



Guaranteeing Essential Health Benefits for Women

The essential health benefits (EHB) provision of the Affordable Care Act (ACA) requires all insurance plans offered in state-based health insurance exchanges to provide a minimum set of benefits to ensure that individuals have the essential health services they need. The ACA defines minimum set of benefits as including at least, but not limited to, ten broad categories of health care services: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness and chronic disease management and pediatric services.

The Department of Health and Human Services (HHS) must now flesh out the details to ensure that the EHB will be defined and maintained so as to guarantee access to affordable health insurance coverage for a robust package of medically appropriate health care. HHS is seeking input on this from health policy experts, clinicians, consumers and employers. One important source of guidance will be the recommendations developed by the Institute of Medicine (IOM), *Essential Health Benefits: Balancing Coverage and Cost*, released in early October.

The EHB is critically important to achieving Raising Women's Voices' (RWV) goal of quality, affordable health care for all because it's a key tool for making sure that women and their families have access to health insurance that provides meaningful coverage of the services we need to stay healthy.

RWV recognizes that HHS faces a significant challenge to establish standards for the EHB which meet the dual goals of comprehensive coverage to ensure quality health care and affordable insurance plans. The principles and key points outlined here reflect the ideas that RWV is emphasizing in our communications with HHS about this challenge.

Transparency to Support Women in Making Informed Health Care Choices

RWV urges HHS to establish a transparent system which helps women and our families make informed choices about health plans by making information and data about covered services and coverage decisions fully accessible. As the Institute of Medicine stated in its report, the decisions that shape the EHB are decisions about distribution of societal resources and there is, therefore, an ethical imperative to make such decisions as transparently as possible. Additionally, the IOM noted that transparency is necessary for market accountability – consumers who are fully informed can use their purchasing power to influence the market and hold insurance companies accountable when they make coverage decisions that deny women and families the health services we need.

Active Pursuit of Health Equity

Health equity is a key principle in the RWV woman's vision for quality affordable health care, and we believe that the health care systems must actively address and work to eliminate racial, ethnic, gender and class disparities in health care as well as disparities due to immigration status, disabilities and sexual or gender identity. The design and establishment of the EHB offers opportunities for HHS to advance health equity by ensuring that the EHB addresses the diverse needs of populations that are currently suffer from substantial inequities in the U.S. health care system. In identifying the need for a greater focus on

population health as one of the policy foundations that should guide HHS in defining and maintaining, the Institute of Medicine specifically notes that efforts to identify and eliminate disparities in access to health are integral to an effort to improve population health.

Robust Coverage That Addresses the Essential Health Needs of Women and Families

RWV is committed to ensuring that women and our families have access to affordable health insurance that covers our health care needs. We recognize that HHS will have to make some difficult decisions to balance the comprehensiveness of coverage guaranteed by the EHB with the cost of the policy so that it will be affordable for consumers. In striking this balance, we urge HHS not to lose sight of the goal of health reform – not simply to increase the number of people who are insured, but to make that insurance coverage meaningful.

The ACA provides the initial outline for a robust benefits package by identifying ten categories of services that must be included. RWV looks forward to working with HHS to establish EHB standards by which insurers will make coverage decisions within those categories so that the law will deliver on its promise of coverage that protects consumers from the devastating financial and health consequences of underinsurance.

While we agree with the Institute of Medicine’s recommendation that the U.S. health care system must address the problem of rising costs, we urge HHS not to put the health and economic well-being of women and families at risk by failing to guarantee a benefits package that meets our essential health care needs. We encourage HHS to explore opportunities for reducing health care costs by promoting greater implementation of evidence-based standards which will reduce costly and ineffective health care. Following proven preventive health guidelines can, for example, reduce unnecessary hospitalizations and other high-cost treatments; and better coordination of care can reduce spending by cutting back on redundant screening and treatment. Potential savings in this area are significant, as demonstrated by a recent study which estimated that 12 treatments and screenings identified by physicians as commonly overused – including blood and other diagnostic tests ordered for patients who had no related symptoms or risk factors -- accounted for \$6.8 billion in medical costs in 2009.

Evidence-Based Coverage Decisions to Ensure High Quality Health Care

RWV values evidence-based decisions for insurance coverage to ensure women will have access to high quality health care that has been proven to increase the likelihood of desired health outcomes. We recognize, however, that the best quality evidence is not always available making reliance on an appropriate hierarchy of evidence necessary and urge that this be done consistent with the most current state of professional knowledge. The Institute of Medicine discusses ways that both the design of the EHB and the process established for updating it could foster evidence-based medical practice, reducing the use of services that are ineffective and improving health. The establishment of evidence-based standards for coverage decisions can also protect consumers, the IOM notes, against incentives in the current health care system, such as insurance companies’ profit-making goals, which may lead to unwarranted variation in the quality of services available to different populations and may prevent policy holders from receiving care that is aligned with evidence-based practice.

Prohibition of Sex Discrimination

The ACA prohibition of sex discrimination in healthcare (Section 1557) is a critical piece in establishing quality, affordable health care for women and our families. As HHS considers the principles and criteria that should be taken into account to prevent discrimination in the EHB, it must not overlook this provision of the law which was included to address discriminatory policies and practices that have previously denied women access to the same quality of health insurance and health care available to men.