



January 25, 2012

Peter Lee
Executive Director
California Health Benefit Exchange

RE: Essential Health Benefits Bulletin, Center for Consumer Information and Insurance Oversight, December 16, 2011.

Dear Mr. Lee,

Thank you for the opportunity to provide comments on the December 16, 2011 *Essential Health Benefits Bulletin* regarding the approach DHHS plans to use to define EHBs under Section 1302 of the Affordable Care Act.

Insure the Uninsured Project (ITUP) is a nonpartisan health policy research organization in Santa Monica, CA. Our goal is to identify and promote innovative approaches to improve and expand health care and coverage for the uninsured. The Project's focus is on developing collaborative relationships among stakeholders interested and involved in facilitating public and private reform. These goals are accomplished through regional and statewide workgroups, an annual statewide conference, legislative briefings, research and reports, and network building. We represent a network of more than 2,500 health care stakeholders in California's nine regions.

The following comments reflect the views of our organization and many of our stakeholders.

Authority

ITUP agrees that the state of California is initially in a better position to refine the Essential Health Benefits package than is the federal government.

Benchmark Plans

We believe that the EHBs should be modeled after the state's small employer plans, as opposed to federal/state employee plans or the largest HMO plan, because this is the market in which the Exchange will participate.

Determining Benefits

2444 Wilshire Blvd. Suite 412 • Santa Monica, CA 90403
Tel: (310) 828-0338 • Fax: (310) 828-0911
Email: info@itup.org • Web: itup.org

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We would like to see the essential health benefits determined by an expert body, with a balance between strong scientific evidence and practical affordability. The expert body needs to be informed by a deliberative process that allows potential users of EHB to weigh the tradeoffs that are necessary to meet the goals of responsible coverage and affordability. Not all expertise is clinical, administrative or regulatory; sometimes it is about societal values. We would encourage that benefits offered should be scientifically proven to be the best possible treatments. We also believe that the coverage for certain services should reflect effectiveness studies. We recommend offering a very affordable benefit package in the first year to attract and maximize participation.

Supplemental Benefits

We would hope to see dental and vision coverage for adults offered as a supplemental benefit through the Exchange.

Evaluations

The efficacy of essential health benefits should be re-evaluated annually for the first five years of Exchange operation, and evaluations thereafter should be conducted every two-to-three years. We should ensure that the benefits are dynamic and respond to changing scientific knowledge and tested experience in the health care marketplace.

We would also like to see federal guidance on specific benefits HHS feels should or should not be included, such as dental sealants for children, wheelchairs for the disabled, and glasses for children.

Thank you again for the opportunity to comment. We appreciate your continued efforts to expand coverage to our nation's uninsured.

Sincerely,

L. Wulsin

A. Cohen

Lucien Wulsin
Executive Director

Ashley Cohen
Policy Director

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