



Request for Comment Regarding Essential Health Benefits Bulletin

Agency: Joint agency request by the Minnesota Departments of Commerce, Human Services and Health.

Summary: The Patient Protection and Affordable Care Act (ACA), Public Law 111-148 enacted on March 23, 2010, and modified by the Health Care and Education Reconciliation Act, Public Law 111-152 enacted on March 30, 2010, Section 1302(b), directs the Secretary of Health and Human Services to define essential health benefits (EHB). Beginning in 2014, non-grandfathered plans in the individual and small group market both inside and outside of the Exchanges, Medicaid benchmark and benchmark equivalent, and Basic Health Programs must cover the EHB.

Essential Health Benefits Bulletin

On December 16 2011, the U.S. Department of Health and Human Services (HHS) issued a bulletin to provide information and solicit comments on the regulatory approach that the Department of Health and Human Services (HHS) plans to propose to define essential health benefits (EHB). This bulletin only addresses covered services for the individual and small group markets, it does not address plan cost sharing or the calculation of actuarial value. Additionally, the bulletin does not provide further guidance on the EHB implementation in the Medicaid program or implementation of Medicaid benchmark benefits under section 1937 of the Social Security Act.

The intended regulatory approach outlined by HHS utilizes a reference plan based on employer-sponsored coverage in the current marketplace. Section 1302(b)(2) of the Affordable Care Act outlines that the scope of the EHB shall equal the scope of benefits provided under a typical employer plan. The EHB must include items and services within the following ten statutory benefit categories: (1) ambulatory patient services, (2) emergency services, (3) hospitalization, (4) maternity and newborn care, (5) mental health and substance use disorder services, including behavioral health treatment, (6) prescription drugs, (7) rehabilitative and habilitative services and devices, (8) laboratory services, (9) preventative and wellness services and chronic disease management, and (10) pediatric services, including oral and vision care. In addition, section 1311(d)(3) of the Affordable Care Act requires States to defray the cost any benefits required by State Law to be covered by qualified health plans beyond the EHB.

The bulletin outlines four benchmark plan types for States to consider as the EHB for health plans in the individual and small group market:

- 1) The largest plan by enrollment in any of the three largest small group insurance products in the State's small group market
- 2) Any of the largest three State employee health benefit plans by enrollment
- 3) Any of the largest three national Federal Employees Health Benefits Plan (FEHBP) options by enrollment
- 4) The largest insured commercial non-Medicaid Health Maintenance Organization (HMO) operating in the State

States are directed to choose an EHB benchmark plan during the third quarter of 2012 for coverage years of 2014 and 2015. If States choose not to select a benchmark, HHS intends to propose that the default



benchmark will be the small group plan with the largest enrollment in the State. HHS intends to assess the benchmark process for the year 2016 and beyond based on evaluation and feedback.

The bulletin and accompanying fact sheet can be found on the Center for Consumer Information and Insurance Oversight (CCIIO) website:

Bulletin: http://cciio.cms.gov/resources/files/Files2/12162011/essential_health_benefits_bulletin.pdf

Fact Sheet: <http://www.healthcare.gov/news/factsheets/2011/12/essential-health-benefits12162011a.html>

Request for Comments: This request identifies a broad set of content areas of interest related to the bulletin. This is a request for comment regarding the aforementioned bulletin to assist the Departments in preparing a formal response to the U.S. Department of Health and Human Services. Comments are requested on all parts of the bulletin.

Date Requested: On or before 3pm central time on Monday January 16, 2012.

How to Send Comments: Send written comments to HealthReform.MN@state.mn.us and write “Essential Health Benefits” in the subject line of the email.



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Jan. 16, 2012

Commissioner Michael Rothman, MN Department of Commerce
Commissioner Lucinda Jesson, MN Department of Human Services
Commissioner Edward Ehlinger, MN Department of Health
State of Minnesota
St. Paul, MN 55101-2198

Submitted electronically via the HealthBenefit.Exchange@state.mn.us email address.

Re: Response to the Request for Comment Regarding the Essential Health Benefits Bulletin

Dear Commissioner Rothman, Commissioner Jesson and Commissioner Ehlinger:

The Minnesota Council of Health Plans (Council) appreciates the opportunity to respond to the Request for Comments on the Essential Health Benefits Bulletin (Bulletin) that was released by the U.S. Department of Health and Human Services (HHS) Dec. 16, 2011.

The Council supports the approach in the Bulletin that allows states the flexibility to select an essential health benefits (EHB) benchmark that recognizes the regional differences in health care. Furthermore, it allows a state like Minnesota to continue to be a national leader in providing access to high quality, low cost health care.

Outline a clear process

The Council recommends the state outline and adopt a clear and robust process for its selection of an EHB benchmark plan. The process must include the opportunity for input from all interested parties including health plans. We also recommend that the state clarify whether or not it has the legal authority to proceed with the selection of an EHB benchmark plan without legislation or legislative oversight. The Bulletin is guidance from HHS about what it intends to propose for EHB design. It is not an interim final rule or even a proposed rule.

The question of the basis for federal guidance to apply without changes in state law should be addressed due to the significant impact the EHB plan selection will have on all non-grandfathered health plans sold in the existing individual and small group markets and currently regulated under state law.

In addition to the question of whether changes to state law are necessary, the Council suggests that the state consider whether such changes would increase the stability of the EHB benchmark plan. A selection process that includes a legislative component could prove more durable over time, resulting in more consistency for consumers.

Decision needed by June 30, 2012

If a state does not select a benchmark plan by the third quarter of 2012 then, according to the Bulletin, HHS intends to propose that the default option – the largest plan by enrollment in the largest small group product – automatically becomes the EHB benchmark plan for that state. However, the Bulletin does not specify at which point in the third quarter this default option will be triggered. The Council recommends that the default option should apply if a selection is not made by a state before the beginning of the third quarter of 2012. Specifically, the Council recommends that the state should make its selection by June 30, 2012.

Health plan companies have substantial work to complete in order to be ready to offer products in the Exchange by the proposed Oct. 1, 2013, initial open enrollment period. Having a final determination of the EHB design by June 30, 2012, is critical to ensuring that insurers are able to, among other things, develop products, meet state filing deadlines, and obtain approval by the Exchange within the short timeframe leading up to 2014.

Balance coverage and affordability

It is critical that the selection of a benchmark plan balance the coverage needs of Minnesotans with the affordability of that coverage. The EHB design will affect individuals who will not be eligible for subsidies and small employers purchasing both inside and outside of the Exchange. If the EHB design is too broad, individuals and small employers may not be able to afford coverage and may opt to go without it.

The state's own modeling shows many interrelated pieces of reform that will become effective on Jan. 1, 2014, and will have an impact on cost. It is therefore imperative that the state and HHS consider costs when selecting an EHB design. In its October 2011 report, the Institute of Medicine (IOM) recognized there are significant cost implications within the selection of an EHB design and specifically recommended that cost implications be incorporated into the development of the initial EHB design.

In fact, the IOM specified that state benefit mandates should not automatically be added to the EHB design. The IOM found that "state mandates are not typically subjected to a rigorous evidence-based review or cost analysis." The Council agrees with the IOM and believes that the regulations developed by HHS should address this important issue.

In addition, as the Bulletin addresses, there will likely be one or more of the 10 benefit categories that will not be included in the selected benchmark plan. The Council recommends that the state consider the cost implications when selecting the supplement to the benchmark option. For instance, the supplement for the dental category could add significant costs depending on the option chosen.

In order to ensure that all Minnesotans have access to health care, the coverage options available in the market must be affordable. The Council recommends that the state and HHS very carefully consider costs within the selection of an EHB benchmark plan.

Maintain tools for managing costs

In order to help mitigate the rising costs of health care, it is critical that health plans maintain the ability to use cost containment tools. The Bulletin supports the continued use of these tools within its Purpose and Statutory Provisions sections. This section makes it clear that the EHB design includes covered services and does not include coverage decisions. Health plans employ a variety of tools to help reduce health care costs, including but not limited to disease and care management, prior authorization and utilization review, service limitations, wellness programs, etc. In order to ensure that enrollees continue to have access to affordable coverage, the state should clarify that health plans may continue to use these important tools.

