Volume 18 | Spring 2022

LVBCH℠
Employers for Healthcare Value Since 1980

News Notes

• www.LVBCH.com •

Quarterly News & Updates

While the situation with the coronavirus (COVID-19) remains in flux, nothing is more important to the Lehigh Valley Business Coalition on Healthcare than the health and safety of our members, your employees, your families, our community, and our Country. The Coalition's operations and purchasing programs remain committed to providing full services to members.

Whether we are moving into the "new normal" or getting "back to business" our plan is to continue supporting our members, with purchasing programs that increase membership value and an ongoing commitment to providing education and networking opportunities - whether in person or virtual!

Thank you to our employer members and associate members for your ongoing engagement!

We hope you enjoy this latest e-Version of the LVBCH Quarterly News Notes!

Visit our Website

Welcome Message

Carl Seitz
President, LVBCH

As we reach the mid-point of 2022, we want to thank everyone who was able to join us back in-person at the 42nd Annual Conference. We would also like to extend a special thank you to all of our sponsors, exhibitors, speakers, volunteers, and attendees who contributed to a successful event.

We have also enjoyed seeing you at our Education in the Vineyard series. Special thanks to our partners EyeMed, BeneFIT Corporate Wellness, Express Scripts, Keenan Pharmacy Services, and ELMC Rx Solutions who provided the education at these events. We hope to see you all at the final event in the series: Thursday, August 18 at The Cellar by Stony Run with AmeriHealth Administrators and Health Advocate - please ***Register Now*** if you have not already done so!

We also hope you will join us for our in-person events scheduled for this autumn. More information about these events will be announced soon!

- 1st Annual Legislative Roundtable
  - Friday, September 16
  - At Glasbern Inn
- 5th Annual Documentary Screening - The Color of Care
  - Wednesday, October 5
  - At ArtsQuest

We also remain committed to the health and safety of our members, and will continue to offer opportunities to best meet your needs and interests.

We look forward to seeing you this fall!

Welcome New Members

Please join us in extending a warm welcome to our new Coalition members - We encourage all members to get involved and participate in Coalition activities!

- Big Spring School District
- Camp Hill School District
- Capital Area School District
- Julabo USA
- Mechanics Area School District
- Morris Black & Sons, Inc
- West Perry School District

View All LVBCH Members Here

LVBCH Updates

2021 Annual Report

Lehigh Valley Business Coalition on Healthcare

LVBCH℠

Employers for Healthcare Value Since 1980

Lehigh Valley Business Coalition on Healthcare

2021 ANNUAL REPORT

Read the Annual Report

LVBCH Releases 2021 Type 2 Diabetes Report

With a Focus on How Cardiovascular Conditions Can Impact Diabetes Care

sanofi

2021

MANAGED CARE DIGEST SERIES®

TYPE 2 DIABETES REPORT™
LEHIGH VALLEY BUSINESS COALITION ON HEALTHCARE

With a Focus on How Cardiovascular Conditions Can Impact Diabetes Care

9th Edition

The Lehigh Valley Business Coalition on Healthcare (LVBCH) announces the release of the 2020 LVBCH Type 2 Diabetes Report™. The 9th edition of the Report offers a broad overview of the state of diabetes in markets within the Lehigh Valley and throughout the state. State and national benchmarks help identify potential gaps in care and reinforce positive trends. The most recent data, current as of calendar year 2020 and spanning several years, encompass 11.4 million unique patients nationally with a diagnosis of Type 2 diabetes, including almost 538,000 residing in Pennsylvania. LVBCH thanks Sanofi US for their support of this important report.

Read the Diabetes Report

Read the Press Release

2022 Spring Hospital Safety Grades

133 Hospitals Graded, 61 Pennsylvania Hospitals Earn "A" Grade

The Lehigh Valley Business Coalition on Healthcare (LVBCH) would like to recognize our local hospital systems and their hospitals that received an “A” including: Geisinger’s Geisinger Medical Center, Bloomsburg, Lewistown, Shamokin, and St. Luke’s hospitals; Lehigh Valley Health Network’s Hazleton and Pocono hospitals; and St. Luke’s University Health Network’s Allentown, Anderson, Bethlehem, Miners, Monroe, Sacred Heart, and Upper Bucks hospitals.

Read the Press Release

Upcoming Events

Register Now

Education in the Vineyard

- Thursday, August 18, 2022
- At the Cellar by Stony Run

Register Now

1st Annual Legislative Roundtable

- Friday, September 16, 2022
- At the Glasbern Inn

****More information coming soon****

Register Now

5th Annual Documentary Screening

The Color of Care - Not All Healthcare is Created Equal

- Wednesday, October 5, 2022
- At the ArtsQuest

****More information about this event will be coming soon!****

Register Now

Save-the-Dates

43rd Annual Conference

- Wednesday, May 17, 2023
- At DeSales University

****More information about this event and registration information coming soon****

Employer Forum

All LVBCH Employer Members are invited to participate in this ongoing peer-to-peer

discussion between local employers on the topics most important to you!

Save-the-Date: The next employer forum is scheduled for:

- Thursday, August 11, 2022;
- 8:00 a.m. - 9:00 a.m.
- Via Zoom

For more information or to register please contact Donna Corsi: dmcorsi@lvbch.com.

