

June 16, 2009

The Honorable Edward M. Kennedy
Chairman
Committee on Health, Education, Labor
and Pensions
United States Senate
Washington, DC 20510

The Honorable Michael B. Enzi
Ranking Member
Committee on Health, Education,
Labor and Pensions
United States Senate
Washington, DC 20515

Dear Senators:

We thank you for your impressive leadership to reform our country's health system and we believe the "Affordable Health Choices Act," released by your Committee on June 9, 2009, represents a tremendous step forward in our mutual efforts to advance comprehensive health legislation this year. Collectively, our organizations represent millions of consumers, patients, providers and workers, many of whom are struggling to afford the care they need to maintain their health and safety as well as their jobs and quality of life.

In particular, we share your commitment to reforms that will lead to a high-performing health system and applaud your efforts to ensure that all health insurance plans in the non-group and small group market would be required to provide a broad range of health benefits. Such a requirement is essential to ensure that coverage is truly meaningful. Further, no health reform package should cause people to lose coverage they currently enjoy.

As the "Affordable Health Choices Act" moves towards mark up, we urge you to ensure individuals have access to a meaningful benefit package in the following two ways:

- First, *Do No Harm* by opposing any amendment that would preempt or roll back state benefit laws that ensure coverage of critical services and supplies that address people's health care needs; and
- Second, we urge you to support changes to the bill that would improve the development of a federal benefit standard by requiring the Medical Advisory Council to engage in a fully open, transparent, and inclusive process that ensures full engagement of consumers, patients, workers and providers.

Preservation of State Benefit Laws

We are pleased that the "Affordable Health Choices Act" clearly preserves critical state benefit laws and sets the federal benefits package as the "floor" for coverage available to consumers. Adequacy of coverage is critically important, particularly to people with disabilities and chronic conditions. A recent study showed that 62 percent of bankruptcies filed in 2007 were linked to medical expenses. Nearly 80 percent of those filers had health insurance. These sobering statistics stem from the fact that many plans do not include the services and supplies needed to promote health, prevent disease, manage chronic conditions or address other critical health

needs. Over the years, consumer and patient advocates have attempted to address these gaps in coverage by fighting for benefit protections in state-regulated plans.

As a result, most states have used their longstanding regulatory authority over health plans in the non-group and small group markets to enact critically needed benefit laws to protect their residents. Today, almost all states and the District of Columbia require state-regulated health plans to provide adequate coverage for a variety of supplies, medications, equipment, education and treatments. These laws encompass coverage for cancer screenings and treatment, diabetes supplies and education, mental health, preventive care, rehabilitation, well-child care and immunizations, maternity care, and other vital minimum benefit options that are relied upon by millions of Americans.

If any amendment is proposed that would preempt or roll-back these state benefit laws, we urge you to oppose it. If adopted, such an amendment could lead to individuals suffering a reduction in their coverage – care consumers have fought hard for and that their state legislatures agree are necessary for adequate coverage.

Medical Advisory Council

We applaud the creation of the Medical Advisory Council to set a standard for the essential minimum benefit package for plans participating in the Gateways. Sensitive decisions about the specific services and items that must be covered should not be made solely by politicians or health plan bureaucrats. Instead, we believe a council of non-partisan health experts provides a preferred way to shape a benefit package that is grounded in science and in the best interest of consumers and patients.

We believe the Medical Advisory Council can be improved by incorporating the following changes to the bill:

- At least three members of the Council should be consumer or patient representatives, with full voting rights. And the Council should include experts who can represent the health care needs of diverse segments of the population, including children, women, communities of color and people with disabilities. There is precedent for this with the HIT Policy Committee, created by the American Recovery and Reinvestment Act of 2009. Of 20 members appointed to that Council, three were required by law to be advocates for patients or consumers, one required to be from a labor organization, and one required to have expertise in improving the health of vulnerable populations.
- Before the Council could exclude any existing state benefit mandate from the minimum benefit package, it must be required to consider the impact on patients of excluding that benefit *and* provide public justification for its decision.
- The process for determining benefits and coverage levels must be transparent, with mechanisms to allow for regular public review and comment.
- After a minimum benefit package is established, there must be ongoing mechanisms in place to regularly track access to health care services, and in particular, whether patients have difficulty accessing needed services for reasons of coverage or cost. The Council needs to have the flexibility to modify the benefit package to address any identified gaps

in access, in a timely fashion. In addition, the entity must have the ability to monitor changes in medical evidence, and to update the benefit package to appropriately reflect those changes.

