

Spotlight on State: District of Columbia

This is part of a [series of summaries](#) that highlight notable legislation and initiatives in health policy and reform of all 50 states. Check back on The Source as we roll out additional states each week.

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The District of Columbia established its own health insurance exchange under the Affordable Care Act, whereas most states maintain exchanges facilitated by the federal government.

In provider market oversight, the District of Columbia requires the State Health and Planning Development Agency (SHPDA) to issue a certificate of need for all proposals to offer or develop institutional health services or acquire assets. The SHPDA also has the authority to approve the closure or termination of a health care facility. Statutory law also requires the Attorney General to review the conversion of any non-profit healthcare entity to a for-profit entity. The Attorney General will approve a conversion only if the entity has taken actions to protect the value of its charitable assets.

The District of Columbia has also enacted laws to advance telehealth. First, health insurers that offer benefit plans in the District must cover services delivered via telehealth if the same service would be covered when provided in person. Second, health insurers must reimburse covered providers for diagnosis, consultation, and treatment services provided through telehealth. This does not require, however, that the insurers reimburse covered providers at the same rate as if the services were provided in person. Third, health insurers may not require deductibles, copayments, or coinsurance

amounts that exceed the amounts that apply to their in-person counterparts. In addition, the Telehealth Medicaid Expansion Act of 2017 broadened the scope of services covered by Medicaid. [The Act](#) added behavioral health care services, rehabilitation services, medication management services, remote patient monitoring, and more.

D.C. is also the jurisdiction of the antitrust enforcement case against the proposed \$54 billion merger between Anthem and Cigna. The DOJ brought an enforcement action for potential violation of the Clayton Antitrust Act to avoid a decrease in competition in the insurance market. The D.C. Circuit Court of Appeals affirmed the district court's decision to block the merger. Anthem appealed to the Supreme Court, but the petition was ultimately dismissed and the merger was abandoned.