

# Weekly Digest

• April 15, 2024 •

EMPLOYEE  
BENEFITS

## HHS Finalizes 2025 Benefit and Payment Parameters, Issues FAQ (Part 66) on EHB Prescription Drug Requirements

"HHS has finalized regulations that amend and refine several benefit payment parameters and other Affordable Care Act (ACA) insurance market and Exchange related rules for 2025. The regulations address a wide range of standards that are primarily of interest to insurers and Exchanges." [Full Article](#)

*Thomson Reuters / EBIA*



## Reminder: Dependent Care Assistance Is Now Excludable in Pennsylvania, Retroactive to 2023 Tax Year

"With tax day quickly approaching on April 15, 2024, employers in Pennsylvania may want to take note of a December 2023 state tax law that might have flown under the radar. The law made employee contributions to employer-provided dependent care assistance programs excludable for income tax purposes, retroactive to the beginning of the 2023 tax year." [Full Article](#)

*Ogletree Deakins*

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## Go Your Own Way (Or Maybe Not): New Heightened Fiduciary Standards are Coming to Group Health Plans

"The Consolidated Appropriations Act (CAA) in 2021 extended the ERISA 408(b)(2) fee disclosure requirements to group health plans. Based on what took place in the 401(k) industry after 2012 when the ERISA 408(b)(2) disclosure went into effect, we anticipate the ERISA 408(b)(2) fee disclosure requirement, now also applicable to group health plans, will make it easier for plan participants to bring breach of fiduciary duty claims against employer and plan fiduciaries. There are already several such cases currently making their way through the courts." [Full Article](#)

*Holland & Hart, LLP*



## Can a Health Plan Participant Waive the Surprise Billing Protections?

"In limited circumstances, a participant may waive the surprise billing patient protections following proper notice and consent. The No Surprises Act, enacted as part of the Consolidated Appropriations Act, 2021, shields individuals from surprise bills for certain out-of-network emergency and non-emergency services from nonparticipating providers. But for certain services, a plan need not apply the surprise billing protections, and a nonparticipating provider is not prohibited from balance billing, if the provider has satisfied notice requirements and obtained participant consent."

[Full Article](#)

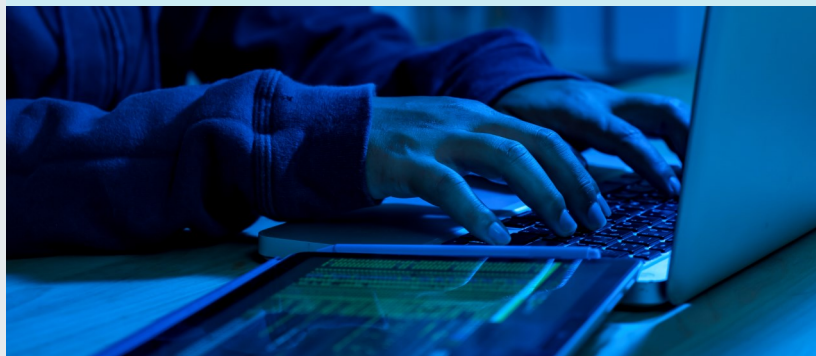
*Thomson Reuters / EBIA*

## Medicare Spending on Ozempic and Other GLP-1s Is Skyrocketing

"KFF's analysis of newly released Medicare Part D spending data from CMS shows that total gross Medicare spending on the three newest versions of these diabetes medications that have also been recently approved for weight loss – Ozempic, Rybelsus, and Mounjaro – has skyrocketed in recent years, rising from \$57 million in 2018 to \$5.7 billion in 2022 (Figure 1)."

[Full Article](#)

*Kaiser Family Foundation*



## Is Your Data Secure? HHS Opens Investigation into Change Healthcare Cyberattack

"Employers should (i) ensure they have current business associate agreements in effect with service providers to the plan, (ii) review business associate agreements to determine whether the employer or the service provider is responsible for making required notifications under HIPAA and state law in the event of a breach, and (iii) ensure they are documenting breaches in accordance with the HIPAA Rules and the plan's HIPAA policies and procedures." [Full Article](#)

*Haynes and Boone, LLP*