December 23rd 2011

The Honorable Kathleen Sebelius
The U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Essential Health Benefits Bulletin

Dear Secretary Sebelius:

As organizations committed to the health and wellbeing of all consumers, we appreciate the work the Department of Health and Human Services (HHS) has already done to implement the Patient Protection and Affordable Care Act (ACA). We are reviewing the “Essential Health Benefits Bulletin” that the Center for Consumer Information and Insurance Oversight (CCIIO) released on December 16th, and we look forward to providing you with our comments soon.

Although the information provided by the Department is helpful, it is critical that the public be able to examine more closely the potential implications of each option. HHS could facilitate thoughtful comments to the bulletin by providing specific information about the plans in each of the four benchmark categories from which a state may choose its option, in time to analyze the information prior to the comment deadline.

We recognize that state benchmarks would officially be identified and selected based on plan-enrollment data from the first quarter of 2012. However, we believe identification of current large-enrollment plans in a state would provide information about the practical impact of the regulatory approach HHS intends to propose and is critical to our ability to provide input on this approach.

Specifically, we request that HHS make publicly available the three largest national Federal Employee Health Benefits Program plan options by enrollment and, for each state, the three largest plans by enrollment in the small-group market, the three largest state employee health benefit plans by enrollment, and the largest insured commercial non-Medicaid Health Maintenance Organization (HMO) operating in the state. We additionally request the Department publish the most current enrollment data in each of the plans identified as well as the plan contracts and summary plan descriptions or similarly detailed information for self-insured state employee plans.

The benefit detail provided in plan contracts and summary plan descriptions is critical to providing meaningful comments and discussion about the overall approach the Department is taking as well as allowing necessary transparency regarding specific questions or concerns the public may have about the various options. If HHS is unable to publicize the data based on its current agreements with the states, we ask that HHS make a request to states or other entities (including the Office of Personnel Management, in the case of FEHBP plans), to provide this information.

The implementation of the Essential Health Benefit package has tremendous ramifications for individuals and families across the country. Thank you for your consideration of our request, which is intended to ensure that consumer interests can be adequately understood and represented as you move forward with the implementation of the EHB.
Sincerely,

AIDS Foundation of Chicago
American Association of Retired Persons
American Association on Health and Disability
American Cancer Society Cancer Action Network
American Diabetes Association
American Federation of State, County and Municipal Employees
Autism Speaks
Bazelon Center for Mental Health Law
Center on Budget and Policy Priorities
Disability Rights Education and Defense Fund
Epilepsy Foundation
Families USA
Georgetown University Center for Children and Families
Health Care for America Now
March of Dimes
Mental Health America (formerly National Mental Health Association)
National Council of La Raza
National Health Law Program
National Partnership for Women and Families
National Women’s Law Center
Planned Parenthood Federation of America
The AIDS Institute
The Arc of the United States
Thorn Run Partners
Tim Jost
United Cerebral Palsy
United Spinal Association

cc:
Sherry Glied, Assistant Secretary for Planning and Evaluation
Steve Larsen, Director, Center for Consumer Information and Insurance Oversight
Michael Hash, Director, Office of Health Reform