

November 27, 2017

The Honorable Eric D. Hargan
Acting Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Humphrey Building, Suite 701H
Washington, DC 20201

Re: Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2019;
[CMS-9930-P]; RIN 0938-AT12

Dear Secretary Hargan:

On behalf of Prevent Blindness and the millions of people of all ages whom we represent across the country who live with low vision and vision-related eye diseases, we appreciate the opportunity to submit comment to the U.S. Department of Health and Human Services (HHS) on the Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2019; [CMS-9930-P; RIN 0938-AT12]. We look forward to working with HHS as it continues to expand access to quality vision and eye care for children, adults, and aging Americans.

Prevent Blindness is the nation's leading nonprofit, voluntary organization committed to preventing blindness and preserving sight. Prevent Blindness is first and foremost a public health organization. We strive to improve our nation's vision and eye health by enhancing state and community capacities through our core competencies of early detection, patient support, care coordination, public policy, research, advocacy, public awareness, and health education.

Prevent Blindness commends HHS for maintaining critical patient protections that have previously been promulgated, specifically that categories of essential health benefits (EHBs) must not be unduly weighted toward any one category, that discrimination against individuals as a result of their age, disability, or life expectancy should not be reflected in EHB coverage decisions, reimbursement rates, or benefits design, and that benefits considered to be "essential" should not be used to deny patients on the basis of age, disability, need, medical dependency, or quality of life. However, after reviewing the collective payment proposals within this rule, we have very serious concerns about the implications of this proposed rule for patient access to sight-saving preventive treatments and eye care.

Through the proposals set forth in this Notice of Benefit and Payment Parameters (NBPP), HHS believes that providing states with the flexibility to define EHBs, together with additional proposed changes that would allow states to take on greater roles in certifying qualified health plans for the federally-facilitated exchanges, certain changes to the risk adjustment methodology (particularly the proposal for states to reduce the magnitude of risk adjustment transfers in terms of issuer coverage for all beneficiaries), and additional changes to cost-sharing will improve coverage affordability, stabilize the insurance markets, and empower consumers. We disagree with this approach. Combined, these proposed changes could significantly impact access to care and the manner in which consumers prioritize and seek vision care, thus adding to the already significant national burden of vision impairment in terms of direct medical cost, economic impact, and quality of life.

Ultimately, we urge HHS to maintain the current process for states to select the EHBs offered on plans within their states and keep intact the EHB patient protection as defined under the Patient Protection and Affordable Care Act (ACA), which includes preventive services for chronic disease management, vision screenings, and eye examinations for children. We outline our additional comments on specific proposals below.

Essential Health Benefits Package (§156.100, §156.110 and §156.115)

Currently, the ACA requires that insurers must provide coverage for preventive and wellness services and chronic disease management as well as pediatric services, including vision care. This policy was implemented using a benchmark plan approach in which states could select one of 10 benchmark plans, which would define the standard of benefits provided under plans offered within that state. Insurers are required to offer plans that are "substantially equal" to a state's benchmark plan.

States were also required to supplement their benchmark plan in order to ensure all 10 EHB categories were covered. HHS proposes to allow states the option of making an annual selection in their EHB benchmarks in one of three ways:

- 1) Adopt another state's 2017 EHB benchmark plan and defray the costs of benefits required under state law if the selected state's EHB benchmark plan does not offer the benefit;
- 2) Replace one or more categories from another state's EHB benchmark plan, thus creating a "tailored" set of EHB categories; or
- 3) Create a new benchmark plan, subject to certain limitations on plan generosity.

Prevent Blindness Comment: Prevent Blindness opposes these changes. We are concerned with the broad flexibility suggested in these proposals, particularly as HHS is considering allowing states to notify HHS of these changes as soon as March or July 2018 for plan years 2019 or 2020, respectively, and without any prior knowledge of the true impact to states or the health insurance market in terms of stability and affordability. We believe that the options suggested in this rule would ultimately lead to a lower standard of care, less meaningful or generous health coverage, hinder patient access to needed vision care services, and create enormous uncertainty and chaos for patients with chronic conditions, which must be managed across plan years.

Most importantly, EHB substitution across categories would be especially concerning for patients who rely on prevention and chronic care services as well as pediatric vision screenings and eye examinations, which will likely be targeted with cuts and substitutions that limit or eliminate the care delivered within these categories.

