

October 3, 2010

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Ave., SW
Washington, DC 20201

File Code OCHIO-9989-NC

RE: Request for Comments Regarding Exchange-Related Provisions in Title I of the Patient Protection and Affordable Care Act

Dear Secretary Sebelius:

As organizations committed to advancing public health and community-based prevention, we welcome the opportunity to comment on the Exchange-related provisions of the Patient Protection and Affordable Care Act (Affordable Care Act or ACA) and to offer our responses to specific questions identified by the Department of Health and Human Services (HHS). Below we have listed select questions posed by HHS and our responses and recommendations.

II. Solicitation of Comments

A. State Exchange Planning and Establishment Grants

Question 3: What kinds of governance structures, rules or processes have States established or are they likely to establish related to operating Exchanges (e.g., legal structure (such as placement in State agency or nonprofit organization), governance structure, requirements relating to governing board composition, etc.)?

We urge HHS to require American Health Benefit Exchanges (Exchanges) to include representatives of the public health community on their governing boards. As you know, ACA places a premium on improving public health, prevention and health promotion by, for example:

- Requiring new health plans to cover recommended preventive benefits without cost-sharing;
- Creating a National Prevention, Health Promotion and Public Health Council to coordinate prevention and health promotion efforts across federal departments and agencies;
- Establishing the National Prevention and Health Promotion Strategy to set and measure progress on national goals and objectives for improving the nation's health; and,
- Investing in the Prevention and Public Health Fund, which, when fully implemented in 2015, will provide \$2 billion per year to improve public health.

State and local public health departments and community-based public health organizations are key players in realizing the public health, prevention and health promotion goals of ACA. We

believe that requiring public health to be a part of Exchange governance will encourage states to coordinate ACA's investments in coverage expansion with its investments in public health. In addition, the public health community brings to the table strategic local partnerships and community networks, which can be leveraged to support prevention and health promotion strategies in the Exchanges. Finally, building public health into the Exchange structure will send a strong signal to states and health plans that health care reform is truly a commitment to moving from a health care system focused on sickness to one centered on wellness.

B. Implementation Timeframes and Considerations

Question 2: *What kinds of guidance or information would be helpful to States, plans, employers, consumers, and other groups or sectors as they begin the (Exchange) planning process?*

As states plan Exchange implementation, HHS guidance should ensure that the federal resources made available in ACA to expand coverage through the Exchanges do not undermine or supplant existing state investments in public health. In a difficult fiscal environment, the public health benefits to be gained through improvements in coverage may lead states to threaten to reduce their investments in public health. Although there will certainly be public health gains as more Americans access coverage, health insurance coverage alone cannot replace the role of public health in community prevention, infection control, disease surveillance and a host of other core public health activities. ACA recognizes the importance of investing in both coverage and public health by prioritizing both activities. HHS should ensure that states do the same. HHS should use the full extent of its authority to limit states' ability to reduce or redirect current state public health investments in response to the federal investments in health coverage.

C. State Exchange Operations

Question 8: *What specific planning steps should the Exchanges undertake to ensure that they are accessible and available to individuals from diverse cultural origins and those with low literacy, disabilities and limited English proficiency?*

Exchanges should develop strategic plans that establish specific targets for reaching and enrolling diverse eligible populations within their states. Exchanges' strategic plans should identify key strategies and tactics for achieving their enrollment targets, such as:

- Creating partnerships with community-based organizations to conduct outreach and education to culturally diverse populations, including diversity in race, ethnicity, gender, age, disability, socioeconomic status, geography, language, sexual orientation and gender identity;
- Developing outreach and enrollment materials in diverse languages;
- Ensuring the cultural competency of providers in Exchange health plans' networks;
- Facilitating enrollment with the help of multi-lingual counselors/navigators;
- Partnering with public health departments, community health centers, women's health centers and other usual sources of care for lower income diverse populations to help facilitate access to and enrollment in Exchange plans; and

- Ensuring that Exchange health plan networks include primary and specialty providers who are located in diverse neighborhoods.

D. Qualified Health Plans (QHPs)

Questions 2 and 3: *What factors should be considered in developing the Section 1311(c) certification criteria (certifying plans as QHPs)? What issues need to be considered in establishing appropriate standards for ensuring a sufficient choice of providers and providing information on the availability of providers?*

The Secretary of HHS is to establish criteria for certifying health plans as qualified health plans to be available in the Exchanges. The criteria will require that health plans include within their networks “those essential community providers, where available, that serve predominately low-income, medically-underserved individuals.” Many low-income and medically-underserved individuals who will enroll in Exchanges interact with the health care system through community health centers, public health departments, and other community providers. HHS should ensure that the definition of essential community providers includes these providers, particularly public health departments that provide health screening and monitoring to underserved populations.