The Council is committed to working closely with the state as it continues to implement health care reform. Please do not hesitate to contact me directly if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Julie Brunner". The signature is written in a cursive, flowing style.

Julie Brunner
Executive Director



Minnesota Hospital Association

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January 16, 2012

Submitted electronically

Commissioner Mike Rothman, Minnesota Department of Commerce
Commissioner Ed Ehlinger, Minnesota Department of Health
Commissioner Cindy Jesson, Minnesota Department of Human Services
Healthreform.mn@state.mn.us

RE: Essential Health Benefits

Dear Commissioners:

On behalf of our 145 member hospitals and 17 member health systems, the Minnesota Hospital Association (MHA) appreciates the opportunity to comment on the Essential Health Benefits (EHB) bulletin published by the Center for Consumer Information and Insurance Oversight on December 16, 2011.

MHA's comments address the mandatory benefit categories, the benchmark plan types, and a need to balance affordability with comprehensive coverage.

Mandatory categories

MHA appreciates the broad range of benefits that are to be included in the EHB. In addition to primary, preventive and hospital services, it is important that the mandatory categories include mental health and chemical dependency, as well as all pediatric services. However, there is some concern that the EHB will not be as comprehensive as what is currently available to many Minnesotans.

There needs to be more detail on the services covered or not covered within each category for MHA to provide more meaningful feedback. In the meantime, we offer the following comments for your consideration:

“Hospitalization” should specifically include coverage for all life-saving procedures, including emergency and ambulance, trauma and transplant services; as well as those outpatient services, like dialysis, radiation therapy and chemotherapy that are equally life-saving.

“Mental health and substance abuse disorder services” should include the mid-level interventions that many Minnesotans currently receive when in a crisis to prevent further escalation. For example, outpatient and intensive community-based services such as ACT teams (Assertive

Community Treatment) keep individuals out of the most intensive and expensive inpatient hospital care. Otherwise, hospitals will see a dramatic increase in uncompensated care due to emergency room visits, transfers and inpatient admissions from people in a mental health crisis who have nowhere else to turn. Minnesota's "intermediate" level of care for people in this situation should be part of the EHB.

"Pediatric services, including oral and vision" is a welcome inclusion. However, as the bulletin points out, pediatric oral and vision coverage are less likely to be a covered benefit in one of the plan types being considered for a benchmark plan. Many plans in Minnesota do not cover dental care for pediatrics in a medical setting, even when medically necessary. For example, a child with autism or a behavioral health issue may need to be sedated at a hospital in order to safely complete a dental procedure. Also, these suggested benchmark plans often lack coverage for pediatric home care, which is necessary for some children with cognitive disorders. It is important, therefore, that the EHB be comprehensive enough to include these required services.

Finally, the bulletin suggests supplementing coverage from another plan if the benchmark plan does not include a particular mandatory benefit. It is unclear what "supplementing" will mean and, therefore, it needs to be carefully defined. Any supplemented coverage should be seamless to avoid administrative errors in coverage, confusion for consumers or payment delays for providers.

Benchmark plans

The EHB bulletin includes four benchmark plan types for states to consider as EHB for health plans in the individual and small group market:

- 1) The largest plan by enrollment in any of the three largest small group insurance products in the State's small group market.
- 2) Any of the largest three State employee health benefit plans by enrollment.
- 3) Any of the largest three national Federal Employees Health Benefits Plan (FEHBP) options by enrollment.
- 4) The largest insured commercial non-Medicaid Health Maintenance Organization (HMO) operating in the State.

Generally speaking, Minnesota has more comprehensive benefits within health plans than what is found in other states. As a result, our state's small group market and the commercial non-Medicaid HMOs are more likely to currently offer benefits like robust coverage for mental health than plans elsewhere.

Although the state employee group plan (SEGIS) appears to have strong, comprehensive coverage, MHA is concerned that its status as a self-insured ERISA plan, combined with the fact that it is subject to political and labor negotiations, makes it less stable or predictable for use as a benchmark plan.

Commissioner Mike Rothman, Minnesota Department of Commerce
Commissioner Ed Ehlinger, Minnesota Department of Health
Commissioner Cindy Jesson, Minnesota Department of Human Services
January 16, 2012
Page 3

Likewise, MHA members' experience would indicate that the federal employees' health plans provide strong coverage. Again though, MHA does not have information about which FEHBP plans are most prevalent in the state or would be used as the benchmark.

Accordingly, with each of these options, MHA does not have the data or details necessary to make a well-informed decision. MHA is interested to learn more about the eight benchmark options being explored by Minnesota's Health Insurance Exchange Advisory Group. Before making a final decision on what would be the best benchmark option, MHA needs to have more complete information and details with which to compare the available options.

Balancing affordability and coverage

MHA was concerned with the Institute of Medicine's focus on cost above coverage in determining the EHB in its October, 2011 report, "Essential Health Benefits: Balancing Coverage and Cost." Minnesota's hospitals and health systems understand the need to bend the cost curve and have made considerable contributions to that effort through multiple quality improvement initiatives, as well as enduring compounding reimbursement rate cuts from state public programs.

The importance of restraining cost growth should not usurp consideration for our residents' need to have meaningful health coverage that provides real access to comprehensive services and the accompanying health and financial security. MHA looks forward to continuing to partner with each of your departments in reaching the balance that will provide Minnesotans with access to the affordable, high-quality care they need to achieve their potential.

Thank you again for the opportunity to comment. If you have any questions, please feel free to contact me at (651) 659-1405 or jmcnertney@mnhospitals.org.

Sincerely,

A handwritten signature in cursive script, reading "Jen McNertney".

Jennifer McNertney
Policy Analyst

Blue Cross and Blue Shield of Minnesota
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January 16, 2012

Commissioner Michael Rothman, MN Department of Commerce
Commissioner Lucinda Jesson, MN Department of Human Services
Commissioner Edward Ehlinger, MN Department of Health
State of Minnesota
St. Paul, MN
Submitted electronically via the HealthBenefit.Exchange@state.mn.us email address.

Re: Response to the Request for Comment Regarding the Essential Health Benefits Bulletin

Dear Commissioner Rothman, Commissioner Jesson, and Commissioner Ehlinger:

Blue Cross and Blue Shield of Minnesota (Blue Cross) appreciates the opportunity to provide input on the Essential Health Benefits (EHB) Bulletin released December 16, 2011 by the U.S. Department of Health and Human Services (HHS). Blue Cross is a non-profit health service corporation that provides coverage to nearly 2.7 million persons. We are the largest health carrier in Minnesota, providing coverage in both the public and private markets.

For Blue Cross Blue Shield of Minnesota, final rulemaking on EHB is critical for several reasons. First, as described by the report issued by the Institute of Medicine (IOM) on October 6, 2011, EHB requires a delicate balance between the competing priorities of comprehensiveness of coverage and affordability for consumers. Second, as also described by the IOM, the linkage to a “typical” employer plan as directed under the statute should capture the affordability challenge from the perspective of the small-group market, which is generally more price sensitive. Finally, timely guidance on the composition of the EHB set is vital to ensuring that products are able to go through the cycle of development, filing, and offering for the October 1, 2013 open enrollment period.

Affordability is critical for meaningful access to coverage

Reform has the opportunity to enhance access to coverage for many by ensuring access to coverage regardless of health status. However, in order for individuals and small employers to have meaningful access to coverage, it must be affordable. State benefit mandates impact the cost of coverage, often without corresponding improvement in clinical outcomes, and, therefore, should be a consideration in the state’s selection of an EHB benchmark.

The IOM report looked closely at the issue of whether state benefit mandates should be included in the EHB design and determined that state benefit mandates often “are not evidenced-based and do not always reflect clinical best practices.”¹ Even in states that include some type of mandate review process prior to passage of a new benefit mandate, the IOM found that such review process rarely include an effective evidence-based review, and for those few states that do, such information has

¹ IOM (Institute of Medicine). 2011. *Perspectives on Essential Health Benefits: Workshop Report*. (Page 4-17, prepublication copy). Washington, DC: The National Academies Press.

little impact on whether the mandate passed.² As such, the IOM report recommended that state benefit mandates should not automatically be included in the EHB set.³

Given the estimated premium increases of 26 – 42 percent within the state’s own modeling, every additional impact to cost should be closely examined. Blue Cross recommends the state consider the cost impacts of state benefit mandates on the cost of the EHB, especially in light of the interaction with related reform elements as discussed below. Although benefit differences among the benchmark options in the HHS bulletin may be less common than expected, some will include all state mandates, regardless of the lack of clinical evidence, and will result in added costs without additional scrutiny.

