

Essential Health Benefits/Standard Plan Rulemaking Advisory Committee

Summary of public comment received as of **June 18, 2015**.

The Essential Health Benefits/Standard Plan Rulemaking Advisory Committee meetings are open to the public. Limited time is available at each meeting to present comments in person. All individuals who wish to submit public comment are strongly encouraged to do so in writing via email to essential.healthbenefits@oregon.gov even if they provide comments verbally as well.

Individual	Organization	Rec'd	Public Comment/Testimony
Vern Saboe, DC	Oregon Chiropractic Association	4/9/15	Dr. Saboe wants the committee to know that many Oregon chiropractors act as primary care providers and provide health care interventions. Dr. Saboe's comments included a list of services that are essential health benefits provided by chiropractors. This list of services included services such as ambulatory, maternity, newborn care, rehabilitative and habilitative, laboratory, preventative care, disease management and pediatric, all of which, according to Dr. Saboe, are within a chiropractor's clinical training and scope of licensure and practice. Dr. Saboe indicates that benefits not included in a chiropractor's scope are emergency services, hospitalization, mental health, substance abuse, and prescription drugs. The comments included two opinions from Legislative Counsel addressed to Representative Kennemer regarding discrimination against provider types in the coverage of essential health benefits and regarding DCBS's proposed guidance relating to provider nondiscrimination.
Natalie Weintraub, LMT	Private Practice	4/09/15	Licensed Massage Therapist, Natalie Weintraub, expressed concerns related to discrimination of massage therapists and to the lack of coverage for massage therapy services. She believes that essential health benefits should include massage therapy. She stated that some insurance companies now consider massage therapy to be a rehabilitative service akin to physical therapy. Ms. Weintraub referenced an American Massage Therapy Association article, which can be found at: https://www.thegrottolibrary.info/Collection/EHB_Final.pdf
P.K. Melethil, MS, L.Ac., Dipl.	Traditional Chinese Medicine Physician	4/09/15	Dr. Melethil asked the group to consider including acupuncture as part of the 2015 essential health benefits benchmark plan. He stated that over prescription of opioids and other narcotics is a national problem and acupuncture can treat a broad range of health issues, including pain management, neuromuscular syndromes, gastrointestinal disorders, and genitourinary dysfunction. Dr. Melethil referenced ORS 677.757, the definition of acupuncture.
Morgan O'Toole	Kartini Clinic	4/20/2015	Ms. O'Tool asked whether the committee will consider federal and state mandated behavioral health parity. She stated that since carriers are allowed to use a third party for these services it could create access issues.
Vern Saboe, DC	Oregon Chiropractic Association	4/20/2015	Dr. Saboe asked the Committee Members and the Oregon Insurance Division to remove references to "Chiropractic Care" in the cost-share matrix and the Wakely documents. He stated that the documents used in today's meetings

			allow for discriminatory treatment of chiropractors.
Vern Saboe, DC	Oregon Chiropractic Association	4/21/2015- Written and in person	Dr. Saboe provided comment on Wakely slide number 12. He stated that licensed chiropractors provide many services that are essential health benefits. He stated that to segregate these covered services into a category of chiropractic care with limitations constitutes discrimination under Section 2706 (a) of the PHSA. He referenced a seven-year prospective study comparing the cost of chiropractic care and medical management that indicated chiropractic care is a cost saver.
R. Mike Shirtcliff, DMD	Advantage Dental	4/21/2015	Dr. Shirtcliff asked if the State Dental Director could give input on the transmission of infections from the primary caregiver to a child in the child's first 6 months of life.
Dwindy J. Wood	Select Benefit Group Account Specialist	4/21/2015	Mr. Wood requested the committee to consider skin cancer screening as a preventive benefit and added that cost share deters members from receiving services.
Vern Saboe, DC	Oregon Chiropractic Association	5/3/2014	Dr. Saboe provided the study and the nondiscrimination language he referenced in his April 21, 2015 public comment.
Vern Saboe, DC	Oregon Chiropractic Association	5/9/2014	Dr. Saboe submitted comments and presented the 2012 OHA letter announcing the choice of the essential health benefit plan and the 2015 Standard Plan Cost Share Matrix to the committee, stating that they characterize chiropractic care inappropriately and in a confusing manner. He pointed out that the standard plans indicated that chiropractic care was not covered and riders cannot be purchased on the standard plan. He requested the committee to remove the reference to "chiropractic care" from the cost-share matrix because he believes it is discriminatory and unlawful.
Sally Marsh	Providence Health Plan	5/12/2015	Ms. Marsh supports the decision to use the PacificSource Preferred Codeduct Value 3000 plan – the 2014 version of the current base benchmark plan.
Maryann Terhune	Unknown	5/12/2015	Ms. Terhune questions whether the PacificSource Preferred Codeduct Value 3000 plan – the 2014 version of the current base benchmark plan – meets the minimum essential coverage requirement. She does not support the use of this plan.
Paul Terdal	Consumer	5/13/2015	Mr. Terdal requested additional details about the PacificSource Preferred Codeduct Value 3000 plan – the 2014 version of the current base benchmark plan – and a copy of the full member handbook and summary of benefits of coverage.
Scott Osburne	West Portland Physical Therapy Clinic	5/14/2015	Mr. Osburne expressed concerns about the language in the PacificSource Codeduct Value 3000 plan related to "Deductibles" He stated that it is unusual to have separate in-network and out-network (or non-participating) deductibles. He stated that the low income individuals cannot afford the high out of pocket costs and they will results in crippling medical debt for patients.
Vern Saboe, DC	Oregon Chiropractic Association	5/22/2015	Dr. Saboe submitted a memo from Thomas R. Daly, ACA General Counsel, regarding the legal weight of the CCIIO 2706(a) FAQ and the CMS benefits template.
Paul Terdal	Consumer	5/25/2015	Mr. Terdal submitted his comments supporting the

