

August 3, 2012

To whom it may concern:

I write on behalf of Children's Hospital Colorado (Children's Colorado) to urge that Colorado create an essential health benefits (EHB) package that will meet the medically necessary healthcare needs of all children in our state. In brief, our recommendations are that Colorado:

- Adopt a "medical necessity" standard for pediatric benefits, which can be both comprehensive and cost-effective
- Select one of the six state-level benchmark plans, to avoid incurring additional costs to fund state benefit mandates not covered by one of the three federal employee plans
- Attempt to restrict substitution of benefits, both across and within benefit categories, as much as possible
- Avoid benefit scope and duration limits that will deny children access to needed care
- Supplement one of the state-level benchmark plans with the strongest possible pediatric dental benefit, in order to ensure adequate access to oral health preventative care and help children avoid costly complications
- Offer habilitative benefits at parity with rehabilitative services and in addition to, rather than instead of, rehabilitative benefits

Children need a lot of things in order to grow up strong and healthy, but one essential component of their growth and development is ensuring they get the care they need. Colorado should select an EHB standard akin to that of Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, which provides children with access to a set of benefits covering all medically necessary care.

Coverage for children is, on average, quite a bit less expensive than for adults. Most kids are healthy most of the time, and therefore a benefit plan that covers services for children can be both comprehensive and affordable. But because children are growing every day, they need more frequent medical checks than adults to ensure that their physical and cognitive abilities are progressing appropriately. When problems do crop up, earlier diagnosis and treatment often means more effective and less costly interventions. As a state, we have a chance to save money in the long run by creating a health system in Colorado that doesn't leave out any children.

Each of the nine benchmark plan options has attractive features as well as certain drawbacks. Children's Colorado hopes that our state's policymakers, when selecting a benchmark, will take into account the needs of all children, especially those with complex, chronic, or serious health conditions.

Fortunately, some of the most serious health conditions threatening children are rare, but unfortunately, parents cannot plan for those conditions, and for children living with those conditions, adequate health insurance coverage is truly essential. From the six year-old girl struggling with acute lymphoblastic leukemia, to the newborn with a congenital heart defect, to the teenager working to succeed in school despite her cystic fibrosis, to the ten year-old boy whose lupus has caused significant oral health complications, each of our patients and their families know how vital it is to have coverage

that allows them access to the care that makes sense based on their unique needs. It is particularly important that the benefit package include coverage for ancillary services utilized by children with special health care needs, such as physical, speech and occupational therapy, home health care, durable medical equipment, and personal care, which are typically limited by commercial plans or not covered at all.

Given that Colorado must pay for any state-mandated benefits above and beyond the EHB package, we recommend the adoption of one of the six state-level plan options, rather than one of the three federal employee plans, in order to ensure that coverage includes all state-mandated benefits.

Children's Colorado believes that an EHB with an appropriate balance and weight across the 10 benefit categories specified by the ACA means not substituting benefits across or within categories. We hope substitution of benefits will be as limited as possible.

While the ACA bans lifetime and annual benefit caps, limits on benefit scope and duration still have the potential to effectively deny children access to needed care. For example, while 20 physical therapy visits per year may be sufficient for one child, another with a traumatic brain injury may need two or three visits per week in order to make consistent progress. We therefore ask that these scope and duration limitations be avoided, in the chosen benchmark plan, to the extent possible.

Dental

With regard to the requirement within the Affordable Care Act (ACA) that the EHB include coverage of pediatric dental services, Children's Colorado believes that opting to supplement a state-level plan is preferable to selecting one of the federal employee plans. Despite their coverage of pediatric dental benefits, the federal plans lack coverage for other key services, such as early intervention benefits for children.

We also currently believe that Colorado should supplement the state-level plan with dental benefits from the Federal Employees Dental and Vision Insurance Program (FEDVIP), rather than modeling benefits on the Child Health Plan Plus (CHP+), as it appears that FEDVIP includes better coverage for preventative services, allowing for cleanings once per six months rather than once per 12 months. Regardless, our overriding request is to provide the strongest pediatric dental benefit possible, one that permits all children to obtain vital preventative, diagnostic, and treatment services, both basic and major. A child's oral health can have dramatic impacts on his or her overall health, and children with significant untreated dental problems live in pain and cost dramatically more to treat when their condition becomes emergent.

Habilitation

For children with a wide range of disabilities or developmental delays, coverage of habilitative and rehabilitative services is critical. Coverage of these services allows them to attain and sustain functions

and avoid regressions in their development. Children's Colorado therefore recommends that Colorado require that habilitative services be offered at parity with rehabilitative services, and that habilitative benefits be provided in addition to, rather than instead of, rehabilitative benefits.

Conclusion

A comprehensive pediatric benefit must be included in the EHB package, both in order to provide coverage in the required categories and to ensure that Colorado kids are not denied needed services as they grow and develop. The benefit should include a medical necessity definition, similar to Medicaid's EPSDT standard, which recognizes the unique healthcare needs of children. A suitable benefit should also include a pediatric dental package that covers all needed oral health care for all children and a definition of habilitation that ensures access to all necessary services to attain and maintain function.

Children's Colorado cares deeply about ensuring access to care for our patients and for all children in Colorado, and we appreciate the opportunity to provide input into what will be a critical component of Colorado's health benefit exchange for at least its first two years. Thank you for consideration of these comments, and please do not hesitate to contact me if I can answer questions or be of assistance in any way.

Sincerely,

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