healthywomen

CURES 2.0

Leading Women’s Health Forward

Virtual Policy Discussion | May 11, 1-2 p.m. ET
Arika L. Pierce, JD
CEO and Founder, Piercing Strategies
Fawn Cothran, Ph.D., RN, GCNS-BC, FGSA
The Hunt Research Director, National Alliance for Caregiving
Family Caregivers

- NAC’s work aims to support a society which values, supports, and empowers family caregivers across chronic condition and lifespan to thrive at home, work, and life.

- “…family* member or other individual who has a significant relationship with, and who provides a broad range of assistance to, an individual with a chronic or other health condition, disability or functional limitation.” (RAISE Family Caregiver Act Initial Report to Congress, 2021, p. 15)

*NOTE: “family” is broadly defined representing biological, legal, and families of choice
Caring for aging parents, sick spouses is keeping millions out of work

Four times as many Americans are out of work taking care of adult family members than those who stopped working to care for children during the pandemic

By Abha Bhattarai
April 4, 2022 at 2:02 p.m. EDT
Caregiver Challenges Across the Lifespan

23 hours per week of care

40% live with care partner or care recipient
Caregiver Challenges Across the Lifespan

- Stress
- Invisibility
- Reduced Work
- Physical & Mental Health
- Nutrition & Immune Function
- Isolation
Caregiver Benefits Across the Lifespan

- Sense of Purpose
- Satisfaction
- Opportunity to Resolve Conflict
- Strengthen Relationships
- Giving Back
Unique Challenges for Women

The pandemic drove women out of the workforce. Will they come back?

Their absence could hurt the broader U.S. economy, so policymakers are weighing ways to help them return to work.

How COVID-19 Sent Women’s Workforce Progress Backward

Congress’ $64.5 Billion Mistake

The collapses of the child care sector and drastic reductions in school supervision hours as a result of COVID-19 could drive millions of mothers out of the paid workforce, fracture social safety net, undermine family economic security, and set gender equity back a generation.

Women, Work, and Family During COVID-19: Findings from the KFF Women’s Health Survey

Women, Work, and Family During COVID-19: Findings from the KFF Women’s Health Survey

Many women have left the workforce. When will they return?

By BOBBY CAINA CALVAN and CHRISTOPHER RUGABER

November 4, 2021
Unique Challenges for Women

- 60% of caregivers
- More likely to care for more than one generation
- More likely to be informal AND formal caregivers
- Likely to repeat role
- Gendered role expectations
Unique Challenges for Women

- Feminization of poverty
- Early workforce separation
- Role potentially worsens health outcomes
Provisions from Cures 2.0

- Establish initiatives that enhance the federal support infrastructure for family caregivers
- Training and information on how to perform specialized skills
- Contributing to a better field of data collection
There are only four kinds of people in the world.

Those who have been caregivers.

Those who are currently caregivers.

Those who will be caregivers.

And those who will need caregivers.

~Rosalyn Carter

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Phone: 202-918-1021

https://www.caregiving.org
Visit NAC’s event webpage for the latest information including the event agenda. 
Visit webpage.

Register for the event to receive Zoom Webinar join information then join and step away throughout the day May 19 to catch the sessions and stories most important to you.

Share! This event is free and open to the public. Please share with your networks.
2 Minute Question & Answer with Fawn Cothran
Jeannine M. Brant, Ph.D, APRN-CNS, AOCN, FAAN
President, Oncology Nursing Society
Listen to Patient Voices

- Capturing the patient’s voice provides understanding of patient symptoms and experiences.
  - Patient-reported outcomes (PROs).
  - Need platforms and workflows that support PROs’.
  - Foundational to all Titles within *Cures 2.0*.
  - Expands electronic database to expand research potential.
Patient & Caregiver Implications

● Clinical Trials
  ○ Title II – *Improve clinical trial diversity and increase access.*
  ○ Diversity
  ○ Increase Access

● Cancer Genetics & Genomics
  ○ Title IV – *Expand access to genetic testing and precision medicine.*
  ○ Risk Reduction, Screening, Diagnosis
  ○ Lack of infrastructure, cost, fear of life insurance scrutiny are limitations

● Telehealth
  ○ Title IV – *Increase access to telehealth and extend telehealth capabilities.*
  ○ Increase Access – Flexibility, Nurse Practitioner Inclusion
Nurses

- Cancer Care Navigators/Nurses provide care throughout the cancer journey
  - Often lead/collaborate in interdisciplinary teams
  - Enroll patients into clinical trials

- Providers of holistic care
  - Oncology Nurse Practitioners provide in person and telehealth oncology
  - Relationship-based care
  - Drivers of patient-reported outcomes - Instrumental in symptom assessment and management

- Nurse Scientists and Research
  - Discover new knowledge
2 Minute Question & Answer with Jeannine M. Brant
Nisha Quasba
Advisor, Faegre Drinker
Telehealth Policy in Cures 2.0

- Section 402: TIKES Act (Medicaid)
- Section 403: Telehealth Modernization Act (Medicare)
Telehealth in Medicare