Lastly, the Medical Advisory Council should be allowed to fulfill its role as a non-partisan, expert body to make science-based decisions about benefits in the best interests of consumers and patients. We urge you to reject any amendments that would exclude coverage of any specific health care items or services.

We thank you for your leadership and commitment to enacting comprehensive health care reform this year. And we stand ready to work with you to ensure that such reform includes a meaningful minimum benefit package that will help keep people healthy, provide care when they get sick, and end the scourge of medical debt that is causing increasing financial hardship for millions of American families.

Sincerely,

ACCSES
Advocates for Youth.
AFL-CIO
AIDS Action Baltimore
AIDS Action Council
AIDS Patients for Sane Policies
AIDS Treatment Data Network
American Academy of Child and Adolescent Psychiatry
American Academy of HIV Medicine
American Association of University Women (AAUW)
American Association on Health and Disability
American Association for Geriatric Psychiatry
American Cancer Society Cancer Action Network
American Diabetes Association
American Federation of Teachers
American Group Psychotherapy Association
American Heart Association/American Stroke Association
American Hospice Foundation
American Medical Rehabilitation Providers Association
American Network of Community Options and Resources
American Nurses Association (ANA)
American Occupational Therapy Association
American Psychiatric Nurses Association
American Psychoanalytic Association
American Psychological Association
American Speech Language Hearing Association
Amputee Coalition
Association for Ambulatory Behavioral Healthcare

Association for the Advancement of Psychology
Association of Assistive Technology Act Programs
Association of University Centers on Disabilities
Asthma and Allergy Foundation of America
Autism Society of America
Bazelon Center for Mental Health Law
BlueWaveNJ
Brain Injury Association of America
Campaign for Mental Health Reform
Center for Advancing Health
Center for Clinical Social Work/ABE
Center for Medical Consumers
Center for Medicare Advocacy
Childbirth Connection
Child Welfare League of America
Clinical Social Work Association
Communities Advocating Emergency AIDS Relief (CAEAR) Coalition
Community Access National Network (CANN)
Community HIV/AIDS Mobilization Project
Consumers for Affordable Health Care Coalition, Maine
Easter Seals
Eastern Maine AIDS Network
Epilepsy Foundation
Families USA
Family Voices
Harlem United Community AIDS Center
Health Care For All
Health Care for America Now
Hispanic Federation
HIV Medicine Association
International Myeloma Foundation
Latinos for National Health Insurance
Lutheran Services in America
Maine Center for Economic Policy
Maine Women's Lobby
Maryland Women's Coalition for Health Care Reform
Medicare Rights Center
Mental Health America
NAACP
National Abortion Federation
National Alliance on Mental Illness
National Asian Pacific American Women's Forum
National Assembly on School-Based Health Care
National Association of Anorexia Nervosa and Associated Disorders
National Association of County Behavioral Health And Developmental Disability Directors
National Association of Mental Health Planning & Advisory Councils

National Association of Neighborhoods
National Association of Pediatric Nurse Practitioners
National Association of Social Workers
National Association of State Mental Health Program Directors (NASMHPD)
National Coalition for Cancer Survivorship (NCCS)
National Coalition for Lesbian, Gay, Bisexual and Transgender Health
National Coalition of Mental Health Consumer/Survivor Organizations
National Committee to Preserve Social Security and Medicare
National Council for Community Behavioral Healthcare
National Disability Rights Network
National Family Caregivers Association
National Foundation for Mental Health
National Latina Institute for Reproductive Health
National Organization for Women
National Partnership for Women & Families
National Physicians Alliance
National Women's Health Network
National Women's Law Center
New Yorkers for Accessible Health Coverage
NISH
Northwest Federation of Community Organizations
Our Bodies Ourselves
Ovarian Cancer National Alliance
OWL - The Voice of Midlife and Older Women
Pablo J. Davis
Physicians for Reproductive Choice and Health
Project Inform
Raising Women's Voices for the Health Care We Need
Research Institute for Independent Living and Adapted Physical Activity Council
RESOLVE: The National Infertility Association
The AIDS Institute
The Arc of the United States
The Leukemia & Lymphoma Society
The Maine Association of Substance Abuse Programs
The Roosevelt Institution
The Women's Collective
SEIU
United Cerebral Palsy
United Spinal Association
U.S. Psychiatric Rehabilitation Association
U.S. Public Interest Research Group
Washington Community Action Network
Wider Opportunities for Women