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September 26, 2011

Donald Berwick, M.D.
Administrator
Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Baltimore, MD 21244-8013

Re: CMS-9975-P

Dear Dr. Berwick:

The American Thoracic Society (ATS), an international education and scientific multi-disciplinary society of 15,000 members focused on respiratory, critical care and sleep medicine, appreciates the opportunity to comment on the creation of Affordable Insurance Exchanges. We support the Department of Health and Human Service's objective to expand access to health care by making health insurance more affordable for Americans through the creation of health insurance exchanges. The ATS has the following comments on the proposed rule:

Establishment of Exchange Network Adequacy Standards (§ 155.1050)

In order to ensure access to care, it is essential that health insurance exchanges require that participating qualified health plans (QHP's) maintain appropriate networks of healthcare providers including specialty providers. Access to specialty providers including pulmonologists, pediatric pulmonologists, critical care and sleep specialists and respiratory therapists is critical for patients with chronic respiratory diseases such as COPD, asthma, lung cancer, pulmonary hypertension and sleep apnea, all of which represent major personal and public health challenges in our society. COPD and asthma are on the rise in the U.S., with about 24 million Americans affected by COPD and 25 million diagnosed with asthma. Without appropriate and timely access to medically necessary care provided by trained specialists, people with chronic conditions will not receive adequate care, which will result in them getting sicker and incurring higher health care costs including potentially needing costly hospitalization and prolonged care. Providing access to specialty care will enable better system-wide management of these and all other chronic diseases, improving public health and reducing health system costs.

25 Broadway, 18th Floor
New York, NY 10004
P. 212.315.8600
F. 212.315.6498
www.thoracic.org

The ATS urges CMS to require that QHP provider networks provide sufficient access to care for all enrollees, including those in medically underserved areas. Too many Americans do not have adequate access to needed health care because they live in rural, urban or geographically isolated and remote areas, including American Indian reservations, under-served by healthcare professionals. Requiring QHP's to ensure access to care for enrollees in underserved areas, including access to specialists such as pulmonologists, critical care and sleep specialists, will ensure that people with respiratory diseases and other chronic conditions in these areas will receive timely and appropriate care and better chronic disease management.

Similarly, the ATS strongly supports QHP arrangements to ensure a reasonable proximity of participating providers to the residence or workplace of enrollees. Providing enrollees with a network of providers located conveniently to enrollee residences and workplaces will significantly increase access to timely and appropriate, and thus more effective care. The ATS strongly supports the idea that an on-going monitoring process be defined, standardized and required for each provider network to insure that the network is meeting the healthcare needs of its enrollees in an efficient manner.

Finally, the ATS strongly supports the proposed requirement that QHP's ensure that enrollees may obtain covered benefits from out-of-network providers at no additional cost if no network provider is accessible for that benefit in a timely manner. This mechanism is particularly critical for enrollees with chronic conditions and vulnerable patient populations such as elderly and children. Specifically, we urge HHS to provide specific guidance to states regarding the "sufficient number" standard for essential community providers (ECP's) within primary care and specialty categories based on demographic, geographic and access criteria. We additionally support HHS's consideration of exempting integrated network health plans from the requirement to contract with a sufficient number of ECPs if they otherwise meet the QHP standards who either provide all services "in-house" or staff model plans where all providers are employees of the plan.

We commend HHS on their planned rulemaking defining an "essential health benefit requirement" to be included in future rule making. Specifically we urge HHS to ensure that evidence-based, preventive and curative services (including essential specialist care services) are included in the essential health benefit package, and that these benefits advance the primary intent of the ACA with regard to improving access, quality and affordability of healthcare while containing costs.

In order to avoid increased costs for plans with significant numbers of FQHC enrollees, an alternative approach that would permit plans to negotiate mutually agreed-upon payment rates with FQHCs that are at least equal to the plans' generally applicable payment rates has been suggested. The ATS is supportive of this approach provided that payments represent fair market value for essential health benefit requirements and appropriate services from specialist and subspecialist providers.

There are a number of other important issues that contribute to the creation of barriers to care, one of which is inadequate provider reimbursement. In order to ensure that it is economically viable for all healthcare providers to participate in health insurance exchange networks, the ATS urges CMS to promote equitable reimbursement for therapies and services. Additional barriers for providers include administrative paperwork and pre-approval requirements. The ATS urges CMS to require streamlined procedures to remove these bureaucratic barriers that impede timely patient access to care.

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We look forward to working with CMS as it develops final regulations on health insurance exchanges, including concerning essential benefits. Please contact Nuala S. Moore, Sr. Legislative Representative in our Washington Office at 202.296.9770 or via e-mail at Nmoore@thoracic.org if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "NS Hill".

Nicholas Hill, M.D.
President
American Thoracic Society