Further, the HHS criteria should require that providers in the health plan networks be in reasonable geographic proximity to enrollees. Particularly in lower income, underserved communities, transportation to providers can be a considerable hindrance to seeking care. Network adequacy standards should recognize and account for these challenges by factoring geographic proximity and public transportation options into the standards.

Finally, the statute requires that the Secretary’s criteria for certifying health plans include health plan accreditation on a range of standards, including quality assurance. HHS should recognize the role of public health departments in quality assurance activities in its final criteria.

E. Quality

Question 1: *What factors are most important for consideration in establishing standards for a plan rating system?*

The quality and price-focused health plan rating system to be developed by HHS and used by the Exchanges should include a focus on population health. Consistent with the National Health Care Quality Strategy and Plan under development by HHS, the ratings system for plans should include a focus on “Healthy People/Healthy Communities: Improving health and wellness at all levels through strong partnerships between health care providers, individuals, and community resources.” Measures should assess overall population health as well as plans’ impact on improving subpopulations’ health, such as people with diabetes or hypertension, or minority populations.

H. Outreach

Question 1, 2 and 3: *What kinds of consumer enrollment, outreach, and educational activities are states and other entities likely to conduct relating to Exchanges, insurance market reforms, premium tax credits and cost-sharing reductions, available plan choices, etc. and what federal resources or technical assistance are likely to be beneficial? What resources are needed for Navigator programs? To what extent do states currently have programs in place that can be adapted to serve as patient Navigators? What kinds of outreach strategies are likely to be most successful in enrolling individuals who are eligible for tax credits and cost-sharing reductions to purchase coverage through an Exchange, and retaining these individuals? How can these outreach efforts be coordinated with efforts for other public programs?*

States should be encouraged to conduct educational activities on the new insurance market reform that requires coverage of recommended preventive benefits without cost-sharing. Federal technical assistance and resources could enhance states' efforts by supporting focus groups and other public opinion research to identify key messages that will resonate with the public to improve public knowledge about and use of preventive benefits. In addition, the federal government could create templates for consumer brochures, advertisements, inserts and other consumer-friendly tools that could be adapted for individual state use.

Exchanges are to develop Navigator programs to conduct public education about qualified health plans; facilitate plan enrollment; provide referrals to consumer assistance offices; and, ensure that information is provided in culturally and linguistically appropriate ways. In developing Navigators, the Exchanges should consider the role public health departments and community-based organizations can play in providing outreach to underserved populations and their potential to be partners in helping to facilitate enrollment in qualified health plans. Further, Exchanges should develop community partnerships with the help of public health departments and other community-based organizations to ensure that Navigators have the reach to disseminate culturally and linguistically appropriate materials to target populations.

Finally, enrollment and retention outreach efforts should be coordinated with other public programs. These programs should include not only Medicaid and the Children's Health Insurance Program, but also Centers for Disease Control and Prevention-funded public health and community-based organizations working on disease prevention and health promotion strategies in states and local communities across the country.

J. Consumer Experience

Question 3: *What are best practices in implementing consumer protections standards?*

In implementing consumer protection standards, there must be clear accountability for compliance with the standards and a defined oversight function to monitor compliance. Consumers need clear, plain language explanations of the protections afforded to them and an easily understood and actionable recourse if they fail to receive these protections. All materials and processes need to be accessible for individuals from diverse cultural backgrounds and those with limited English proficiency. Plans that are not in compliance with consumer protections

must be held to account and failure to take corrective action in a timely way should be cause to remove a plan from an Exchange.

Thank you for the opportunity to share our views on the development of the Exchanges. We look forward to robust Exchanges that not only provide meaningful health insurance coverage to individuals, but that also take an active role in improving community health. We look forward to working with you to realize this vision.

If you have any questions regarding these comments, please do not hesitate to contact Annie Toro, Director of Government Relations at Trust for America's Health. She can be reached at: (202) 223-9870 ext. 25, or via email at atoro@tfah.org.

Sincerely,

American Cancer Society Cancer Action Network (ACS CAN)

American Medical Student Association (AMSA)

American Public Health Association

Arthritis Foundation

Boston Public Health Commission

Colorectal Cancer Coalition

National Alliance of State and Territorial AIDS Directors

National Association of County and City Health Officials

Public Health Institute

Trust for America's Health