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To: Minnesota Department of Health (health.reform@state.mn.us)
From: Matthew Anderson, MHA Vice President, Regulatory/Strategic Affairs
Sent: Wed Sep 30 17:25:19 2009
Subject: Essential Benefit Set

The Minnesota Hospital Association (MHA) appreciates the opportunity to provide the following comments and suggestions on behalf of our members, which include 148 hospitals and health systems in communities throughout Minnesota, and the patients they serve. MHA and its members believe that defining an essential benefit set is an important step toward further reforms aimed at reducing the number of residents without adequate health insurance coverage and, consequently, improving their health.

MHA offers three points it would like the work group members to consider as they go about their important task.

First, MHA believes the Legislature's intention was to define an essential set of benefits that would serve as the basis for defining what minimum insurance package an individual would have to obtain to fulfill a future individual mandate. Thus, any recommendations regarding benefits to include or exclude from such an individual mandate should be made in that framework. MHA does not believe the work group's charge is to review existing mandated benefits to determine whether they are justified or appropriate. In other words, the purpose of the essential benefit set should be to create a standard benefit package that would accompany a universal coverage strategy, not to water down existing insurance products without the corresponding expansion of coverage to uninsured individuals.

Second, because much of current medical practice has not been studied through double-blind scientific methodology, it is important for the work group to include coverage for services, treatments and procedures that may not have significant evidence demonstrating their effectiveness. Although MHA recognizes and supports the need to move toward evidence-based medicine, it is important for our patients to retain access to "best practices" when existing evidence does not specify the most appropriate treatment. Likewise, any benefit set needs to be flexible and allow for caregivers and patients to adjust and deviate from formulaic treatment protocols when indicated by a patient's unique circumstances.

Finally, MHA hopes that the work group's final recommendations will avoid a static list of included or excluded benefits, and instead, put forth a methodology for evaluating benefits in the future. Any hard-and-fast list will become outdated as new evidence, technologies, treatments, and conditions emerge. Accordingly, a more valuable outcome from the work group's deliberations would be a process or methodology for policymakers to use when evaluating potential benefit changes.

MHA appreciates the opportunity to offer these comments and looks forward to providing additional input as the work group process continues. If you have any questions or concerns about these comments or other issues, please feel free to contact me anytime.

Sincerely,

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