Cosponsor the *Closing Health Coverage Gaps for Public Servants Act* Sens. Chris Murphy & Debbie Stabenow Reps. Katie Porter & Debbie Dingell

Endorsements: AFSCME, American Academy of Pediatrics, American Federation of Teachers (AFT), American Psychiatric Association, American Psychological Association, Association of Maternal & Child Health Programs, American Society of Addiction Medicine, Bazelon Center for Mental Health Law, The Kennedy Forum, March of Dimes, National Alliance on Mental Illness (NAMI), National Association for Behavioral Healthcare, National Association of School Nurses, National Association of Social Workers (NASW), National Council for Mental Wellbeing, National Education Association (NEA), National Health Law Program, Mental Health America (MHA), Parity Enforcement Coalition, Partnership to End Addiction, School Social Work Association of America, Susan G. Komen

The *Closing Health Coverage Gaps for Public Servants Act* would close a health insurance coverage gap that prevents thousands of frontline workers from getting the care they need. The bill would sunset the ability for certain self-funded, non-federal governmental health plans to opt out of four benefit categories beyond the current plan year or the duration of a collective bargaining agreement. Employees and their family members covered under these plans may be unable to get coverage for critically needed health care services, or, if they choose to pursue them can face astronomical costs.

Regulated by the Centers for Medicare and Medicaid Services (CMS), these type of plans include state, city and county governments, public colleges and universities, school districts, and other non-federal public entities. As of November 2021, the <u>CMS Center for Consumer</u> <u>Information and Insurance Oversight</u> reported that 181 non-federal governmental plan sponsors had elected to opt out of one or more benefit categories. Of that list, 180 plans have opted out of compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA), 43 plans have opted out of Newborns and Mothers Health Protection Act, 40 plans have opted out of the Women's Health and Cancer Rights Act, and 37 plans have opted out of Michelle's Law.

Of the seven opt-out categories, non-grandfathered plans can no longer opt-out of the first three categories but still can for the last four:

- 1. Limitations on preexisting condition exclusion periods;
- 2. Special enrollment periods;
- 3. Prohibitions against discriminating against individual participants and beneficiaries based on health status;
- 4. Standards relating to benefits for mothers and newborns;
- 5. Parity in the application of certain limits to mental health [including and substance use disorder] benefits;
- 6. Required coverage for reconstructive surgery following mastectomies; and
- 7. Coverage of dependent students on medically necessary leave of absence.

To sign onto this legislation, email <u>Elizabeth_Darnall@murphy.senate.gov</u> in Sen. Murphy's office or <u>Cameron.MacPherson@mail.house.gov</u> in Rep. Porter's office.