

Policy and Advocacy Committee

Notes 10/29/10

1. Introductions

- Deborah Arrindell, American Social Health Association
- Victoria Beltran, DSTDP, CDC
- Laura Hessberg, National Partnership for Women and Families
- Carole Johnson, George Washington University Medical Center
- Alexis Kaigler, DSTDP, CDC
- Casey Korba, America's Health Insurance Plans
- Penny Loosier, DSTDP, CDC
- Jennifer Maehr, Maryland Department of Juvenile Services
- Susan Maloney, Partnership for Prevention
- Suzanne Miller, National Coalition of STD Directors
- Kelly Opdyke, Cicatelli Associates, Inc. (IPP Regions 2 and 4)
- Kate Petersen, National Association of County and City Health Officials
- Amy Pulver, NCHHSTP, CDC
- Raul Romaguera, DSTDP, CDC
- Bill Smith, National Coalition of STD Directors
- Emily Stewart, Planned Parenthood Federation of America
- Josef Weissfeld, American College of Obstetricians and Gynecologists

2. Big P vs. small P (Deborah)

- Federal policy vs. being involved in policy initiatives that result in long-term systemic change
- Decision in committee is to focus on policy initiatives that have easy national target, e.g. HEDIS measure, IPP program funding, EOB confidentiality for adolescents

3. Ensuring confidentiality of screening services

- Partnership for Prevention and physician groups submitted letter to the DHHS Secretary explaining that when health plans issue an EOB for medical services to a policy holder, patient confidentiality may inadvertently be breached and this poses a barrier to delivery of recommended clinical preventive services, including STD screening. Several possible remedies were described. The letter circulated in DHHS and comments are being considered, but a solution remains elusive
- What are things that people have done in the past to confront this issue? (Laura)
- NY State convened key players to address this issue, but has not arrived at a solution (Kelly)
 - Conflicts among Federal law and state regulations for insurance and provider services are all different, may conflict, and solving one issue does not mean EOBs are no longer sent out

- Discussion and information sharing
 - All clients are concerned with EOB statements coming from non-federally funded confidential STD clinics, not just adolescents (Bill)
 - Issue of EOBs and confidentiality are not only concerned with STD services, but mental health services, etc.
 - Low performing plans report that clients are going to Title X clinics to receive these services confidentially, which is why they're not reporting chlamydia screening (Raul)
 - Providers may be able to write insurance company requesting exemption of service from EOBs (Susan)
 - Legal review is available online from STD Prevention Conference 2008
 - In the health reform law, EOBs not a main focus for Congress and HHS
 - HIPAA→ patient can request to have EOB sent to different location, but their plan does not have to comply. We could ask HHS to revise this, could be cleanest angle for EOB policy (Emily)
 - Is the requirement for paper EOB? Does it or could it apply to electronic EOB? (green and cost-saving) (Bill)
 - It could also be available for viewing on an online account, however this is not such an easy fix as it could be viewed by anyone else who is on the account (Kelley)
 - Want to be proactive about questions regarding fraud, provider duplicate coding, etc (Carole)
 - What is done about abortion reporting on EOB? Is there any groundwork done on this type of privacy/confidentiality on EOBs? (Jennifer)
 - Abigail English published compendium of state laws; look at state/provider best practices
- Next steps:
 - Link to HIT—More information is needed to work with those who are working on setting the EMR standards and data elements, which could also be applicable to EOBs (Amy)
 - Medical groups are convening to prepare a confidentiality position statement (Raul)
 - Need more information about how EOBs actually work in health plans. Does it cost them money or save money to not issue and EOB? What are issues related to protection against fraud? (Susan)
 - What is the impact of HIPAA? Is there a potential solution there? Could there be a sign-on letter from major organizations? (Emily)
 - **To learn more about HIPAA, invite Rachel Gold to brief the committee by telephone. Laura Hessburg will follow up and try to schedule this in Dec.**

4. Brainstorming issues of concern regarding chlamydia screening post-health reform

- People see what Congress's intent for health reform was, but knowing that discretionary funding is tight, the issue is how to resolve this for reimbursement issues and expanding access
- What does it mean to work with "essential community providers"? (Carole)
- Reimbursement rates are where states are looking to for budget balancing (Emily)

- Medicaid providers afraid of getting reimbursement rates cut
- Fear of STD services becoming a cash service (Bill)
- Now, because people assume that everyone is covered, they also assume no advocacy is needed for safety net funding, such as IPP and other public health funds. Work should continue to protect public health funds (Amy)
- Concerned about vulnerable pot of IPP monies, what can this group do to support IPP funds? (Bill)
 - CDC is concerned as well, IPP regional coordinators working with Yvonne Hamby for Health Impact Assessment (Raul)
 - Group is doing an assessment (one year project) to see how these IPP funds are being used, and not all are being used for testing, being funneled to other services like infrastructure, etc (Kelly)
 - Need to consider how to lobby on Hill for this; legislators generally interested in funding for services for constituents, not interested in funding infrastructure and data. Need to be strategic about this
- Next steps: remain mindful of IPP issues; widen circle of people in these discussions; consider letter to White House on 2012 budget; look at congressional language on IPP

5. NCC Provider Education Committee

- Will provide more information at future date regarding Provider Education Committee's project to identify state champions for chlamydia screening and to discuss implications for advocacy at state level (Susan)

6. EPT

- Policy Toolkit – CDC asked Arizona State University, Public Health Law program to identify barriers to implementing EPT, regardless of whether it was passed in the state or not. Materials are going through clearance at CDC (Alexis)
 - Barrier around liability for providers
 - Promote toolkit to networks (Bill)

7. Conference call scheduling

- Every other month
- Next call in December with Rachel; see her availability