Finally, a critical related issue is the difference in cost-sharing levels by market segment. The small group market generally has higher levels of cost sharing because of greater price sensitivity and the inclusion of state benefit mandates, among other factors. Furthermore, the individual market generally has cost-sharing that is higher still, which is largely due to the lack of an employer contribution to premium. This makes management of public expectations about affordability a vital consideration in EHB design.

Interaction with additional requirements presents challenges for affordability

The recently released EHB Bulletin provides flexibility that is important to implement health reform in a manner that is sensitive to the needs of Minnesota and its unique marketplace. Moreover, the Bulletin lends itself to a process designed to ensure that EHB design complements the existing marketplace. The adoption of a benchmark approach based upon existing coverage offered in the small group market, to federal or state employees, or the largest commercial HMO, aims to promote an EHB design that is consistent with the current employer marketplace.

However, because the HHS Bulletin considers benefit design in isolation, it fails to adequately capture the challenges of a benchmark approach in conjunction with several related provisions, such as requirements related to cost-sharing and actuarial value. For example, the Affordable Care Act (ACA) limits deductibles for group coverage to \$2,000 and \$4,000, respectively for single and family coverage. According to the most recent Minnesota Department of Health (MDH) survey of the small group market in 2008, one-third of those covered under family policies had deductibles of \$4,000 or higher. Given the particular price sensitivity of the small group market, the proportion of those under family deductibles at that threshold has likely risen substantially over the last four years.

Based upon this MDH data, the combination of EHB and cost-sharing limits suggests that – absent other changes – a benchmark EHB based upon the small group market would result in premiums that are significantly higher relative to the existing market. Current small group benefit levels are balanced with cost-sharing levels that have mitigated premium increases over time as state benefit mandates have been added and as the underlying cost of health care services has risen sharply over the last decade. The resulting interaction of these provisions demonstrates the potential for not only a significant impact on premiums, but ultimately participation in the reformed market by impacted

² *Id.*

³ *Id.* (Page 4-18).

employers. While the ACA attempts separately to reduce the impact of the out-of-pocket burden for many individuals and families by providing subsidies to reduce cost-sharing, it is also important to consider the impact to those who are not eligible for the cost-sharing subsidy when selecting an EHB benchmark. In addition to those individuals accessing coverage in the exchanges, the EHB will apply to small employers and individuals purchasing coverage in the existing marketplace, with potentially a significant premium impact.

In addition, the interaction of the EHB benchmark with actuarial value, area rating factors, and other related provisions, will greatly impact the affordability of coverage. For instance, depending on how actuarial value is calculated, the cost-sharing limitations applied to these available benchmark options may limit the ability to even offer a plan that meets the bronze, or possibly even a silver, level of coverage. Within the state of Minnesota, the implications are especially pronounced for specific geographies outside of the metro, depending upon local factors that shape the access to and price of health services. It is critical that the selection of an EHB benchmark factors in all related reform requirements in order to ensure access to affordable coverage.

Timely guidance is vital for implementation

Finally, timely guidance on the composition of the EHB design is vital to ensuring that Blue Cross and others impacted by reform are able to meet statutory and regulatory timelines. As the state is well aware, there are many steps that must be taken before a health plan company is able to offer a new plan in the market. The benefit design is just the first in a multi-step process to develop a product. There also needs to be adequate time for the products to be filed with and approved by the Department of Commerce.

Additionally, for any products sold through the Exchange, there will also need to be adequate time allowed to obtain approval by the Exchange that the offering is a qualified health plan, which will need to be completed prior to the anticipated October 1, 2013 open enrollment period. The process and additional time necessary for this is still yet to be determined, and it is likely the initial offerings in the Exchange may take a longer approval time period. Accordingly, it is critical that final guidance on the EHB and related requirements, such as actuarial value, be issued as soon as possible.

Blue Cross appreciates the opportunity to discuss the important issue of EHB and the affordability implications when assessing recently released EHB guidance in conjunction with several related provisions. If you have any questions about this letter or if we can provide further assistance, please contact me at 651.662.8786 or Scott_Keefer@bluecrossmn.com.

Sincerely,



Scott Keefer
Vice President
Policy and Legislative Affairs



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January 16, 2012

Dear members of Governor Dayton's Access Work Group - Minnesota Health Care Reform Task Force:

The Minnesota Dietetic Association supports the guiding principles for health care reform as you adopted at your January 9, 2012 meeting.

Prevention of avoidable health problems and complications is the most economical means to control health care costs. Disease prevention includes access to nutrition services from pre-conception to geriatrics. Nutrition is imperative for disease prevention therefore should be a part of an essential health benefits plan.

Access to a Registered/Licensed Dietitian (RD,LD) or Nutritionist (RD, LN) is a critical component to citizens receiving high quality, affordable, and high value health services. The Institute of Medicine has stated, "the registered dietitian is currently the single identifiable group of health-care professionals with standardized education, clinical training, continuing education and national credentialing requirements necessary to be directly reimbursed as a provider of nutrition therapy."

Nutrition and diet are known to be associated with seven of the top ten leading causes of death in the United States today, including the Big Three: heart disease, cancer and stroke. Diet and nutrition are also factors in other chronic conditions such as pulmonary disease, diabetes, liver disease, arteriosclerosis and kidney disease. Poor nutritional intake in pregnancy can program the fetus to alter nutrient utilization favoring disease promoting pathways (i.e. obesity, lipid disorders, diabetes). According to the Centers for Disease Control's National Nutrition and Health Examination Survey (NHANES), most adults and children have dietary intakes inconsistent with meeting dietary guidelines for disease prevention.

Medical nutrition therapy provided by RDs for prevention, wellness and disease management can improve a consumer's health and increase productivity and satisfaction levels through decreased doctor visits, hospitalizations and reduced prescription drug coverage. RDs provide vital food, dietary and nutrition services, while promoting health and well-being to the public. By using their expertise and extensive training, RDs deliver care that is coordinated and cost-effective.

The Academy of Nutrition and Dietetics, Minnesota Dietetic Association's National organization, was one of the first professional groups to embrace evidence-based practice, creating the world's first evidence-analysis nutrition library and producing guides for condition-specific nutrition care.

In closing, we urge you to make use of the professional expertise of registered/licensed dietitians and nutritionists as a tool to a more sustainable and health promoting state while working through the establishment of essential health benefits plan. Thank you.

Sincerely,

Carolyn Suerth Hudson, RD, LD
2011-12 MDA President



January 12, 2012

On behalf of ClearWay MinnesotaSM, I would like to thank the Departments of Commerce, Human Services and Health for the opportunity to comment on the U.S. Department of Health and Human Services (HHS) Essential Health Benefits Bulletin. ClearWay Minnesota is an independent nonprofit organization funded with 3 percent of Minnesota's tobacco settlement. Our mission is to enhance life for all Minnesotans by reducing tobacco use and exposure to secondhand smoke through research, action and collaboration. Since 2001, ClearWay Minnesota has provided evidence-based tobacco cessation services to residents of our state and has been recognized as a national leader in these efforts. To date, we've helped more than 18,000 people quit smoking and produced award-winning media campaigns that have educated people in Minnesota, around the country and around the world.

Access to comprehensive preventive services, including smoking cessation, is critical to help improve health and reduce the total cost of health care. Tobacco use remains the leading cause of premature morbidity and mortality in the U.S., and the return on investment for smoking cessation is well documented. Therefore, when selecting a benchmark plan that will serve as the basis for the Essential Health Benefit set, we recommend that the benchmark plan's smoking cessation benefit mirror the benefit that is now required for health plans participating in the Federal Employees Health Benefits (FEHB) program. Beginning in 2011, the Office of Personnel Management began requiring FEHB plans to cover:

- At least two quit attempts a year;
- Four tobacco cessation counseling sessions of at least 30 minutes for each quit attempt, which includes proactive telephone counseling, group counseling, and individual counseling; and
- All seven FDA-approved tobacco cessation medications (i.e., bupropion SR, nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, nicotine patch, and varenicline).