Recent Events

42nd Annual Conference

Moving Forward in 2022: Employers Working Together to Improve Healthcare Value

- Wednesday, May 11, 2022
- At DeSales University, Center Valley, PA

Read the Annual Conference Summary

Thank You Speakers & Panelists

Suzanne Delbanco:
Building onto a Strong Foundation: Strategies for Taking Health Care Purchasing to the Next Level

Read the Summary - Suzanne Delbanco

View the Slides - Suzanne Delbanco

Ford Koles: 2022 State of the Union

Read the Summary - Ford Koles

View the Slides - Ford Koles

Bert Alicea: The Importance of Managing Mental Health in the Workplace

Read the Summary - Bert Alicea

View the Slides - Bert Alicea

Dr. Marty Makary:
The Grassroots Movement to Re-Design Healthcare: Preparing for the Future of Medicine

Read the Summary - Dr. Marty Makary

Read the Summary - Board Panel

Thank You Annual Conference Sponsors & Exhibitors

Premier Sponsors

AmeriHealth Administrators

Capital Blue Cross

Express Scripts

Platinum Sponsors

BSI Corporate Benefits — Meeting all your employee benefit needs

KPCM

St Luke's Care Network

Populytics — How HEALTHIER Happens.

United Concordia Dental

Gold Sponsors

Boehringer Ingelheim

Clarity Benefit Solutions

ELMC Rx Solutions

eyeMed

HealthAdvocate

Highmark — An Independent Licensee of the Blue Cross and Blue Shield Association

McGriff Insurance Services

novo nordisk

UPMC Health Plan

Silver Sponsors

Accolade — Personalized Healthcare

American Cancer Society

Centivo

HMK Insurance — An Alera Group Company

MarshMcLennan Agency

Merck — Inventing for Life

nox Health

Univest — Banking | Insurance | Investments

USI

Valley Youth House — Building foundations, shaping futures.

Education in the Vineyard

- Thursday, June 16, 2022
- At Folino Estates

Thank You Presenters

Education in the Vineyard

- Thursday, July 14, 2022
- At Weathered Vineyards

Thank You Presenters

Diabetes Report Webinar

Type 2 Diabetes in the Lehigh Valley: Highlights from the LVBCH Type 2 Diabetes Report

- Wednesday, June 1, 2022

Thank You Presenters

- Kerry Desai, Pharm D
- Jake Olsen, Forte

National Alliance of Healthcare Purchaser Coalitions (NAHPC) Updates

LVBCH partners with the National Alliance of Healthcare Purchaser Coalitions to drive innovation, health, and value through the collective action of public and private purchasers. Together, both organizations seek to accelerate the nation's progress toward safe, efficient, high-quality healthcare and the improved status of the American population.

WEBINAR - Employer Town Hall:

Better Health Now: Advancing Primary Care

EMPLOYER TOWN HALL

Better Health NOW: Advancing Primary Care

August 4, 2022 | 2 p.m.-3 p.m. (ET)

REGISTER

See Primary Care Resources in section below!

We need strong primary care in every community so we all have better access to health. The Primary Care Collaborative's **Better Health — NOW** campaign is a way to make this vision a reality.

This webinar will help unify and engage diverse stakeholders in promoting policies and sharing best practices that support adoption and growth of high-performing primary care.

Scott Conard, MD
Converging Health

Ann Greiner
Primary Care Collaborative

Melina Kambitsi, PhD
The Alliance

Shawn Martin
American Academy of Family Physicians

Lucy McDermott
Purchaser Business Group on Health

Alin Severance, MD
UPMC Health Plan

Mike Thompson
National Alliance

More Information & Register Now

WEBINAR -

5 Tenets to Managing Health in an Uncertain "VUCA" Environment

Complimentary Webinar

5 Tenets to Managing Health in an Uncertain "Vuca" Environment

August 17, 2022 | 1 p.m.-2 p.m. (ET)

REGISTER

Organizations can help employees thrive, despite the fact that we are living in an era charged with volatility, uncertainty, complexity, and ambiguity (VUCA).

Physician executives will prepare employers to lead with decisiveness and empathy and renew their focus on giving employees the tools and resources needed to take control of their health and wellbeing in five key areas.

