



American College Health Association

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Donald M. Berwick, MD
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8010
Baltimore, MD 21244-8010

**Re: Institute of Medicine Consensus Report
Essential Health Benefits – Comment**

Dear Doctor Berwick:

As the principal advocate for the health of college students, who are a significant stakeholder population in health care reform, the American College Health Association (ACHA) remains keenly focused on the development and implementation of regulations for the Affordable Care Act (ACA). We noted with particular interest the October 6, 2011 consensus report from the Institute of Medicine (IOM), “*Essential Health Benefits: Balancing Coverage and Cost*”, and we write to express our support for the approach outlined by the IOM which emphasizes the importance of finding the right balance between comprehensive health care coverage and cost/affordability. We hope that the Department of Health and Human Services will carefully apply this approach as it continues the process of determining the Essential Health Benefits (EHB) coverage package that is mandated by ACA.

ACHA has a history of supporting coverage for EHB in college student health insurance plans. Our longstanding guidance document, *Standards for Student Health Insurance/Benefits Programs*, last revised in March 2008, states that “Program benefits, limitations, exclusions, special provisions, and definitions should be reviewed to assure that they are consistent with common practices of the group health insurance field...” Please note that we readily acknowledge the Department’s decision in CMS-9981-P to categorize student health insurance as a type of individual coverage; notwithstanding, the same concept still applies (i.e. coverage levels consistent with industry standards), and we understand that the Department’s intent going forward is to use the coverage levels typically offered by small business employers as the future benchmark in determining EHB coverage.

Student health plans provide primary health insurance protection for students on campuses across the United States. Therefore, students’ continued affordable access to essential health and prevention services is critical to maintaining their individual health so that they can continue to pursue an education. Sustaining affordable access is also important, in that it supports the public

health of the community in which the student resides through immunization and disease prevention services. Essential services for college students include but are not limited to:

- Ambulatory patient services
- Emergency Services
- Hospitalization
- Maternity and newborn care
- Mental health and substance abuse disorder services, including behavioral health treatment
- Prescription Drugs
- Laboratory and diagnostic services
- Preventive and wellness services, including immunizations
- Pediatric services

While supporting the principle that student health plans will adhere to the same coverage levels as small group employer plans, we highlight to the Department that students are enrolled in college plans for a limited time, and that they comprise a fairly distinct patient demographic. Therefore, student health insurance plans are generally more sensitive to the essential benefits that may be more suitable to students. For example, behavioral health care, alcohol and substance abuse treatment, routine women's health and contraception, screening and treatment for sexually transmitted infections and immunizations are more highly utilized services in the college setting than those associated with advanced, age-related problems such as coronary artery disease.

Consistent with the balancing theme of the IOM's report, ACHA believes it is important to strike a balance on coverage and price in designing plans tailored specifically to college health students. We remain concerned about the potential impact on plan premiums given that prevention and wellness services are to be offered without cost-sharing on the part of the patient in the form of co-pays or coinsurance. As indicated in our recent response and comments to CMS-9989-P, one important cost management strategy lies in the relationship between the on-campus Student Health Center (SHC) and the student health insurance plan. SHCs are able to provide quality care that is tailored to the needs of the student population in a cost effective manner that mitigates the impact on premiums. ACHA urges the Department to sustain the ability of SHCs to manage plan design and affordability by taking advantage of the most cost effective ways to offer the expanded preventive services being mandated by ACA.

ACHA remains concerned about the availability of student health insurance plans with high deductibles and/or a catastrophic level of coverage in the non-group market. These plans run contrary to the needs of a young population; undermining access to services focused on early detection and prevention of disease. We believe that all plans should be required to cover EHB in accordance with ACHA standards. When cost sharing is permitted to achieve an actuarial value less than the bronze plan, many students will remain precariously underinsured due to the inability to meet high deductibles for routine, preventative medical care.

Just as EHB in student health insurance plans should be consistent with coverage in small group plans, exclusions should generally be consistent with provisions that are common among those employer-sponsored health insurance plans, as well. However, certain exclusions or plan provisions unique to college programs are appropriate as well (e.g., exclusion of medical expenses resulting from the practice or play of intercollegiate sports) to the extent they are meaningful.

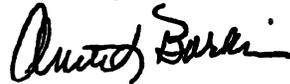
This means the exclusion must provide substantive fiscal protection for the program and be reasonable given the circumstances of the institution. The NCAA currently provides an excess policy for intercollegiate sports as an example. ACHA requests the opportunity to review any proposed standardized exclusions and/or limitations for Exchange or Non-Exchange Plans to ensure there are no "unintended consequences" for students in terms of the ultimate affordability of their plans. Common exclusions for student health insurance plans include:

- Infertility treatment
- Eyeglasses
- Hearing Aids
- Cosmetic Surgery
- Workers Comp/ No Fault
- Intercollegiate Athletic injuries

In summary, ACHA wishes to express its wholehearted support for the balancing approach recommended by IOM as the Department defines the specific elements of the EHB package mandated by the ACA. As the recognized voice of expertise in college health, we stand ready to provide additional feedback as the EHB regulations are developed.

We thank you in advance for consideration of the college health perspective.

Sincerely,



Anita Barkin, DrPH, MSN, CRNP
President
American College Health Association