These benefits are covered with no copayments or coinsurance and are not subject to deductibles or annual and lifetime dollar limits.

The Affordable Care Act presents an opportunity to dramatically improve health and health care in our country. Ensuring that the benchmark plan selected for the Essential Health benefit set includes a comprehensive smoking cessation benefit as required for health plans participating in the FEHB program will help the millions of tobacco users in Minnesota and the U.S. to obtain evidence-based help to quit using tobacco.

Thank you for the opportunity to comment on this important topic.

Sincerely,

A handwritten signature in blue ink, appearing to read "D. Willoughby", is written over a horizontal line.

David Willoughby, M.A.
Chief Executive Officer
ClearWay MinnesotaSM

Coalition for Whole Health Recommendations on Coverage of Mental Health and Substance Use Disorder Services in the Essential Health Benefit Package

In 2010, Congress enacted the Affordable Care Act (ACA), which will substantially expand health insurance coverage for Americans, largely through state health insurance Exchanges for individuals and small businesses, and through an expansion of Medicaid for low-income individuals and families. ACA requires “new” small employer and individual plans, plans in the Exchanges, as well as Medicaid expansion plans, to cover a set of “essential health benefits” that include “mental health and substance use disorder [MH/SUD] services, including behavioral health treatment.” By including MH/SUD as essential services, Congress recognized that substance use disorders and mental illnesses are treatable health conditions, as accepted by the American Medical Association, all other public health and medical standards, and decades of scientific research.

A well designed Essential Health Benefits package that includes sufficient coverage for mental health and substance use disorders for children, youth and adults is central to efforts to ensure that health reform meets its potential to allow individuals and families to recover from these diseases, improve health, and bend the cost curve. The Coalition for Whole Health, a coalition of national organizations advocating for improved coverage for and access to mental health and substance use disorder prevention, treatment, rehabilitation, and recovery services, recommends full inclusion of mental health and substance use disorder services within the Essential Health Benefits framework. This includes incorporating MH/SUD services in each of the Essential Health Benefits categories, as appropriate, in addition to the *mental health and substance use disorder services* category per se.

The ACA creates broad health care service categories that must be covered by certain health plans. The ACA defines these Essential Health Benefits in ten general categories:

- mental health and substance use disorder services, including behavioral health treatment
- laboratory services
- emergency services
- hospitalization
- prescription drugs
- maternity and newborn care
- pediatric services
- rehabilitative and habilitative services and devices
- preventive and wellness services and chronic disease management
- ambulatory patient services

For an addiction and mental health system to be accessible, accountable, efficient, equitable and of high quality,¹ the Coalition for Whole Health (“the Coalition”) believes that the Essential Health Benefits package covered by “new” small employer and individual plans, qualified health plans operating in state Exchanges and by Medicaid expansion plans must include, at a minimum, the benefits detailed in this document. These recommendations are based on evidence based practices to sustain addiction and mental health recovery – regardless of the setting. A list of Coalition for Whole Health members who have endorsed this paper is attached.

Overview

Nearly one-third of adults and one-fifth of children had a diagnosable substance use or mental health problem in the last year.² A 2008 report of the Oregon Department of Human Services found that individuals with severe addiction and co-occurring mental illness, a significant percentage of those with substance use or mental health problems, die prematurely--on average, 37 years sooner than Americans without severe addiction and mental health problems.³ Furthermore, a 2006 study by the National Association of State Mental Health Program Directors found that people with serious mental illness served in the public sector die on average 25 years sooner than the general population from common medical conditions such as cancer and heart disease.⁴ Individuals with severe mental health and severe substance use disorders not only have greater mortality rates, but their health care costs throughout their lives are substantially higher, primarily due to preventable emergency department visits and hospital admissions and readmissions. Appropriate mental health and substance use disorder services will decrease costs in the medical system and lengthen the lifespan of millions

of Americans with these illnesses. In 2007, the Agency for Healthcare Research and Quality found that nearly 13 percent, or one of every eight emergency department visits are related to a mental health or substance use disorder.⁵ Several states have found that providing adequate mental health/addiction treatment benefits stops the escalation in health care costs and reduces Medicaid spending. For example, Washington State found that one year after providing a full addiction treatment benefit, \$398 per member per month savings were achieved in overall Medicaid spending.⁶ However, in 2009, 23.5 million Americans needed treatment for an illicit drug or alcohol problem, but only 4.3 million people received treatment – leaving a gap of 19.2 million Americans who needed treatment for a substance use disorder but did not receive it.⁷ In addition, only 4.1 million of the 9.8 million Americans who needed treatment for a serious mental illness received it.⁸

The costs associated with untreated mental health/addictive disorders also affect private payers. In 2006, Robinson and Reiter estimated that more than two thirds of primary care visits are related to psycho-social reasons.⁹ Even after controlling for a number of chronic co-morbid diseases, depressed patients covered by private insurance had significantly higher costs than non-depressed patients across 11 chronic co-morbid diseases. The costs associated with alcohol or drug-related hospital stays are staggering – an estimated \$12 billion in 2006 alone. In addition, it has been shown that the children of drug or alcohol addicted people have higher medical expenses than children of non-addicted parents. Depression is one of the costliest health issues for U.S. employers, estimated to cost \$44 billion annually. Untreated alcohol and drug problems are the number one cause of disability claims and cause significant absenteeism and presenteeism. Total annual economic costs for untreated alcohol and drug abuse total approximately \$327 billion.¹⁰ This does not include the increased stress-related or trauma-caused medical costs for family members living with an active alcoholic or drug abusing person.

When substance use and mental health conditions are recognized as the treatable chronic diseases they are, systems reap substantial cost savings while dramatically improving health. Inclusion of prevention, treatment and recovery of mental illness and substance use disorders through the ACA's Essential Health Benefits package will reduce health costs and ensure that millions of people lead healthier lives, thereby strengthening individuals, families, communities, and our nation as a whole.

The Affordable Care Act, the Mental Health Parity and Addiction Equity Act, and Additional Provisions to Ensure Good Access to Care

With passage in 2008 of the federal “Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act” (MHPAEA), Congress sought to end the long history of insurance discrimination against those with MH/SUD that has prevented so many individuals from receiving the clinically appropriate type, level and amount of care needed to get and stay well. MHPAEA precludes group health plans from providing MH/SUD benefits in a more restrictive way than other medical and surgical benefits. The Affordable Care Act extends MHPAEA's requirements to “new” individual and small employer plans, qualified health plans in the state-based health insurance Exchanges and Medicaid benchmark coverage offered under the Medicaid expansion. Plans may use cost containment techniques but must manage MH/SUD benefits comparably with the way they manage other medical conditions. Final MHPAEA regulations implementing parity in Medicaid managed care plans and clarifying what plans' scope of services are, and what their non-quantitative treatment limitations obligations are, must be fully implemented. To ensure that the MH/SUD provisions of the ACA are implemented well, MHPAEA must first be fully implemented. A fully operationalized MHPAEA must serve as the fundamental building block on which the MH/SUD essential health benefit provisions in the Affordable Care Act are built. Without this non-discriminatory “floor,” meaningful access to MH/SUD benefits will not be achieved.

As the Essential Health Benefits package is implemented, the Coalition also believes it must be affirmed that State laws which provide better coverage, rights, methods of access to health care services and consumer protections from the standpoint of the insured are not preempted by the Affordable Care Act. This is consistent with Section 1321(d) in the ACA that makes clear that State laws will not be superseded by the new federal law.

