



AAHD - Dedicated to better health for people with disabilities through health promotion and wellness

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Centers for Medicare and Medicaid Services
Department of Health and Human Services
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EssentialHealthBenefits@cms.hhs.gov

Dear Mr. Larsen:

RE: Essential Health Benefits – HHS December 16, 2011 Bulletin

The American Association on Health and Disability (AAHD) (www.aahd.us) is a national non-profit organization of public health professionals, both practitioners and academics, with a primary concern for persons with disabilities. The AAHD mission is to advance health promotion and wellness initiatives for persons with disabilities.

AAHD is a member and active participant in four coalitions who have or are submitting comments on the HHS Essential Health Benefits (EHB) December HHS bulletin: Consortium for Citizens with Disabilities (CCD), Coalition for Whole Health (CWH), Mental Health Liaison Group (MHLG), and National Health Council (NHC). AAHD also joined 28 other national organizations, led by the American Lung Association, on the need to cover tobacco cessation programs.

Disease Management – Health Promotion and Wellness – Persons Experiencing Co-Occurring Disabilities and Chronic Illnesses

AAHD EHB priorities include necessary services and supports for persons with a wide array of disabilities and “disease management” services for persons with disabilities and co-occurring chronic illnesses. **People with disabilities experience chronic illnesses at higher rates than the population at large.** For example:

1. People with serious mental illness die two and half decades earlier than non-SMI persons in our society. People with SMI have higher rates of cardiovascular disease, diabetes, respiratory disease and infectious disease. [See: Parks, Svendsen, and Foti, editors. Morbidity and Mortality in People with Serious Mental Illness. Alexandria, VA: NASMHPD, 2006; Colton and Manderscheid, Preventing Chronic Disease. Atlanta, GA: CDC, 2006 - www.cdc.gov/pcd/issues/2006 ; and SAMHSA 10 x 10 Wellness Campaign - www.samhsa.gov]
2. Persons with disabilities have poorer overall health, have less access to effective health care, and have higher rates of smoking and physical inactivity than their non-disabled peers. [See: CDC, Disability and Health Data and Statistics webpage - www.cdc.gov; CDC, Health Care Access and People with Disabilities webpage - www.cdc.gov; Armour, Campbell, Crews, Malarcher, Maurice, and Richard. "State Level Prevalance of Cigarette Smoking and Treatment Advice, By Disability Status. 2004 Prevention Chronic Disease (4) (4); CDC, Physical Activity Among Adults with a Disability, in MMWR Weekly (56) (39) 1021-1024; and AAHD, Health Promotion and Wellness for People with Disabilities: Fact Sheet. Rockville, MD: AAHD, April 2011 – www.aahd.us]
3. 20% of children with special health care needs are obese, compared to 15% of children without special health care needs. Obesity rates for adults with disabilities are 58% higher than adults without disabilities. Obesity increases the risk of heart disease, diabetes, cancers, and stroke. [See: Child and Adolescent Health Measurement Initiative. National Survey of Children's Health, 2007; CDC, Behavioral Risk Factor Surveillance System Survey (BRFSS) data, 2008; and AAHD, Health Promotion and Wellness for People with Disabilities: Fact Sheet. Rockville, MD: AAHD, April 2011 – www.aahd.us]
4. Women age 40 and older with disabilities are less likely than their non-disabled peers to have a mammogram. [See: CDC, Behavioral Risk Factor Surveillance System Survey (BRFSS) data, 2008 and AAHD, More Health Screening for People with Disability: Fact Sheet. Rockville, MD: AAHD, March 2011 – www.aahd.us]

Disease management programs need to address the needs of all persons with disabilities. The CCD letter addresses disease management services and includes some of these AAHD health promotion and wellness observations.