			PacificSource Codeduct Value 3000 plan as base-benchmark plan. He stated that the plan includes all of Oregon’s existing health insurance mandates, ensures compliance with state and federal mental health parity laws, and facilitates access to medically necessary treatment of autism spectrum disorder. He also stated, there are a number of issues in the plan text that appear to be in violation of Oregon and Federal law that must be corrected; and that the committee is incorrectly describing Applied Behavior Analysis (ABA) therapy as a “habilitative treatment” rather than as a “mental health or behavioral health treatment. In addition, he provided documentation indicating that the plan was covering ABA therapy”.”
Julie Kornack	Center for Autism & Related Disorders (CARD)	5/25/2015	Ms. Kornack provided comments on behalf of CARD expressing support in the selection of the PacificSource Codeduct Value 3000 Plan as Base Benchmark Plan. She stated that the plan includes all of Oregon’s existing health insurance mandates, ensures compliance with state and federal mental health parity laws, and facilitates access to medically necessary treatment of autism spectrum disorder.
Laura Keller	American Diabetes Association	5/26/2015	Ms. Keller urged the committee to choose a plan where access to care for diabetes is adequate and affordable. She provided a list of services that she believes are essential for the management, prevention, and care of diabetes.
Steven W. Postal, JD	Powers Pyles Sutter & Verville PC	5/29/2015	Mr. Postal submitted comments on behalf of Habilitation Benefits Coalition focused on “rehabilitative and habilitative services and devices.” The coalition requested that Oregon adopt a habilitative and rehabilitative benefit consistent with federal law.
Danneen P. Grooms, MHSA	American Speech-Language-Hearing Association (ASHA)	5/29/2015	Ms. Grooms submitted comments on behalf of ASHA focused on “rehabilitative and habilitative services and devices.” ASHA requested that Oregon adopt a habilitative and rehabilitative benefit consistent with federal law.
Matthew Sinnott	Willamette Dental Group	6/01/2015	Mr. Sinnott presented comments on behalf of Willamette Dental Group-in person and in writing. Mr. Sinnott pointed out that the US Department of Health and Human Services (HHS) reaffirms the requirement of exchanges to permit stand-alone dental plans. He indicated that the 2014 and 2015 plan years Oregonians were provided the choices of purchasing stand-alone dental coverage or dental coverage embedded with the medical coverage. He urged the committee to continue permitting both stand-alone and dental benefits embedded in medical contracts. The dental group believes this approach provides consumers with a meaningful choice, an opportunity to select coverage that provides a consumer the best value for their dental needs and prevent coverage disruptions. Mr. Sinnott included a summary of the National Association of Dental Plans study on choices for pediatric dental plans.
Cherryl Ramirez	Association of Oregon Community Mental Health	6/18/2015	Ms. Ramirez submitted comments on behalf of the Association of Oregon Community Mental Health. The group believes it is important to point out that a fee-for-service payment system will not sustain the integrated care model the

	Programs		group is trying to implement. Additionally, the state that payment with completion of core performance measures, incorporate case rates for preventive care to avert suicides and other bad outcomes, and address payment structures that create barriers to integration of care. Ms. Ramirez stated that the network adequacy is becoming a more significant barrier as they integrate primary and behavioral health care.
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