PUBLIC SUBMISSION

Docket: EBSA-2010-0054
Request for Information Regarding Value-Based Insurance Design in Connection With Preventive Care Benefits

Comment On: EBSA-2010-0054-0001
Value-Based Insurance Design in Connection with Preventive Care Benefits; Information Requests

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General Comment

National Jewish Health is concerned about consumer access to preventive care, if the following are not addressed for the requirements of no cost-sharing: (as required under PHS Act section 2713)

1. Evidence-base for Determining Frequency, Method, Treatment or Setting
• The relevant evidence-base for frequency, method, treatment, or setting under VBID should first and foremost be the Supporting Documents published in conjunction with the release of a USPSTF recommendation.
o Although the final Recommendation may be very succinct, there is generally a strong body of evidence supporting that recommendation. In many cases there are more detailed graded recommendations incorporated into the body of evidence supporting the macro recommendation.
2. Medical Management to Justify VBID
• Medical management must not permit the absolute exclusion of any A or B recommendation.
o For example, plans must still offer all A recommended FDA-approved pharmacotherapies even if limitations based on medical management techniques are permitted.
• If supported by the evidence, medical management may incorporate annual limitations, but should not be permitted to include lifetime limitations. Lifetime limitations run counter to PPACA's prohibition on lifetime benefit maximums and should not be permitted unless the USPSTF recommendation explicitly incorporates such a limitation.