Consortium for Citizens with Disabilities (CCD), Coalition for Whole Health (CWH), Mental Health Liaison Group (MHLG), and the National Health Council (NHC) EHB Comments

We will not repeat the text and explanation here of comments we have endorsed issued by the Consortium for Citizens with Disabilities (CCD), Coalition for Whole Health (CWH), Mental Health Liaison Group (MHLG), and the National Health Council (NHC). We will highlight here a few of the many important recommendations contained in these letters.

Parity for Mental Health and Substance Use Disorders: MHLG: “We applaud HHS for reinforcing in the EHB Bulletin the Affordable Care Act’s extension of the MHPAEA to the individual market, and the application of parity to mental health and substance use disorder benefits in the context of the EHB.” CWH and CCD include similar strong endorsements of parity requirements.

Discrimination Prohibitions and “Essential” Services: Congress explicitly intended the list of service categories be considered “essential” for patient welfare. The goal is to prohibit inappropriate restriction of benefits needed by people with significant, specialized, and high cost care needs. “CCD believes that the goal of health care reform should be to assure that all Americans, including people with disabilities and chronic conditions, have access to high quality, comprehensive, affordable health care that meets their individual needs and enables them to be healthy, functional, live as independently as possible, and participate in the community. For healthcare reform to work for individuals with disabilities, the Affordable Care Act non-discrimination provisions must be inextricably intertwined with the establishment of the essential health benefits package that all Americans in the private and small employer market will depend upon as a starting point moving forward in 2014.”

Strong Federal Leadership and Oversight/Monitoring: “CCD believes the federal government must play a primary role in establishing, evaluating, approving, enforcing, and updating the EHB package, especially as pertains to eliminating discrimination in the individual and small group insurance markets.”

Habilitation and Rehabilitation Services: “CCD recommends HHS define rehabilitation and habilitation benefits in the EHB package to explicitly include services to maintain as well as improve function, consistent with the National Association of Insurance Commissioners definitions adopted by HHS for use in health exchange consumer information documents, and also consistent with the Medicaid definition of habilitation. The NAIC defines rehabilitation as “health care services that help a person *keep*, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled” and habilitation as “health care services that help a person *keep*, learn or improve skills and functioning for daily living. . . . CCD also recommends that if benchmark plans do not currently cover habilitation services, HHS should require habilitation services to be offered at parity with rehabilitative services.”

Pediatric Care Including Oral and Vision Benefits: AAHD commends the comments and recommendations jointly submitted by the American Academy of Pediatrics, National Association of Children’s Hospitals, and the March of Dimes. The individualized need of each child should guide the scope of these services. CCD: “To help ensure adequate health insurance coverage for children, HHS should require States to mirror the Early and Periodic Screening, Diagnosis and Treatment [EPSDT] and Medicaid benefits when they establish the EHB plans.”

Permitted Substitutions: All four coalitions are very concerned with the possibility of substitutions of one essential benefit for another, particularly, as the NHC states, “about open-ended flexibility with no clear oversight mechanism.” On an individual patient basis, such substitutions may be clinically needed and appropriate. But neither exchanges nor health plans should be allowed to substitute categories of essential health benefits by coverage policy.

State Mandates: “CCD commends HHS for providing a process for states to include their mandates in their EHB plans and suggests HHS offer more than one option for states to incorporate their mandates into their EHB package.”

Consumer Protections, Including a Publicly Transparent Medical Necessity Determination Process: Each of the four coalition statements recommend strong consumer protections, including a publicly transparent medical necessity process. Each coalition statement references medical necessity definitions. Each health plan should be federally required to post on a publicly available web site their medical necessity definition, the name and composition of their medical review committee that developed such definitions, and a clear process with timelines for appealing denials based on medical necessity. Each of the coalitions emphasize the need for enforceable assurance of non-discrimination protections. The National Health Council explains in some detail the need for independent, active, and informed patient navigator programs. These protections help ensure the essential health benefit definitions are appropriately and fully implemented.

Thank you for considering our views.

Sincerely,



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