified in the Whitman Walker Institute's report, and by doing so, only the standard bronze plan did not meet the *de minimis* range requirements for the current Actuarial Value (AV) calculator;

WHEREAS, Standard Plan Working Group deliberated on the three options to achieve bronze AV *de minimis* range compliance: 1) Raise the maximum out of pocket by \$250; 2) Raise generic drug copays by \$5; and 3) Raise copay for primary care visits by \$10, raise specialist visits by \$10 and raise mental health and substance abuse office visit copays by \$10;

WHEREAS, on October 24, 2023, all but one member of the Standard Plan Working Group expressed their thoughts that Option 2 was the least bad option with the most flexibility for having bronze plan compliance with the plan year 2025 AV calculator while moving forward with \$0 cost sharing for services identified in the Whitman Walker Institute's report for those with cardiovascular and cerebrovascular disease, while a single working group member objected;

WHEREAS, since the Standard Plans Advisory Working Group did not reach a consensus, on October 31, 2023, the Insurance Market Committee held a public meeting with public comment where they heard from working group members and deliberated on cardiovascular and cerebrovascular prescription drugs and attendant services at \$0 cost-sharing as identified in the Standard Plan Working Group final report and the three proposed options for changes in plan design for the bronze copay plan to remain within the *de minimis* range requirements for the AV calculator;

WHEREAS, on October 31, 2023, the Insurance Market Committee reached consensus and recommended to the Executive Board that standard plans in both the individual and SHOP markets be modified to reflect \$0 cost-sharing for cardiovascular and cerebrovascular services based on the Standard Plan Working Group final report;

WHEREAS, on October 31, 2023, the Insurance Market Committee asked the Standard Plan Working Group to reconvene and consider option one and two for the bronze copay plan to remain within the *de minimis* range requirements after the plan year 2025 AV calculator is released by Centers for Medicare and Medicaid Services and eliminated option three. Specifically, the standard plans with \$0 cost sharing for generic prescription drugs and attendant services for those with cardiovascular and cerebrovascular disease will be re-run through the calculator and the results will determine whether any further changes to cost-sharing will be necessary under the new calculator;

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, as recommended by the Insurance Market Committee, 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 November 2, 2023. 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.

After release of the plan year 2025 AV calculator, SPWG will reconvene to consider 1) raising the maximum out of pocket by \$250 or 2) raising the generic drug copay by \$5 if necessary for the bronze copay plan to remain within the *de minimis* range requirements.

I HEREBY CERTIFY that the foregoing Resolution was adopted on this 8th day of November , 2023, 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