Scott Conard, MD
Converging Health

Sharon Eloranta, MD
Washington Health Alliance

Ray Fabius, MD
HealthNEXT

Mike Thompson
National Alliance of Healthcare Purchaser Coalitions

More Information & Register Now

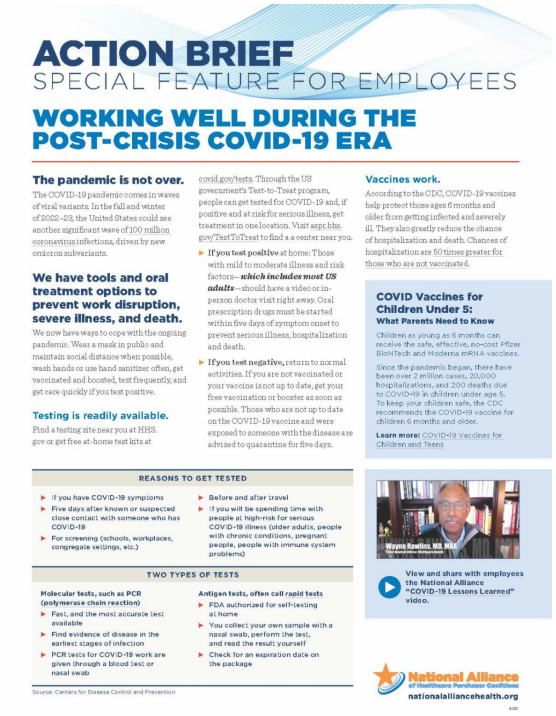
2022 Annual Forum

More Information & Register Now

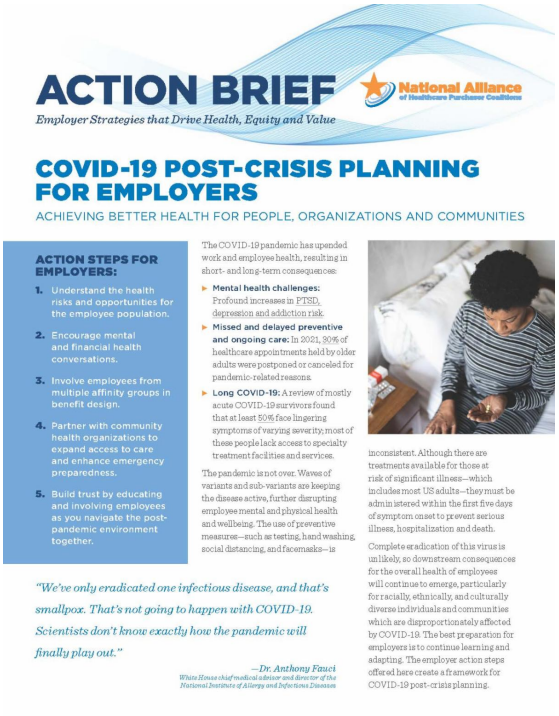
Employer Members receive complimentary registration:
Email Amanda Greene - agreene@lvbch.com for registration code.

Action Briefs

COVID-19 Post-Crisis



Read the Action Brief



Read the Action Brief

Understanding Health Equity

Read the Action

Read the Action Brief

Health Policy in Transit

Transparency Requirements in Consolidated Appropriations Act


April 13,2022

Health Policy in Transit

A Purchaser Viewpoint

National Alliance of Healthcare Purchaser Coalitions is a national, non-profit, membership association of employer led coalitions across the country collectively serving 32,000 purchasers and 45 million Americans.

National Alliance of Healthcare Purchaser Coalitions
Driving Health, Equity and Value

Transparency Requirements in the Consolidated Appropriations Act

The Departments of Labor, Health and Human Services (HHS) and the Treasury released the Transparency in Coverage (TiC) Final Rules on November 12, 2020. The TiC Final Rules set forth requirements for all group health plans and health insurance issuers in the individual and group markets to disclose cost-sharing information upon request to a participant, beneficiary, or enrollee. Following publication of these final rules, the Consolidated Appropriations Act of 2021 (CAA) was signed into law on December 27, 2020. The CAA requirements are largely duplicative of several components of the TiC Final Rules. HHS has stated that until regulations are published, whether they be in the form of a proposed rule or interim final rule, plans are to make every good faith effort to comply with the requirements in the TiC regulations.

The TiC Final Rules created a comprehensive set of requirements for plan and issuer disclosure of estimated cost-sharing information through an online tool, and in paper form, upon request. These requirements for the disclosure of cost-sharing information would allow a participant, to request cost-sharing information for a discrete covered item or service by billing code or descriptive term, according to the participant's request.

Further, the TiC Final Rules require a plan sponsor to provide cost-sharing information for a covered item or service in connection with an in-network provider or providers, or an out-of-network allowed amount for a covered item or service provided by an out-of-network provider, according to the participant's request, permitting the individual to specify the information necessary for the plan sponsor to provide meaningful cost-sharing information.

The regulations and statutes both apply to all non-grandfathered group and individual market plans. **This includes all self-insured and fully-insured employer plans.** The requirements do not apply to health reimbursement arrangements or other account-based group health plans, nor do they apply to short-term limited duration plans as defined in the Internal Revenue Code.

The TiC final rule requires compliance by January 1, 2022; however, HHS exercised its enforcement discretion and has now indicated that these provisions will be enforced beginning July 1, 2022.

The requirements of the TiC rule will be phased in in three stages:

In the first phase, health plans are required to disclose hospital pricing information. The first phase consists of posting on a public website two machine-readable files:

- one containing rates for all covered items and services between the plan or issuer and all in-network providers
- One containing all allowed amounts for, and billed charges from, out-of-network providers.

These requirements apply to plan years beginning on or after January 1, 2022, and **will now be enforced beginning July 1, 2022**.

The second phase, currently slated to go into effect in 2023, consists of an internet-based comparison tool allowing patients to receive estimates of their cost-sharing responsibilities for 500 shoppable items or services from a specific provider(s).

The third phase, to go into effect in 2024, is to expand the internet-based tool to all items and services. All information must be provided, upon request, in paper form and requests by phone must be accommodated. The Department of Labor has published a set of FAQs on the TiC and CAA coverage transparency requirements.

www.nationalalliancehealth.org

Read Transparency in CAA

Employer-Sponsored Coverage Post-Roe


July 20, 2022

Health Policy in Transit

A Purchaser Viewpoint

National Alliance is a nonprofit, purchaser-led organization whose members represent private and public sector, nonprofit, and Taft-Hartley organizations, and more than 45 million Americans spending over $300 billion annually on healthcare.

National Alliance of Healthcare Purchaser Coalitions
Driving Health, Equity and Value

Health Policy in Transit
Employer-sponsored Coverage Post-Roe (including travel)

This Health Policy in Transit provides a high-level summary of what employers should consider when navigating the various laws and regulations affecting the recent change in the federal constitutional right to an abortion following the U.S. Supreme Court's decision in Dobbs vs. Jackson Women's Health Organization.