We also support the other consumer protections in the law intended to ensure comprehensive access for covered individuals to all essential services outlined in the Essential Health Benefits package. In particular, we strongly support the requirement in the law that the Secretary shall “ensure that health benefits established as essential not be subject to denial to individuals against their wishes on the basis of the individuals' age or expected length of life or of the individuals' present or predicted disability, degree of medical dependency, or quality of life.”¹¹ These protections have very significant implications for individuals with mental health and/or substance use disorders and health and mental health consequences for their family members, and we ask that

enforcement of these protections be included among the highest priorities for implementation and ongoing administration of essential health coverage and other health plan requirements.

As decisions are made about the coverage of services for children and youth, we recommend that the Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit should serve as a model for coverage for children and youth up to age 21 who are insured through “new” individual and small employer plans, state Exchanges and Medicaid expansion plans.¹² These comprehensive benefits are essential to ensure the early identification, treatment and recovery of youth diagnosed with a mental illness or substance use disorder. Specific attention should also be paid to ensure that the needs of transition age youth are well met.

Proposed Components of Comprehensive Coverage of MH/SUD in the Essential Health Benefits Package

The recommended MH/SUD benefits delineated below are based in part on a review of existing employer plans, because the ACA requires the essential health package to reflect those covered in a “typical employer plan.” At the same time, however, because final MHPAEA regulations have not been issued, and enforcement of existing regulations has been limited, the parity-based services required under ACA are not yet reflected in the current insurance market. Therefore, this list also draws on evidence-based and best practice approaches to habilitative and rehabilitative services for individuals and families who have MH/SUD as well as employer surveys done by the National Business Group on Health and the Kaiser Family Foundation.^{13,14} Like for other chronic illnesses, the Coalition recommends an array of services to meet the needs of plan participants at all stages of the continuum of their MH/SUDs, from mild to severe impairment. Clearly, some services will be necessary for only the severely mentally ill and addicted, while other services will meet the needs of those with mild to moderate MH/SUD.

Under the ACA, MH/SUD treatment must be sufficient to provide medically necessary care. Plans must be required to provide transparent definitions of medical necessity for mental health, substance use disorder and other medical conditions so that parity compliance can be measured. To date, the National Quality Forum has developed the most comprehensive quality standards for treatment of SUD.¹⁵ Based on these extensively researched standards and others, the following represents the specific components of comprehensive MH/SUD coverage, which can be delivered in a range of settings, that the Coalition for Whole Health recommends be required as essential health benefits:

Mental Health and Substance Use Disorders, Including Behavioral Health Treatment

Assessment: For those assessed as needing MH/SUD services, individualized assessment tools must drive the quality of care. Targeted MH/SUD services must be included in a distinct treatment plan and the beneficiary must be involved in the treatment planning process. The Coalition for Whole Health supports provisions that require the use of standardized assessment tools under the ACA. Standardized screening and assessment tools, such as the Patient Health Questionnaire for one example, will allow clinicians to identify symptoms and problems and determine the specific interventions that will best treat an individual’s presenting symptoms. Standardized assessment tools should include:

- Assessment of health including a comprehensive medical and bio-psychosocial assessment of related mental health and substance use issues, and of needs and strengths that can be used to help individuals attain their treatment, other service and support goals
- Ongoing mental health and substance use disorder assessments using evidence-based assessment tools
- Specialized evaluations including psychological and neurological testing
- Diagnostic assessments of MH/SUD in general medical settings, including education and counseling for mild MH/SUD

Patient Placement Criteria: Today, evidence-based patient placement criteria can help to effectively place individuals into the optimal level of MH/SUD care for the amount of time that is deemed medically necessary. For example, the *Patient Placement Criteria for the Treatment of Substance-Related Disorders-- Second Edition, Revised* (PPC-2R) of the American Society of Addiction Medicine (ASAM) is a widely used tool by which practical and clinical determination of substance use levels of care can be measured; ASAM criteria are currently used in some form in 30 states and have been adopted by a wide range of commercial payers and

providers.¹⁶ Similar mental health patient placement tools exist, such as Locus. In addition, the Substance Abuse and Mental Health Services Administration is working with ASAM to develop the Recovery Support Services Assessment Tool which will be a useful tool in assessing recovery support needs. More work is needed to further develop these tools for operational use. Where available, patient placement criteria should be used for the placement of patients in the appropriate level of care. As a result of MHPAEA and ACA, medically necessary care cannot be subject to annual or lifetime benefit caps, nor can there be arbitrary limits on MH/SUD that are not imposed on other medical conditions. The effects of MH/SUD treatment are optimized when patients receive ongoing recovery supports and information on managing their own illness, and best outcomes occur when individual patients are matched with appropriate levels of care.¹⁷

Outpatient Treatment: As the parity provisions of the ACA require, outpatient treatment services are to be provided as long as medically necessary with no limits on duration or frequency and patients must be allowed to access treatment to manage relapses, as is the case with other chronic conditions. The totality of substantiated interventions that offer promise for treatment resistant cases must also be covered in the essential health benefit package. Outpatient treatment services should include evidence-based:

- Individual, group, and family therapies
- Devices and technology interventions for mental health and addictive disorders
- General and specialized outpatient medical services
- Consultation to caregivers and other involved collateral contacts, such as school teachers, in accordance with confidentiality requirements
- Evidence-based complementary medicine services, comparable to complementary medicine services covered for other health conditions¹⁸
- Monitoring services, comparable to those provided to determine compliance with the treatment regimens for other health conditions

Intensive Outpatient Services: Intensive outpatient and partial hospital programs are ambulatory treatment programs which offer therapeutically intensive, coordinated, and structured group-oriented clinical services. When clinically appropriate, such services may serve as either a step down or alternative to inpatient or residential services for both MH and SUD populations. These services stabilize acute crises and clinical conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management, peer support, and /or other recovery based services. Coverage of these services is an integral part of most private MH/SUD benefit packages.

Intensive outpatient covered benefits should include:

- Substance use intensive outpatient treatment
- Mental health intensive outpatient treatment
- Partial hospitalization
- Dual-diagnosis partial hospitalization and intensive outpatient services for persons with co-occurring MH and SUD conditions
- Intensive case management for MH/SUD

Residential and Inpatient Services: Residential and inpatient MH/SUD services are a key component of an optimally-functioning service delivery continuum and help offset the costs associated with emergency department visits, hospital admissions and readmissions.¹⁹ In 2008, approximately 2 million adults received inpatient or residential care for mental health problems.²⁰ According to SAMHSA's 2009 National Survey of Substance Abuse Treatment Services (N-SSATS), as of 2009, 13,513 substance abuse treatment facilities provided medication, counseling, behavioral therapy, case management, and other types of services to persons with substance use disorders. Of these 13,513 facilities, 4,317 provided inpatient services. Of the 4,317 facilities providing inpatient services, 3,520 or 81.5% were non-hospital residential treatment facilities, and merely 797 or 18.5% were hospital-based treatment providers. The National Survey shows that during 2009, of the 117,515 individuals who obtained inpatient substance abuse treatment, 103,174 or 87.8% received inpatient

treatment in a residential, non-hospital facility, and merely 14,341 or 12.2% received inpatient treatment in a hospital setting.²¹

Coverage of medical inpatient and residential services is also common in most health plans. Milliman, Inc found that most health plans have analogous levels of care with MH/SUD inpatient and residential services including orthopedic, stroke and cardiac rehabilitative services in non-hospital settings.²²

Placement in a residential or inpatient setting—as with placement at all levels of MH and SUD care across the continuum—should be based on the individual needs of the patient. Patients should be regularly assessed to ensure that they are at all times placed within the appropriate treatment setting for the appropriate duration, receiving the appropriate level of care befitting their needs and the severity of their illness. To the greatest extent possible the use of uniform patient placement criteria should drive placement decisions.

