
ASMBS Activity Report

February 2014

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HEADLINES:

OCC Supports Preventive Health Savings Act

March Advocacy Day

OCC Comments on QHP Guidance for FFM's

OPM Encourages Obesity Treatment Coverage

OCC Supports Preventive Health Savings Act

On February 28, 2014, the Obesity Care Continuum (OCC) endorsed the Preventive Health Savings Act (HR 2663/S 1422) –introduced by Representatives Burgess and Christensen and Senators Cardin and Crapo, respectively. The OCC applauded these legislators for introducing this critical legislation, which would allow the Congressional Budget Office (CBO) to better project the long-term savings associated with preventing chronic disease states, such as obesity, heart disease and diabetes.

This legislation would permit leaders in Congress to request that the CBO estimate the long-term health savings that are possible from preventive health initiatives. Congressional leaders would be able to request an analysis of the two 10-year periods beyond the existing 10-year scoring window, for a total of 30 years. Within this extended window, CBO would be required to determine – based on its review of credible and publically-available epidemiological projection models, clinical trials or observational studies in humans – whether the initiative would result in substantial savings outside the normal scoring window. This change would offer significant recognition to the role prevention plays in saving taxpayer dollars.

OCC Comments on CMS Guidance for QHPs in Federally-facilitated Marketplaces.

On February 25, 2014, the OCC submitted comments on the proposed guidance contained in the CMS "Draft 2015 Letter to Issuers in the Federally-facilitated Marketplaces." The comments focused on issues related to patient access to clinically appropriate services in the federally-facilitated marketplaces (FFMs) specific to: network adequacy; discriminatory benefit design; and transparency regarding the Summary of Benefits and Coverage form.

Among other things, OCC expressed "concern that the CMS "suggested strategies" outlined in the draft letter are insufficient to preclude QHPs from creating benefit designs that discourage enrollment of individuals with significant health needs. Experience from the current 2014 plan year underscores the need for safeguards beyond the reviews that CMS outlines in the draft letter; i.e., outlier analysis of QHP cost-sharing and information contained in the Plans and Benefits Template. Therefore, we recommend that CMS establish additional review mechanisms to ensure that QHP benefit designs are non-discriminatory and that these additional safeguards be required of states in their review of QHP benefit designs."

OPM 2015 Multi-State Plan Issuer Letter Supports Obesity Treatment Coverage

On February 4, 2014, the Office of Personnel Management (OPM) issued its 2015 Multi-State Plan Issuer letter, which contained the following language:

"The United States Preventive Services Task Force recommends screening adults and children for obesity and providing referrals for behavioral change interventions where applicable, and issuers are required to cover these services without cost-sharing. We appreciate the efforts of issuers to ensure these services are available. Given the impact of obesity on individual and population health, we also encourage issuers to provide enrollees with access to a full range of weight reduction treatment interventions. Issuers that specifically exclude coverage for weight reduction and/or management interventions should review the clinical rationale for those exclusions and document how enrollees will receive appropriate care to achieve and sustain a healthy weight."

Inclusion of this language resulted from numerous meetings between OAC President Joe Nadglowski and OPM staff that were coordinated by an outside consultant from one of the OAC's industry partners.