There is no requirement in ERISA or any federal regulation that an employer plan covers abortion or related services, including travel. Employer-sponsored plans are allowed to cover abortion and any related services of their own choosing. In fact, these plans must cover care for essential health services, including medically necessary pregnancy care and abortion when carrying a pregnancy to term would endanger a patient's life. Under the Pregnancy Discrimination Act of 1978, pregnancy and prenatal care, including high-risk pregnancies, and obstetric care in general are required to be covered.

The question of whether an ERISA plan must cover abortion is not the same as whether abortion is allowed in a state, per state law or constitution. Also uncertain is whether state laws will take aim at employers that offer benefits, including travel or telehealth, for abortion services. Although all state laws that currently restrict abortion include an exception to save the life of the mother, what constitutes a life-threatening scenario is not always clear. Laws that restrict abortion generally apply to the medical provider and sometimes those who "aid or abet" the abortion. Some states, including Texas, allow private citizens to sue anyone who provides an illegal abortion or helps a person access an abortion. The legal question of whether an employer who covers an abortion and/or travel costs has "aided or abetted" a plan enrollee is very much unanswered.

Whether and how these state laws will be applied to employers will undoubtedly end up in the courts. There are also a host of unanswered questions about whether states that restrict abortion will have the legal authority to target abortion coverage in employer plans. The issues will likely be brought before both state and federal courts for years to come. As employers continue to navigate this uncertainty, they should continue checking in with their vendors to ensure compliance with state laws and regulations, and keep a close eye on legal and regulatory developments at the state level.

Regarding coverage for travel, if an enrollee or family member cannot access abortion in their home state, the landscape is murky and employers have many decisions to make. Several very large, national employers have already offered to cover travel for their enrollees, but providing that coverage is not as straightforward as it sounds.

Employers must determine whether enrollees will access this benefit through the health plan or some other reimbursement method and how broadly travel benefits will apply. Protecting privacy may also be an issue along with determining how these approaches may conflict with other rules.

For example:

- If an employer covers travel for an abortion but not for an eating disorder does that violate Mental Health Parity?
- If a plan has no providers willing or able to provide abortions, does it violate network adequacy rules?

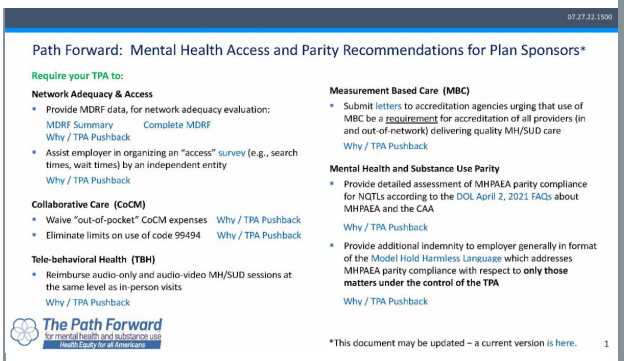
As these questions remain unanswered, employers should work very closely with advisors to consider how to offer these benefits. The recent NEBGH webcast with Epstein Becker Green may also be helpful.

www.nationalalliancehealth.org

Read Coverage Post-Roe

Mental Health Access and Parity

Mental Health Access and Parity Recommendations for Plan Sponsors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Path Forward: Mental Health Access and Parity Recommendations for Plan Sponsors*

Require your TPA to:

Network Adequacy & Access

- Provide MDRF data, for network adequacy evaluation:
  MDRF Summary Complete MDRF
  Why / TPA Pushback
- Assist employer in organizing an "access" survey (e.g., search times, wait times) by an independent entity
  Why / TPA Pushback

Collaborative Care (CoCM)

- Waive "out-of-pocket" CoCM expenses Why / TPA Pushback
- Eliminate limits on use of code 99494 Why / TPA Pushback

Tele-behavioral Health (TBH)

- Reimburse audio-only and audio-video MH/SUD sessions at the same level as in-person visits
  Why / TPA Pushback

Measurement Based Care (MBC)

- Submit letters to accreditation agencies urging that use of MBC be a requirement for accreditation of all providers (in and out-of-network) delivering quality MH/SUD care
  Why / TPA Pushback

Mental Health and Substance Use Parity

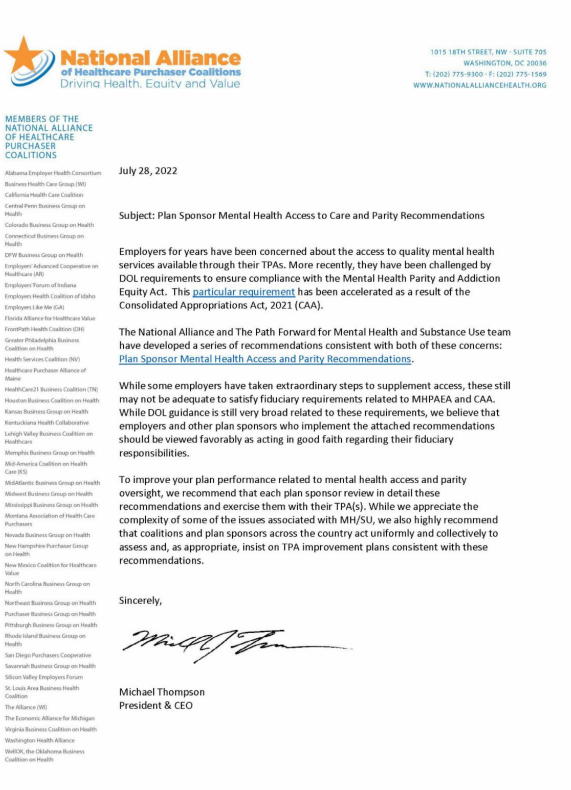
- Provide detailed assessment of MHPAEA parity compliance for NQTLs according to the DOL April 2, 2021 FAQs about MHPAEA and the CAA
  Why / TPA Pushback
- Provide additional indemnity to employer generally in format of the Model Hold Harmless Language which addresses MHPAEA parity compliance with respect to **only those matters under the control of the TPA**
  Why / TPA Pushback

