

Michael Humphreys
Insurance Commissioner
1326 Strawberry Square
Harrisburg, PA 17120

Katie Merritt
Director of Policy and Planning
1326 Strawberry Square
Harrisburg, PA 17120

August 29, 2023

Dear Commissioner Humphreys and Director Merritt,

Thank you for the opportunity to comment on the upcoming revisions to Pennsylvania's Essential Health Benefits Benchmark Plan. The Pennsylvania Health Access Network (PHAN) is Pennsylvania's only statewide consumer-driven organization working to expand and protect access to high-quality, equitable, affordable healthcare for all Pennsylvanians. Since 2007, PHAN has brought together health care consumers and community organizations across the state to advocate for expanded access to health care in Pennsylvania. As a statewide health insurance enrollment navigator for Pennie, CHIP, and Medicaid, we help thousands of Pennsylvanians enroll in coverage each year as well as troubleshoot any issues they have accessing care.

Through our statewide health insurance helpline, we hear Pennsylvanians' concerns about accessing care and the health benefits covered by various plans. As Pennsylvania considers a new Essential Health Benefits (EHB) Benchmark Plan, PHAN would like to offer recommendations for services that should be included based on what we hear directly from Pennsylvanians enrolling in coverage, specifically in the areas of mental health and mobile crisis care, maternal health, gender-affirming care and children's health care.

Recommendation 1: Mobile crisis care should be included in the EHB benchmark plan.

Pennsylvania consumers frequently tell us that it is difficult to access mental health services, specifically mobile crisis care. According to the Pennsylvania Behavioral Health Commission's 2022 report to the General Assembly, nearly 34% of Pennsylvanians have a mental illness or substance use disorder. In 2020, an estimated 299,000 people in Pennsylvania met criteria for a substance use disorder, and in 2021, approximately 5,224 Pennsylvanians fatally overdosed.¹ Mobile crisis services are a core element of a comprehensive continuum of care for people experiencing a behavioral health crisis. They help to ensure people obtain the right care in the appropriate location. Counselors who take 988 calls and texts can dispatch a mobile crisis team to provide emergency services, including screening, assessment, de-escalation, peer support, coordination with medical and behavioral health services, and crisis planning and follow-up care. We frequently hear from consumers experiencing barriers to accessing this potentially life-saving care due to the limits of their health plans' coverage. We recommend that

¹ [Behavioral-Health-Commission-Report_October2022.pdf \(pa.gov\)](#)

Pennsylvania ensure consumers in private individual and small-group market plans have mobile crisis benefits by incorporating them into Pennsylvania's EHB benchmark plan under the Affordable Care Act (ACA).

Recommendation 2: Services that reduce maternal mortality should be added to the EHB benchmark plan.

From 2015-2019, Pennsylvania had a maternal mortality rate of 10.9 per 100,00 live births.² While the total decreased compared to previous years measured, it actually worsened for Black Pennsylvanians and remains a serious issue. Pennsylvania should take steps to strengthen benefits for pregnant individuals and ensure healthier outcomes for both parent and child. First, we recommend adding doula coverage to the EHB benchmark plan. Doulas are trained professionals who provide emotional, physical and educational support to families throughout pregnancy, childbirth, and the postpartum period, with a focus on maternal health.³ Nationally, Indian, Alaska Native, and Black people are 2 to 3 times more likely to die from a pregnancy-related cause than their white counterparts, and studies have shown that doulas can provide culturally competent care that improves mortality outcomes, especially for these populations.^{4,5} We also recommend adding coverage for standard postpartum visits specifically focused on mental health in addition to the typical 6 week postpartum follow-up and pediatrics appointments that currently incorporate mental health screenings. This would ensure that patients receive timely screening for postpartum mental health conditions and are referred to additional mental health services if appropriate.⁶ Thirdly, studies show that home visiting appointments can improve outcomes for both mother and child,⁷ and we recommended adding additional covered home visits as part of the EHB benchmark plan. This would align with current Medicaid standard coverage.⁸ Lastly, dental coverage should be provided during pregnancy and throughout the postpartum period, during which time there may be changes in the mother's dental health resulting from changes in hormones and habits, which has been linked to premature birth.^{9,10}

Recommendation 3: Clarify and include gender-affirming care benefits in the EHB Benchmark Plan.