- Section 1834(m) of the Social Security Act

Telehealth services = Patient

Present at statutorily defined "originating site":
1. Geographically rural
2. Usually a health care facility

Receives nominal facility fee

Telecommunications system

Synchronous face to face video visit

Not at the same location as the beneficiary ("distant site")

Only certain practitioners

Only services from list of codes kept by the Secretary

Receives standard reimbursement
Telehealth in Medicare during the PHE

- Congress gave HHS broad authority to waive telehealth restriction.
  - Originating and geographic site.
  - CMS added 200+ codes for temporary coverage through CY2023.
  - Audio-only virtual check-ins have been allowed.
  - RPM can be used for acute and/or chronic conditions for established and new patients.
  - Federally qualified health centers (FQHCs) and rural health clinics (RHCs) can serve as "distant sites."
FY 22 Omnibus Policy

- Extended Medicare flexibilities for 151 days post pandemic.
  - Originating site, PT/OT/ST, FQHC/RHC, audio only

- Delayed the telemental health in person requirement accordingly.

- Extended the HDHP safe harbor for plan year 2022.

- Required MedPac, CMS, and OIG reports.

- Did not address remote prescribing of controlled substances or licensing/practice across state lines.
Telehealth in Medicaid

State Medicaid & CHIP Telehealth Toolkit
Policy Considerations for States Expanding Use of Telehealth
COVID-19 Version
Section 403 of Cures 2.0 (Medicare)

- **Telehealth Modernization Act**: Extending Medicare telehealth flexibilities following the public health emergency.
  - Originating site can be wherever the patient is, including the home.
  - The Secretary may expand the list of practitioners eligible to provide telehealth services (ex: PT/OT/ST).
  - The Secretary may retain services on the telehealth services list during the PHE via the same subregulatory process.
  - FQHCs and RHCs may act as distant sites.
  - Telehealth may be used for the hospice and home dialysis face-to-face encounters.
Section 402 of Cures 2.0 (Medicaid)

- TIKES Act (Medicaid): Within a year of enactment, HHS shall issue guidance to states to overcome barriers to access to telehealth in Medicaid and CHIP.

- Technical assistance and best practices related to:
  - Existing strategies to integrate virtual services into value-based care models.
  - Examples of states that have used Medicare waivers to test expanded access to telehealth.

- Studies:
  - MACPAC on telehealth impact on health care access, including cost and utilization, barriers and solutions.
  - GAO on opportunities for federal agencies to collaborate.
Some Policies that are Not Addressed

- In person requirement prior to prescribing controlled substances.
- Safe harbor for High Deductible Health Plans to cover telehealth pre-deductible.
- Licensing
- Remote patient monitoring
Will Federal Policy Keep Up with the "New Normal"?

- Providers and patients have learned to use telehealth.
- Many prefer telehealth for convenience and access.
- There will be ongoing concern about infectious disease spread.
- Technology can more frequently/effectively monitor conditions.

Most federal policy flexibilities were granted temporarily during the pandemic

Will federal policy (Congress and agencies) make policies permanent to keep up with the new normal?
2 Minute Question & Answer with Nisha Quasba
Ashira Vantrees, JD
Staff Attorney, Aimed Alliance
Aimed Alliance

501 (c)(3) not-for-profit health policy organization that seeks to protect and enhance the rights of health care consumers and providers.
The Importance of Cures 2.0

- Diversity in clinical trials.
- Caregiver education.
- Increasing access to telehealth services.
Where Congress Can Take Action Next

Biomarker Testing

Prescription Digital Therapies
Biomarker Testing

- Biomarkers are characteristics of the body that can be objectively measured.

- Biomarker testing is used to identify genes, protein, or other substances that provide information about the type of cancer an individual uses.

- The results of biomarker testing can help healthcare professionals identify the treatments that are most effective for a particular patient.

- Biomarker testing in breast and ovarian cancers.
What Can Congress Do?

- Congress should introduce legislation that would require health plans to cover the cost of biomarker testing.

- Include guardrails for prior authorization policies on biomarker testing.
Prescription Digital Therapies

- Prescription digital therapeutics also called prescription digital therapies or PDTs.

- PDTs are evidence-based medical interventions using software that can be accessed on a tablet, smartphone, or VR headset to prevent, manage, or treat a range of diseases and disorders.

- Wide variety of conditions currently can be treated using PDTs such as ADHD, chronic low back pain, chronic insomnia, OUD, and SUD.
What Can Congress Do?

- Introduced by Senators Shaheen (D-NH) and Capito (R-WV) and Representatives Thompson (D-CA) and McKinley (R-WV).
- Would require the Secretary of HHS to create temporary HCPCS codes for PDTs and permanent codes for PDTs within 2 years of bill enactment.
- Would create a new Medicaid payment category for PDTs.
2 Minute Question & Answer with Ashira Vantrees
10 Minute Question & Answer with All Panelists
Thank You to Our Corporate Advisory Council!

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