The Path Forward
for mental health and substance use
Health Equity for all Americans

*This document may be updated – a current version is here.

1

Read the Recommendations



National Alliance of Healthcare Purchaser Coalitions
Driving Health, Equity and Value

1015 18TH STREET, NW · SUITE 705
WASHINGTON, DC 20036
T: (202) 775-9300 · F: (202) 775-1569
WWW.NATIONALALLIANCEHEALTH.ORG

MEMBERS OF THE NATIONAL ALLIANCE OF HEALTHCARE PURCHASER COALITIONS

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California Health Care Coalition
Central Penn Business Group on Health
Colorado Business Group on Health
Connecticut Business Group on Health
DFW Business Group on Health
Employers' Advanced Cooperative on Healthcare (AR)
Employers' Forum of Indiana
Employers Health Coalition of Idaho
Employers Like Me (GA)
Florida Alliance for Healthcare Value
FrontPath Health Coalition (OH)
Greater Philadelphia Business Coalition on Health
Health Services Coalition (NV)
Healthcare Purchaser Alliance of Maine
HealthCare21 Business Coalition (TN)
Houston Business Coalition on Health
Kansas Business Group on Health
Kentuckiana Health Collaborative
Lehigh Valley Business Coalition on Healthcare
Memphis Business Group on Health
Mid-America Coalition on Health Care (KS)
MidAtlantic Business Group on Health
Midwest Business Group on Health
Mississippi Business Group on Health
Montana Association of Health Care Purchasers
Nevada Business Group on Health
New Hampshire Purchaser Group on Health
New Mexico Coalition for Healthcare Value
North Carolina Business Group on Health
Northeast Business Group on Health
Purchaser Business Group on Health
Pittsburgh Business Group on Health
Rhode Island Business Group on Health
San Diego Purchasers Cooperative
Savannah Business Group on Health
Silicon Valley Employers Forum
St. Louis Area Business Health Coalition
The Alliance (WI)
The Economic Alliance for Michigan
Virginia Business Coalition on Health
Washington Health Alliance
WellOK, the Oklahoma Business Coalition on Health

July 28, 2022

Subject: Plan Sponsor Mental Health Access to Care and Parity Recommendations

Employers for years have been concerned about the access to quality mental health services available through their TPAs. More recently, they have been challenged by DOL requirements to ensure compliance with the Mental Health Parity and Addiction Equity Act. This particular requirement has been accelerated as a result of the Consolidated Appropriations Act, 2021 (CAA).

The National Alliance and The Path Forward for Mental Health and Substance Use team have developed a series of recommendations consistent with both of these concerns: Plan Sponsor Mental Health Access and Parity Recommendations.

While some employers have taken extraordinary steps to supplement access, these still may not be adequate to satisfy fiduciary requirements related to MHPAEA and CAA. While DOL guidance is still very broad related to these requirements, we believe that employers and other plan sponsors who implement the attached recommendations should be viewed favorably as acting in good faith regarding their fiduciary responsibilities.

To improve your plan performance related to mental health access and parity oversight, we recommend that each plan sponsor review in detail these recommendations and exercise them with their TPA(s). While we appreciate the complexity of some of the issues associated with MH/SU, we also highly recommend that coalitions and plan sponsors across the country act uniformly and collectively to assess and, as appropriate, insist on TPA improvement plans consistent with these recommendations.

Sincerely,

Michael Thompson
President & CEO

Read the Cover Letter

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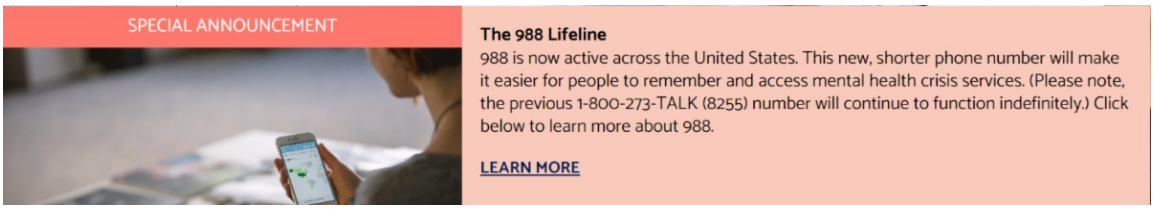
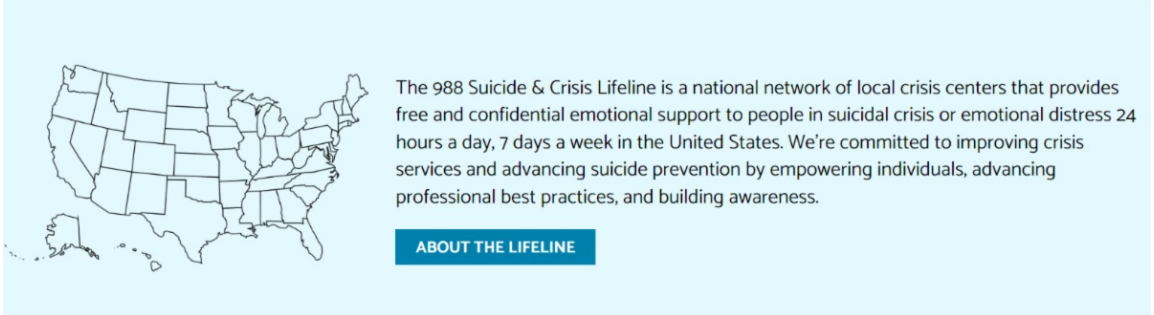
988 Suicide & Crisis Lifeline