Residential and inpatient treatment services are an essential part of this treatment continuum. ASAM and other professional organizations define residential and inpatient treatment as occurring 24 hours a day, in a live-in setting that is either housed in or affiliated with a permanent facility. While there are several types of residential and inpatient treatment programs of varying intensity, a defining characteristic of all residential programs is that they serve individuals who need safe and stable living environments in order to develop their recovery skills. The services provided are organized and staffed by addiction and mental health personnel who provide a planned regimen of care, and generally include medical and social services needed by the patient population. Analogous residential and inpatient treatment modalities for other medical conditions include stroke rehabilitation, spinal cord injury rehabilitation, traumatic brain injury rehabilitation, and orthopedic rehabilitation.²³ Covered benefits should include:

- Crisis stabilization
- Detoxification in clinically-managed non-hospital residential treatment facilities for SUD care and hospital settings, including the use of medication-assisted withdrawal management services
- Mental health residential for adults and youth
- Substance use disorder residential, including the use of medication-assisted treatment, for adults and youth²⁴
- Dual-diagnosis services for adults and youth with co-occurring MH and SUD conditions
- Clinically managed 24-hour care
- Clinically managed medium intensity care
- Inpatient psychiatric hospital
- Inpatient mental health and substance use disorder care
- Inpatient hospital dual-diagnosis care for youth and adults with co-occurring MH and SUD conditions

Prescription Drugs

Pharmacotherapy and Medication-Assisted Treatment: Medications approved for mental illness, alcohol, drug and tobacco treatment are proven to be effective and must be a covered essential health benefit. All FDA approved medications should be covered for SUDs and matched to the assessed individuals' clinical need and personal preference. The full continuum of FDA approved medications for MH/SUD must be covered and parity in access to medications prescribed for the treatment of mental health and substance use disorders must be enforced. Coverage should be continued as long as medically necessary with no limits. Medication services should include:

- Medication management and monitoring
- Medication administration
- Pharmacotherapy (including medication-assisted treatment)
- Home-based, mobile device or internet-based medication adherence services

- Assessment for medication side effects
- Appropriate wellness regimens for consumers who are experiencing metabolic effects as a result of their medication

Emergency Services

- Crisis services in both MH/SUD and medical settings, including 24 hour crisis stabilization and mobile crisis services, including those provided by peers
- 24/7 crisis warm and hotline services
- Hospital-based detoxification services

Laboratory Services

While the use of laboratory tests at all levels of care (hospital, residential, outpatient) is clearly indicated to identify potentially co-occurring general medical conditions, or general medical complications of treatments for MH/SUD conditions, evidence-based medical care for persons with MH/SUD conditions requires the ability to offer integrated general medical and MH/SUD care. The Essential Health Benefit should include coverage for laboratory tests whether offered by MH/SUD specialists, general medical professionals such as primary care providers, or persons in non-behavioral, non-primary care medical/surgical specialties.

- Laboratory services, including drug testing

Maternal and Newborn Services

- Pre-natal and peri-natal screening and brief interventions for maternal depression and substance use disorders and referral to treatment
- Health education
- Targeted case management
- Maternal, infant, and early childhood home visiting programs

Pediatric Services

- Screening for substance use, suicide, and mental health conditions using rapid identification tools²⁵
- Early intervention services
- Service planning
- Caretaker coaching on children's social/emotional development and support
- Therapeutic mentoring
- Skill building
- Intensive home-based treatment
- Targeted case management

Rehabilitative and Habilitative Services and Devices

The history of insurance discrimination in MH/SUD benefits has been a major barrier for individuals to access the type and amount of care they need. Individuals with histories of untreated chronic conditions, including MH/SUD, may have complex and varied health problems that will need to be addressed to help them to get and stay well.

Case management has been identified by both medical and behavioral health authorities as an effective service for improving health outcomes among people with chronic medical, mental health and substance use disorder conditions.²⁶ Comprehensive case management secures access to and retention in services, promoting compliance with recommended treatment protocols throughout an episode of care. For patients with severe substance use and mental health conditions, multiple co-morbidities and for patients who are resistant to medically necessary treatment, case management services are necessary to promote participation in treatment of sufficient intensity and duration to address underlying illness. Case management also supports successful transitions between more structured care (i.e., detoxification, inpatient, residential, partial hospitalization services) and less structured care (i.e., outpatient) and addresses practical barriers to participation that impede clinical progress. These effective strategies to improve health outcomes through care management and coordination are consistent with those in the ACA that seek to reduce costs and improve chronic disease care.

Rehabilitative Services: The following rehabilitative services should be covered:

- Psychiatric rehabilitation services
- Behavioral management
- Comprehensive case management in physical health or MH/SUD settings which should include individualized service planning with periodic review to address changing needs, treatment matching, navigation between all needed services, communication between all service providers, enrollment in Medicaid/insurance, and support to maintain continued eligibility
- Assertive Community Treatment (ACT) Teams
- Peer provided telephonic and internet based recovery support services, including those delivered by recovery community centers
- Recovery supports, including those delivered by peer run mental health organizations
- Skills development including supported employment services

Recovery supports: Twenty-three states provide Medicaid reimbursement for peer-delivered mental health and/or addiction recovery support services.²⁷ Ongoing recovery supports for at least one year following an active phase of treatment have been shown to improve and sustain treatment and health outcomes for individuals with substance use disorders.²⁸ Recovery supports have also been shown to be an effective engagement tool prior to and during treatment. A June 2008 study of Texas drug court participants who received recovery support services found that “among the specific types of recovery support services, those that were most closely related to the process of recovery such as individual recovery coaching, recovery support group, relapse prevention group and spiritual support group, were more strongly associated with successful outcomes.”²⁹

For other individuals, recovery supports are their preferred method of self-managing addiction and mental health issues. Recovery support coaching (both clinical and non-clinical) serves as a strengths-based method for individuals to achieve health and wellness goals. Telephonic recovery support services (provided through recovery support centers) have been shown to improve health outcomes and sustain recovery one year following treatment.³⁰ Certain interactive communication technology devices should be covered if the interactive device aids in sustaining a beneficiary's recovery. Recovery support services should include:

- Peer provided recovery support services for addiction and mental health conditions
- Recovery and wellness coaching
- Recovery community support center services
- Support services for self-directed care
- Community Support Programs and other continuing care for mental health and substance use disorders

Habilitative Services should include:

- Personal care services

- Respite care services for caregivers
- Transportation to health services
- Education and counseling on the use of interactive communication technology devices

Preventive and Wellness Services and Chronic Disease Management

According to National Institute of Mental Health research, 50 percent of all lifetime mental health and substance use disorders start by age 14. Yet, because the early signs of a mental health disorder or substance use disorder often are missed, diagnosis regularly occurs 10 years or more after the onset of symptoms and the disease is then allowed to progress. In addition, children who first smoke marijuana under the age of 14 are more than five times as likely to abuse drugs as adults than those who first use marijuana at age 18.³¹ Furthermore, adolescents who begin drinking before the age of 15 are four times more likely to develop alcohol dependence, whereas each additional year of delayed drinking onset reduces the probability of alcohol dependence by 14%.³² It is therefore critical that health-related school, community wide and workplace health promotion initiatives include a specific and discrete emphasis on substance use/abuse prevention and mental health promotion.

The ACA places a mandatory requirement on all group health plans and health insurance issuers offering group or individual health insurance to offer, without cost-sharing, a minimum level of preventive health services, including services that have a rating of A or B by the United States Preventive Services Task Force (USPSTF). These mandatory USPSTF recommendations include depression screening for adults and youth age 12 to 18, alcohol screening and counseling and tobacco screening and cessation interventions for adults. These and other preventive services, such as drug screening and counseling, are a critical component of prevention and should be included in the preventive and wellness services and chronic disease management Essential Health Benefit because approximately four million Americans have both a serious mental illness and a substance use disorder.³³ Health promotion is also a significant part of comprehensive prevention and wellness plans and should be included in the preventive and wellness services and chronic disease management Essential Health Benefit. Services identified in the Preventive, Wellness and Chronic Disease Management Essential Health Benefits category should include:

- Screening (including screening for depression, alcohol, drugs, and tobacco), brief interventions (including motivational interviewing) and facilitated referrals to treatment
- General health screenings, tests and immunizations
- Appropriate MH/SUD related educational programs for consumers, families and caretakers, including programs related to tobacco cessation, the impact of alcohol and drug problems, depression and anxiety symptoms and management, and stress management and reduction, and referral for counseling or support as needed
- Caretaker education and support services, including non-clinical peer-based services, that engage, educate and offer support to individuals, their family members, and caregivers to gain access to needed services and navigate the system
- Health coaching, including peer specialist services, provided in person or through telehealth, e-mail, telephonic, or other appropriate communication methods
- Health promotion, including substance use prevention and services that impact well-being and health-related quality of life
- Wellness programming for youth, including student assistance programming
- Services for children, including therapeutic foster care
- Interventions aimed at facilitating compliance with treatment and improving management of physical health conditions
- Care coordination (including linkages to other systems, recovery check-ups, linkages to peer specialists, recovery coaches, or support services based on self-directed care)
- Relapse prevention, including non-clinical peer-based services, to prevent future symptoms of and promote recovery strategies for mental and substance use disorders.