Gender-affirming care is medically necessary care that, in many cases, can be life-saving for transgender individuals. The World Professional Association for Transgender Health¹¹ sets the standards of care for gender-affirming health services. These include hormone therapy, surgeries, fertility assistance, voice

² [MICH-04: Maternal mortality rate \(LHI\) | Pennsylvania Healthy People, state level \(pa.gov\)](#)

³ [Having a Doula - What are the Benefits? - American Pregnancy Association](#)

⁴ [The Role of Doulas in Addressing Black Women's Maternal Mortality: Women's Health Education Program Blog - Drexel University College of Medicine](#)

⁵ [Solving the Black Maternal Health Crisis | Johns Hopkins | Bloomberg School of Public Health \(jhu.edu\)](#)

⁶ [Postpartum Survey & Focus Group Findings - SJ Report - Google Docs](#)

⁷ [Perinatal and Parenting Support](#)

⁸ [Perinatal and Parenting Support](#)

⁹ [Dental health during pregnancy | March of Dimes](#)

¹⁰ [Pregnancy and Oral Health Feature | CDC](#)

¹¹ https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English2012.pdf?_t=1613669341

and communication therapy, primary care, and behavioral health interventions. Additionally, the Endocrine Society¹² supports gender-affirming care in their clinical practice guidelines. Gender-affirming care is highly individualized, and while not all transgender and nonbinary individuals will want or seek any or all of these medically necessary services, limiting access to them can lead to negative and life-threatening outcomes. Major U.S. medical associations, such as the American Medical Association¹³, the American College of Obstetricians and Gynecologists¹⁴, the American Academy of Nursing¹⁵, the American Psychiatric Association, among others, have issued statements underscoring the medical necessity of gender-affirming care.¹⁶ Currently, some gender-affirming care services are not included in plans' covered benefits, and even when a service is covered, insurers sometimes do not disclose which specific benefits are included until after someone has enrolled in a plan. For those plans that already include gender-affirming care but do not provide adequate information on benefits prior to enrollment, we recommend that benefits be clarified under the Affordable Care Act's Section 2715A requirement to provide an easy-to-understand summary of benefits to consumers prior to selecting a plan¹⁷. We also strongly recommend that Pennsylvania include gender-affirming care standards and benefits in the updated EHB benchmark plan.

Recommendation 4: Expand benefits for children in the EHB benchmark to match CHIP and EPSDT benefits.

The American Academy of Pediatrics, First Focus, Georgetown's Center for Children and Families, Children's Hospital Association, Children's Defense Fund and Family Voices all describe the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit as the "gold standard" for children. To more closely mirror these benefits, we recommend Pennsylvania include all the mental health and substance use disorder services, including behavioral health treatment benefits, that children need in the EHB benchmark plan. These benefits should include treatment for autism, early intervention mental health services for children, and substance abuse services for adolescents. Additionally, Pennsylvania should define "habilitative services and devices" to ensure access to all necessary services and devices for children, especially children with special needs or developmental issues, to attain, maintain, and retain life skills and functions. These services address the skills and abilities a child needs for optimal functioning in interaction with his or her environment, and include occupational, physical and speech therapy as well as devices like hearing aids and equipment, like wheelchairs, that may need replacement as children grow. With that in mind, we recommend that the EHB benchmark plan specifically include coverage for more than one pair of eyeglasses in a two year period, similar to CHIP coverage; expand occupational therapy (OT), physical therapy (PT), and speech therapy benefits beyond

¹² [Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline | The Journal of Clinical Endocrinology & Metabolism | Oxford Academic](#)

¹³ [National Governors Association](#)

¹⁴ [Health Care for Transgender and Gender Diverse Individuals | ACOG](#)

¹⁵ [Health care services for transgender individuals: Position statement - Nursing Outlook](#)

¹⁶ [Update on Medicaid Coverage of Gender-Affirming Health Services | KFF](#)

¹⁷ [Providing Clear and Consistent Information to Consumers About Their Health Insurance Coverage | CMS](#)



30 visits for PT/OT combined and 30 visits for speech in a benefit period; and increase coverage of Durable Medical Equipment for children to 80% percent of customary and usual cost instead of the current 50%.

Although our focus here is on areas where the EHB benchmark can be expanded, we recognize there may be limits to plan generosity. That said, we encourage you to consider a combination of paths to address these recommendations. Recognizing the PID's active role in enforcing anti-discrimination and mental health parity laws, there is opportunity to further explore how they can be applied to require broader coverage of mental health services and gender affirming care.

Again, thank you for the opportunity to provide these recommendations for the EHB benchmark plan. We look forward to working with the department to ensure that all Pennsylvanians have access to high quality affordable healthcare. Should you have any questions or concerns, please contact Patrick Keenan, Director of Policy and Partnerships at patrick@pahealthaccess.org or 717-322-5532.

Sincerely,

Antoinette Kraus
Executive Director, Pennsylvania Health Access Network