The National Suicide Prevention Lifeline is now: 988 Suicide and Crisis Lifeline

988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline. While some areas may be currently able to connect to the Lifeline by dialing 988, this dialing code will be available to everyone across the United States starting on July 16, 2022.

LEARN MORE ABOUT THE LIFELINE & 988

Leapfrog Updates

LVBCH continues to develop its relationship with the Leapfrog Group, serving as a Regional Leader. In this role, LVBCH invites and encourages hospitals across Pennsylvania to complete the annual Hospital Survey that assesses hospital safety, quality, and efficiency based on national performance measures.

Webinar: CAA Compliance Series

Many employers don't realize that the new Consolidated Appropriations Act (CAA), a federal law, is now in effect and has a seismic shift on their liability. For the first time, employers and other purchasers, not

TPAs, are on the hook for health benefits that are cost-effective, high quality, and meet mental health parity and pharmacy benefit requirements.

Learn about your CAA responsibilities in the Leapfrog Compliance Webinar Series. Join for tips and tools for getting started from series partners: the ERISA Industry Committee (ERIC), the Health Transformation Alliance (HTA), and the National Alliance of Healthcare Purchaser Coalitions.

Session 4: Employers & Purchasers: It's Time to Refresh Your Contracts with Consultants & Brokers in Light of CAA

Watch the Recording

Slides and Broker/Consultant Re-Evaluation Toolkit

2022 Excellence in Diagnosis Report

FIRST-OF-ITS-KIND REPORT OUTLINES 29 RECOMMENDATIONS FOR DIAGNOSTIC EXCELLENCE

Read the Press Release

Read the Report

2022 ASC Survey Results

KEY UPDATES FOR ASCS

2022 LEAPFROG ASC SURVEY RESULTS ARE LIVE!

View the Survey Results

2022 Hospital Survey Results

KEY UPDATES FOR HOSPITALS

2022 LEAPFROG HOSPITAL SURVEY RESULTS ARE LIVE!

View the Survey Results

2022 Money's Best Hospital Designation

The Best Hospitals in America

Hospitals play a crucial role in keeping us healthy... even if it's not exactly fun when you have to make an unplanned visit to one. A stay at the hospital is made great by several factors, all of which can impact your wallet: quality, safe care, a reputation for excellent patient experiences and an ethical approach to treatment.

Money teamed up with The Leapfrog Group, a health care nonprofit, to bring you our first-ever Best Hospitals ranking to help you make educated decisions about which institutions are best for your money.

Read on to see our picks for the Best Hospitals in America and learn more about the methodology we used to make these selections.

ASCS/HOSPITALS THAT SUMBIT LEAPFROG SURVEYS ELIGIBLE FOR FUTURE DESIGNATIONS BY MONEY

Learn More & View the List

2022 Spring Hospital Safety Grades

SPRING 2022 HOSPITAL SAFETY GRADE HIGHLIGHTS

PANDEMIC-ERA DECLINES IN PATIENT SAFETY

Read the National Press Release

View the Safety Grade Results

Pennsylvania Health Care Cost Containment Council (PHC4) Updates

Opioid Analysis

Statewide Trends (May 2022)

May 2020

Statewide Trends

- Between FY 2017 and FY 2019, the number of hospitalizations for opioid overdose decreased from 3,678 to 2,541—a 30.9% decrease.
- The county rates for opioid overdose include admissions for both heroin overdose and pain medication overdose. Of the 2,541 statewide hospitalizations for opioid overdose in FY 2019, 41.4% (1,051) were for heroin overdose and 58.6% (1,490) were for pain medication overdose.
- While county rates are not reported separately for heroin overdose and pain medication overdose, the statewide number of heroin overdose admissions dropped 44.5%, from 1,893 in FY 2017 to 1,051 in FY 2019. The number of pain medication overdose admissions decreased 16.5% between FY 2017 and FY 2019 (from 1,785 to 1,490).
- In FY 2019, there were 31,231 hospitalizations with a diagnosis of opioid use disorder, a 6.9% decrease from the 33,532 hospitalizations in FY 2017.
- In FY 2019, there were 2,627 maternal hospital stays involving opioids, for a rate of 19.5 per 1,000 maternal stays. The rate during the previous two-year period (FYs 2017-2018) was also 19.5 per 1,000 maternal stays.
- In FY 2019, there were 1,733 hospital stays for newborns with neonatal abstinence syndrome, for a rate of 13.8 per 1,000 newborn stays. The rate during the previous two-year period (FYs 2017-2018) was 14.8 per 1,000 newborn stays.