We ask HHS to consider the implications of these proposals to vision and eye health:

Chronic disease management: A recently released Robert Wood Johnson Foundation study ranks eye disorders as the 5th leading chronic condition, requiring ongoing treatment and management over one's lifetime, among those aged 65 years and up and 7th across all age groups. People with vision impairment are more likely to experience other chronic conditions, including diabetes, hearing impairment, heart problems, hypertension, joint symptoms, low back pain, and stroke as well as falls, injury, motor vehicle collisions, depression, social isolation, diminished health-related quality of life, and premature death. The overall costs of vision problems to our country is \$145 billion annually, and without significant intervention, are projected to increase to \$717 billion by 2050 as our population continues to age. The proposals of the NBPP would absolutely contribute to the realization of these projections.

Children's vision: In children, vision impairments and eye disorders such as refractive error, amblyopia, strabismus, and/or astigmatism are the 3rd leading chronic condition with costs for direct medical care, vision aids and devices, and caregivers amounting to \$10 billion per year. Our nation's families are already shouldering 45% of these costs. If not detected and treated early, vision impairment could affect all aspects of life, negatively impacting a child's cognitive, motor, and social development, ability to learn, athletic performance, and self-esteem.

We know that prevention works; however, the proposals in this NBPP jeopardize early detection and cost-effective treatments that could prevent lifelong vision impairment or permanent loss of vision and the enormous costs of living without sight. **HHS must continue to uphold the current EHB benchmark requirements for states without allowing states to substitute basic services within EHB categories, either within a state or across states, given the potential detrimental impact on patients, particularly those with special needs, who would not be able to access specialized services otherwise.**

Creating a "federal default definition of essential health benefits"

HHS is considering and seeking comment on establishing a "federal default definition of EHB that would better align medical risk in insurance products by balancing costs to the scope of benefits." HHS is also considering "allowing states continued flexibility to adopt their own EHB-benchmark plans, provided they defray the costs that exceed the federal default." Particularly, as this would require a significant long-term investment of time, stakeholder input, and resources to develop appropriately in the initial stages as well as in an ongoing manner to account for variances in patient need, prevalence, and to account for emerging treatments, HHS is soliciting initial comment on setting a national prescription drug benefit standard under a federal default EHB definition and the trade-offs in adjusting benefits from the current EHBs.

Prevent Blindness Comment: Prevent Blindness supports the current definition of EHBs as the ACA presently requires that EHB must include at least the items and services covered within 10 categories of EHBs, which includes preventive and wellness services, chronic disease management, and pediatric services, including vision care. Services included in the EHB were selected as they provide a strong return on investment for reducing health costs and they are grounded in evidence-based approaches. Vision preventive services, specifically, have a “B” rating with the United States Preventive Services Task Force and they align with recommendations from the Health Resources and Services Administration’s Bright Futures Project. We reiterate our request that HHS maintain and keep intact these services under the current ACA definition.

With respect to the specific comment solicitation, we are alarmed that HHS is considering a federal default definition of EHBs at a time when HHS is exercising authority granted under Executive Order 13765 to reduce fiscal and regulatory burdens, particularly in the form of creating state flexibility and enhancing the role of states. At this point, given the direction of this NBPP and the lack of specifics from HHS, we are led to believe that a national standard would lead to significant limitations in benefits and increased cost-sharing, especially as HHS signals that states would defray costs that exceed the federal default definition. To that point, we are concerned that this will place a substantial burden on states and public health infrastructure as they work to meet the needs of their citizens. Under this scenario, patients with the costliest conditions will very likely see significantly reduced coverage and face incredible out-of-pocket costs. Under such financial constraints, patients will not be empowered to prioritize their vision and eye health and instead will likely forgo cost-effective, sight-saving preventive care.

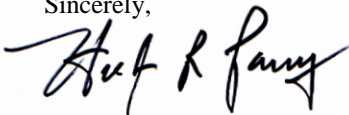
Therefore, we strongly oppose a federal default definition of essential health benefits. In addition, we do not support setting a national prescription drug benefit standard as the potential exists for a national formulary, which would potentially limit patient access to innovative drugs, the ability to acquire prescriptions that meet their own needs, and limits provider options in treating patients.

Conclusion

As HHS works to develop the policies ahead of the 2019 plan year, Prevent Blindness strongly urges you to reconsider many of the provisions that would jeopardize cost-effective, preventive interventions to avoidable vision loss. We stand ready to assist HHS in developing the benefit and payment parameters for 2019 and in future years, and to ensure that vision and eye health continues to receive the attention it warrants in the collective health of our nation.

Thank you for consideration of our position. If you should have any questions, please reach out to Sara D. Brown, Director of Government Affairs at (312) 363-6031 or sbrown@preventblindness.org.

Sincerely,



Hugh R. Parry
President and Chief Executive Officer