For these preventive services to have the greatest impact on community health and health care cost efficiencies, beneficiaries should receive substance use and mental health screenings free of cost sharing; even if they visit a health professional for another service. Under interim final ACA regulations, beneficiaries must make an appointment specifically for preventive care in order for the screenings to be free of cost sharing. However, with SUD and MH screenings in particular, it is critically important that no-cost screenings be allowed during visits for other primary care services, since individuals most in need of mental health and addiction screenings are unlikely to seek them out on their own.

Screening, Brief Intervention, and Referral to Treatment, or SBIRT, is a preventive intervention that has been shown to be very effective in hospitals, health clinics and primary care settings in reducing MH/SUD prevalence and future emergency room visits.³⁴ SBIRT targets people who are just beginning to be symptomatic with mental health or substance use disorders (including tobacco). Medical benefits must support and encourage SBIRT through full reimbursement in emergency rooms and primary care settings. Laws and policies that create barriers to screening, including state Uniform Policy Provision Laws (UPPL) that permit insurers to deny reimbursement for any injury that occurs while a patient is under the influence of alcohol or other drugs, must be repealed or preempted.³⁵

Conclusion

The Affordable Care Act holds tremendous promise for the millions of Americans with, at risk for, or in recovery from mental health and substance use disorders. Providing the full range of MH and SUD prevention, treatment, recovery and rehabilitation across the lifespan will save lives, improve health, and reduce health costs. We appreciate your consideration of the above recommendations and ask that you use us as a resource moving forward.

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From: Peterson, Dean <DPPeterson@Hazelden.org>
Sent: Monday, January 16, 2012 10:12 AM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits
Attachments: CWH_EHB.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Thank you very much for soliciting input as you formulate your response to the U.S. Department of Health and Services (HHS) on the recent Affordable Care Act (ACA) Essential Health Benefits (EHB) bulletin. Thank you also for your visionary collective leadership in moving forward on designing and implementing a health care “exchange” in Minnesota under the ACA.

It is vitally important that the mental health and substance use disorder statutory benefit in the EHB package be comprehensive and robust to ensure people have access to a continuum of effective addiction treatment services. Some thoughts on how to accomplish this goal are below, and a document from the advocacy group the “Coalition for Whole Health (CWH) outlining components of a robust mental health and substance use disorder benefit is attached.

Addiction is a disease and should be treated like other chronic illnesses. Ensuring and expanding access to addiction treatment is not only the right thing to do, but is also cost-effective. There are over 25 million addicts and alcoholics in this country, but only about 10 percent of them get the treatment they need. This lack of access to treatment has serious ramifications for them and for society. Untreated alcoholics and addicts incur huge health care costs, and the economic tally to our society from untreated addiction, if you also include such areas as criminal justice, theft and absenteeism, is enormous -- over \$300 billion annually. And that doesn't measure the emotional toll on individuals, families and communities.

Fortunately, there is hope. We know that treatment works and lifelong recovery is possible. Minnesota has long been a leader in the addiction treatment field, with the “Minnesota Model” of addiction treatment and other innovations originating here. Toward the end of including a robust and comprehensive substance use disorder treatment benefit in the EHB, we are grateful the HHS bulletin emphasized:

- * Ensuring compliance with the federal Mental Health Parity and Equity Act (MHPAEA).
- * Allowing states the ability to require compliance with state benefits mandates without financial penalty from the federal government.
- * Requiring that each of the 10 EHB statutory categories be covered, and providing guidance to states about how to supplement coverage if a category is not covered in the particular benchmark plan option chosen by the State.

We respectfully propose the following recommendations for you as you formulate your response to HHS and ultimately design the EHB.

1. As mentioned, the mental health and substance use disorder benefit should be comprehensive and robust.

2. According to the HHS bulletin, if one of the 10 statutory categories is missing in the benchmark plan, the state must supplement the missing categories using the benefits from any other benchmark option. We believe the category of benefits must be comprehensive in the benchmark plan, and if a category is not comprehensive in the benchmark plan, the state must supplement the category using a benchmark option that does provide comprehensive benefits in that category.
3. In the case the state chooses to benchmark to plans that are not specific and detailed about all or some of the benefits provided, it is important to develop specific benefit details.
4. It is also important to reiterate to HHS the importance of retaining state mandates.
5. HHS should aggressively enforce MHPAEA on the federal level and work with appropriate state officials to enforce “parity” on the state level to ensure meaningful protection. HHS should also include language in the final EHB guidance and the forthcoming actuarial value guidance clearly stating that both the MHPAEA and CHIP flexibility standards preclude downward actuarial adjustment to mental health and substance use disorders benefits.
6. Coverage has historically been less comprehensive in the small group market, particularly for mental health and substance use disorders. Treatment advocates feel state’s choices should be limited to large-group options, but if HHS continues to allow states to benchmark against a small group plan, we urge you not to default to what may be the weakest and most variable option. Rather, the default plan should be the largest state employee plan, the BCBS FEHBP plan or another comprehensive benefits package.
7. There should be an annual review and update of the EHB to reflect changes in areas like medical evidence and scientific achievement.
8. Moving forward, there should be a strong consumer and family education plan by HHS, to ensure consumers understand their coverage and can identify potential violations of their EHB rights.

Thanks again for your strong leadership on these important matters, and please let me know if you need any additional information or if I can be helpful as you move forward in defining the EHB.

Dean Peterson
Director, Center for Public Advocacy
651.213.4568
612.860.0051 (cell)
dppeterson@hazelden.org

Treating Addiction. Transforming Lives.

From: jackie harry <jackie.harry@hotmail.com>
Sent: Thursday, January 12, 2012 11:10 AM

To: MN, HealthReform (COMM); Eva Norman
Subject: Essential Health Benefits

Follow Up Flag: Follow up
Flag Status: Flagged

To Whom It May Concern;

I am providing comments as requested by your organization in my capacity as a physical therapist for over 2 decades as I am very committed to facilitating healthcare reform in what ever small way I can, as there is such a critical need for our nation to do so. The following thoughts are from this perspective, and with my feedback tailored to ensuring access to care and pertaining specifically to the question of habilitative services and the determination of benefit flexibility.

In regards to the question of “habilitative services”, both the definition more commonly used by commercial insurance, namely, rehab that creates function such as in the case of a child born with cerebral palsy, and that where habilitation includes the concept of keeping or maintaining function, should in my view be applied to determination of what benefits should be mandated. Keeping or maintaining function is a critical addition to the concept from my perspective as a physical therapist due to the aging of the population. An example of a habilitative service that would keep or maintain, also known as prevent, a worsening of someone’s medical condition could be for the aging athlete who develops arthritis to the point where they are unable to determine a non-injurious way to perform their sport and they don’t have the knowledge as to how to find either a safe way to continue their sport or find a safe alternative on their own. In this instance they may give up exercise altogether without the professional guidance of a physical therapist, for instance, who is trained in both exercise prescription and the ways to safely accommodate exercise to disease. The person could potentially become deconditioned, obese, and less able in the future to tolerate any illnesses, thus costing the healthcare system more money to help them recover from said illness in the future than if they were assisted with habilitative services in the first place. There is growing evidence that children in our society are increasingly becoming more obese on average than they have been in years past, and habilitative services could be provided to train them in a safe exercise regimen that would be successful in reversing the trend of obesity and the future costs for their healthcare to society, some of which have been projected to be staggering.