Fiscal Year (FY) includes discharges July 1 to June 30; for example, FY 2019 includes discharges July 1, 2018 to June 30, 2019.

PHC4 Pennsylvania Health Care Cost Containment Council

Read the Report

Hospitalizations for Newborns with Neonatal Abstinence Syndrome (May 2022)

Maternal Hospital Stays Involving Opioids (May 2022)

May 2020

Hospitalizations for Newborns with Neonatal Abstinence Syndrome

Fiscal Year (FY) 2019: July 1, 2018 to June 30, 2019

The continued study of the opioid crisis in the midst of the COVID-19 pandemic is particularly important for monitoring changes, subsequent to the coronavirus outbreak, in the occurrence of neonatal abstinence syndrome (NAS) cases. The stress and isolation commonly experienced during this pandemic could affect patterns of opioid use in pregnant women with an opioid use disorder. NAS is an array of withdrawal symptoms that develops soon after birth in newborns exposed to addictive drugs (e.g., opioids) while in the mother's womb. The newborns experience these symptoms of withdrawal because they are no longer exposed to the drug for which they have become physically dependent.

The data reflects newborn birth admissions occurring in Pennsylvania general acute care hospitals for Pennsylvania residents. The results below focus on newborn stays with NAS.

Neonatal Abstinence Syndrome – FY 2019
Number and Rate per 1,000 Newborn Stays, by County of Residence

	FY 2019	
	Number of NAS Stays	Rate per 1,000 Newborn Stays
Statewide	**1,733**	**13.8**
Adams	NR	8.6
Allegheny	216	17.2
Armstrong	16	28.8
Beaver	26	17.0
Bedford	NR	16.5
Berks	44	10.1
Blair	35	31.7
Bradford	NR	10.0
Bucks	63	13.9
Butler	23	13.2
Cambria	17	14.2
Cameron	NR	NR
Carbon	NR	13.8
Centre	NR	4.8
Chester	48	10.2
Clarion	NR	6.2
Clearfield	14	20.4

	FY 2019	
	Number of NAS Stays	Rate per 1,000 Newborn Stays
Clinton	NR	18.8
Columbia	NR	11.3
Crawford	25	30.3
Cumberland	25	10.3
Dauphin	22	7.0
Delaware	89	14.1
Elk	NR	34.4
Erie	29	10.5
Fayette	45	38.7
Forest	NR	NR
Franklin	27	20.3
Fulton	NR	NR
Greene	11	NR
Huntingdon	NR	8.0
Indiana	17	24.3
Jefferson	NR	11.8
Juniata	NR	NR
Lackawanna	37	18.2

(Continued on next page)

Read the Report

May 2020

Maternal Hospital Stays involving Opioids

Fiscal Year (FY) 2019: July 1, 2018 to June 30, 2019

The continued study of the opioid crisis in the midst of the COVID-19 pandemic is particularly important for mothers and their unborn babies. Many pregnant women with an opioid use disorder have other health conditions that may put them at greater risk of developing severe illness from COVID-19. Furthermore, they may lack adequate prenatal care or may be burdened with other socioeconomic challenges such as homelessness, food insecurity or poverty.

Maternal stays include Pennsylvania residents (age 12-55 years) admitted to a Pennsylvania general acute care hospital for a delivery or other pregnancy-related stay. The results below focus on maternal stays that involved opioid use.

Maternal Hospital Stays involving Opioid Use – FY 2019
Number and Rate per 1,000 Maternal Stays, by County of Residence

	FY 2019	
	Number of Maternal Stays with Opioid Use	Rate per 1,000 Maternal Stays
Statewide	**2,627**	**19.5**
Adams	12	13.7
Allegheny	319	23.5
Armstrong	28	46.9
Beaver	40	24.6
Bedford	15	37.9
Berks	48	10.0
Blair	32	27.5
Bradford	NR	7.3
Bucks	106	22.1
Butler	33	17.7
Cambria	46	35.7
Cameron	NR	NR
Carbon	12	21.9
Centre	NR	6.4
Chester	64	13.1
Clarion	11	31.4
Clearfield	41	56.7

	FY 2019	
	Number of Maternal Stays with Opioid Use	Rate per 1,000 Maternal Stays
Clinton	10	29.2
Columbia	13	22.9
Crawford	40	45.0
Cumberland	25	9.7
Dauphin	27	7.9
Delaware	137	20.2
Elk	17	60.5
Erie	56	18.9
Fayette	42	33.6
Forest	NR	NR
Franklin	29	20.8
Fulton	NR	NR
Greene	12	NR
Huntingdon	NR	22.5
Indiana	36	48.3
Jefferson	13	28.4
Juniata	NR	NR
Lackawanna	27	12.4

(Continued on next page)

Read the Report

Hospitalizations with Opioid Use Disorders (May 2022)

May 2020

Hospitalizations with Opioid Use Disorder

Fiscal Year (FY) 2019: July 1, 2018 to June 30, 2019

The continued focus on the opioid crisis in the midst of the COVID-19 pandemic is particularly important as people struggling with opioid use disorder, who often have other chronic health or socioeconomic issues, are at higher risk for developing the severe respiratory symptoms associated with COVID-19. Additionally, the stress and isolation commonly experienced during this pandemic could affect treatment and recovery as well as increase the risk of relapse.

The hospitalization rates reported include Pennsylvania residents, age 15 and older, who were admitted to a Pennsylvania general acute care hospital with opioid use disorder during fiscal year (FY) 2019: July 1, 2018 through June 30, 2019.

Hospitalizations with Opioid Use Disorder per 100,000 County Residents, FY 2019

	FY 2019	
	Number of Hospitalizations	Rate of Hospitalizations
Statewide	**31,231**	**294.0**
Adams	150	174.4
Allegheny	3,375	327.8
Armstrong	173	315.1
Beaver	383	276.9
Bedford	49	120.7
Berks	793	231.1
Blair	295	289.7
Bradford	53	106.7
Bucks	1,344	256.1
Butler	427	271.6
Cambria	356	320.7
Cameron	22	569.4
Carbon	346	639.0
Centre	94	65.9
Chester	778	182.8
Clarion	51	155.5
Clearfield	300	444.1

	FY 2019	
	Number of Hospitalizations	Rate of Hospitalizations
Clinton	82	254.5
Columbia	93	166.3
Crawford	237	334.9
Cumberland	245	117.1
Dauphin	364	161.5
Delaware	1,735	375.1
Elk	134	527.5
Erie	754	336.3
Fayette	461	419.0
Forest	NR	NR
Franklin	242	191.4
Fulton	12	98.8
Greene	75	244.8
Huntingdon	54	140.0
Indiana	146	203.0
Jefferson	117	324.4
Juniata	25	123.6
Lackawanna	414	236.5

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Read the Report

Hospitalizations for Opioid Overdose (May 2022)

May 2020

Hospitalizations for Opioid Overdose

Fiscal Year (FY) 2019: July 1, 2018 to June 30, 2019

The continued focus on the opioid crisis in the midst of the COVID-19 pandemic is particularly important for people who experience an opioid overdose. These individuals, who often have other chronic health problems or socioeconomic issues, are more likely to suffer from the severe respiratory symptoms associated with COVID-19. Additionally, the stress and isolation commonly experienced during this pandemic increase the likelihood of an overdose occurring.

The hospitalization rates reported include Pennsylvania residents, age 15 and older, who were admitted to a Pennsylvania general acute care hospital for opioid overdose during fiscal year (FY) 2019: July 1, 2018 through June 30, 2019. This analysis does not include overdoses that did not result in a hospital admission (e.g., those treated with naloxone and/or treated in the emergency department and not admitted to the hospital or overdose deaths that occurred outside the hospital setting).

Hospitalizations for Opioid Overdose per 100,000 County Residents, FY 2019

	FY 2019	
	Number of Hospitalizations	Rate of Hospitalizations
Statewide	**2,541**	**23.9**
Adams	13	15.1
Allegheny	239	23.2
Armstrong	NR	NR
Beaver	36	26.0
Bedford	NR	NR
Berks	84	24.5
Blair	25	24.6
Bradford	NR	NR
Bucks	151	28.8
Butler	23	14.6
Cambria	22	19.8
Cameron	NR	NR
Carbon	15	27.7
Centre	NR	NR
Chester	75	17.6
Clarion	NR	NR
Clearfield	15	22.2

	FY 2019	
	Number of Hospitalizations	Rate of Hospitalizations
Clinton	NR	NR
Columbia	11	19.7
Crawford	15	21.2
Cumberland	39	18.6
Dauphin	48	21.3
Delaware	134	29.0
Elk	NR	NR
Erie	46	20.5
Fayette	31	28.2
Forest	NR	NR
Franklin	14	11.1
Fulton	NR	NR
Greene	NR	NR
Huntingdon	NR	NR
Indiana	10	13.9
Jefferson	NR	NR
Juniata	NR	NR
Lackawanna	28	16.0

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Read the Report

COVID-19

COVID-19 Disaster Emergency Report (July 2022)

COVID-19 Disaster Emergency Report

Pennsylvania Health Care Cost Containment Council

A Pennsylvania report on the effect of the COVID-19 disaster emergency on hospitals and health care facilities in the Commonwealth

Submitted to:

The Secretary of the Department of Health and the Secretary of the Department of Human Services.

The Chair and Minority Chair of the Appropriations Committee of the Senate and the Chair and Minority Chair of the Health and Human Services Committee of the Senate.

The Chair and Minority Chair of the Appropriations Committee of the House of Representatives, the Chair and Minority Chair of the Health Committee of the House of Representatives and the Chair and Minority Chair of the Human Services Committee of the House of Representatives.

July 2022

Pennsylvania Health Care Cost Containment Council
Barry D. Buckingham, Executive Director
225 Market Street, Suite 400, Harrisburg, PA 17101
717-232-6787•www.phc4.org

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Purchasing Partner Employer Meetings

LVBCH & Capital Blue Cross Quarterly Employer Meeting (June 2022)

Guest Articles from Purchasing Partners

Mental Health and Work: What You Should Know and How Capital Blue Cross Can Help

A Guide to Impacts of the Consolidated Appropriations Act and the Transparency in Coverage Rule

Achieving Better Balance Through Hybrid Health Care; Disconnect Between Interest and Investment in Behavioral Health; Call to Collaborate on Access and Affordability; Looking Ahead

PBMs Targeted by Government to Lower Drug Prices

Don't Let Summer Become a Dental Bummer

Supporting Your Employees' Mental Health in Changing Times

10 Most Surprising FSA-Eligible Purchases

Tips to Help Your Employees Optimize Their FSA Funds

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