Regarding flexibility of benefits provided, there has been a frequent issue with capping physical, occupational, and speech therapy benefits, such as the cap for Medicare recipients, the only such restriction in Medicare benefits on any service and for which my professional organization, the American Physical Therapy Association (APTA) has fought to repeal. The issue with capping rehabilitative services has been access for patients who have severe health issues such as a stroke, and for whom it is prohibitively difficult to attend a hospital-based outpatient program, so they end up not being able to regain vital abilities such as being able to safely stand up or walk on their own, feed

themselves, or regain speech. When these caps were first enacted, I was at that time employed in a hospital-based rehabilitation clinic, and we saw our caseloads explode with persons who had severely disabling conditions such as stroke and spinal cord injury who had to drive long distances to attend our clinic, adding to the challenges already experienced by them and their caregivers, as opposed to being able to go to a physical therapist located in their community. There were also many non-hospital based clinics that went out of business and which had successfully provided needed services to their communities prior to the caps on therapy being fully enforced, with the likelihood that there were many people who just didn't get the rehabilitation they needed. While I do not have specific data on this issue, I request that the reader contact my professional organization, the APTA, as they have a wealth of data supporting repeal of any cap on benefits such as has been the case with some insurers including Medicare.

Thank you for the opportunity to comment on this very important process of healthcare reform, and I wish you the best success!

From: Bonnie Bolash <bmabolash@gmail.com>
Sent: Wednesday, January 11, 2012 12:55 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefit

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Policy Makers:

Please consider including a policy that covers acupuncture under the rehabilitative/habilitative portion of the policy, when provided by a Licensed Acupuncturist.

The positive health benefits of acupuncture are the reduction of pain, stress at home and work, improve mood and sleep, and help you live an active lifestyle. Acupuncture is able to do this by stimulating the nervous and immune systems to help the body heal itself.

--

Bonnie M. Abel Bolash, MAc., LAc.
4060 Hampshire Avenue North
Crystal, MN 55427
Home Phone: 763-504-9483
Business Phone: 763-537-4955
www.trytcmacupuncture.com

From: Ted Collins <TedC@thecanopygroup.com>
Sent: Wednesday, January 11, 2012 10:34 AM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits

Please continue working in the direction of providing health insurance for all Americans.

In New Zealand, there are two levels of health insurance available to all citizens. The first is the national health insurance, which everyone is entitled to receive and a private market for those who want specific coverage's / doctors, etc.

What I like about this format is those that need help can receive it while those who can afford prompt attention and select the doctors of their choice can so.

Overall, I find the health insurance availability and competitiveness in the State of Minnesota to be one of the best in the Nation.

Thank you for your continued efforts.

Ted Collins
CPCU, ARM, AMIM

Direct Dial: 1.507.665.8622
Toll Free: 1.800.967.3389
Fax: 1.507.665.6510
tedc@thecanopygroup.com
www.thecanopygroup.com

"Imagination is everything. It is the preview of life's coming attractions."
Albert Einstein

From: Roger Kathol <roger-kathol@cartesiansolutions.com>
Sent: Wednesday, January 11, 2012 6:05 AM
To: MN, HealthReform (COMM)
Cc: Robert Meiches; Janet Silversmith; Britta Orr; Todd-Malmlov, April (COMM)
Subject: Essential Benefit Plan

Follow Up Flag: Follow up
Flag Status: Flagged

To whom it may concern,

The majority of health care costs are associated with the treatment of patients with one or more chronic medical and/or mental health conditions but especially in those with concurrent medical and mental health difficulties. Having been on the Minnesota State Essential Benefit Set (EBS) Work Group in 2009 and 2010, it became evident that coupling health care benefits with cost containment required more than merely defining the minimum (basic) benefits required in a health care coverage product. Savings occurs in two ways on a population basis: 1) through purchasing stewardship and 2) by assuring health improvement for the small percentage of patients with chronic and comorbid conditions that utilize the majority of health care dollars.

The majority of attention by those involved in discussions about EBSs primarily focuses on savings approach #1 while largely, largely neglecting saving approach #2. While it is important that limits are set in basic benefits on access to unnecessary, expensive, or harmful approaches to care, such as high-end wheelchairs, designer drugs, cosmetic surgery, expensive hospital system bed use, unproven surgeries, among many others, as importantly, it is necessary for those with complicated/complex illnesses or other barriers to effective health care to have access to the medical services that will stabilize their health and reverse the total use of health care services over time. In fact, by excluding necessary medical services that would foster health in these individuals, such as access to evidence-based and outcome changing care managers or to mental health services, increased costs associated with ineffectively treated chronic conditions far outstrips savings from ill-advised basic benefit restrictions.

It is for this reason that in formulating the included services in Minnesota's EBS that the actual basic benefit set is coupled to care delivery capabilities for all patients, but especially those with complex health problems, that will reverse persistent high health service use. Thus, it would be my recommendation to choose one of the benefit packages with options that improve access to a full range of medical and mental condition services but not stop there. How that package is implemented is critical for health improvement and cost containment success. Once the package is chosen, then it is advisable for the State to insure that all of its citizens have access to those services in the package (universal participation) and that the way that they are supported through the payment system fosters outcome changing care for chronic complex patients.

Universal participation is being addressed through ACA legislation, presuming that it is not rescinded by the political backlash to its passage. The second requires a close look at how health contracts are written, how delivery processes are supported through the payment system, how outcomes are measured, and how the system initiates care improvement strategies based on measured outcomes. If we continue to use current care delivery methods and reimbursement practices, even with the most well formulated EBS, Minnesota will achieve none of its health enhancement and cost reduction goals since providers, both physicians and health care systems, long ago learned how to "play" the system to maintain economic solvency. They will deliver services for which they are "adequately" paid but at the expense of poor population health and further escalating cost.

Clearly, benefits chosen for inclusion in the EBS are important since the full range of health improving services must be accessible and available for all patients, but especially for those with high cost persistent illness. The EBS should also discourage use of the most expensive, unnecessary, and/or harmful treatments. It is, however, not sufficient to stop with the definition of the EBS. In fact, the way that it is implemented and administered (connecting value-added care delivery to payment practices that promote health for complex patients) is equally important to what is practically available to patients and should constitute the second phase of action related to the EBS. This will require involvement of payers, health plans, providers, and patients in a second round of discussions and decision making.

Roger Kathol, M.D.
President, Cartesian Solutions, Inc.™
3004 Foxpoint Road
Burnsville, MN 55337
Phone: 952-426-1626

Cell: 651-470-2296
Fax 952-426-1200
roger-kathol@cartesiansolutions.com
www.cartesiansolutions.com

From: Peter Benner <pbenner@comcast.net>
Sent: Monday, January 16, 2012 10:35 AM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits
Follow Up Flag: Follow up
Flag Status: Flagged
Thank you for the opportunity to comment on the Essential Health Benefits Bulletin.

While I realize that this bulletin does not deal with the issue of patient out of pockets and cost sharing, the pressure in Minnesota to allow “reduced” benefit sets in the small group and individual markets has been driven by issues of cost, not by issues of clinical efficacy or importance. There has also been an unstated assumption that the model plan design will be an open access model, the most expensive model for health plans to deliver.

We have three models in Minnesota showing that it is possible to deliver unreduced benefit sets at premium costs superior to the open access model: the original Buyers Health Care Action Group (BHCAG) Patient Choice plan (now offered as part of Medica), the current State Employee Group Insurance Plan (SEGIP) Advantage Plan, and narrow network primary care provider plans such as Medica Elect/Essentia and Focus, and HealthPartners “old Group Health Plan” network limited to Health Partners owned clinics. What all these plans have in common is a requirement that patients pick a primary care coordinator and that referrals must run through that coordinator. What we also know from Patient Choice and SEGIP Advantage is that there is significant risk adjusted per member per month cost variation between provider groups. SEGIP’s variation has run from 60-70% between the provider group with the lowest risk adjusted per member per month and the provider group with the highest risk adjusted per member per month cost. Patient Choice and SEGIP Advantage use models where patient out of pocket costs increase as patients choose to use provider groups with higher risk adjusted costs. (I would also note that SEGIP alone has a model which protects patients when the only providers available in their geographic area are high cost.)

My point is that Minnesota can afford to offer full benefit sets in the Exchange products if it is willing to require the offering of SEGIP-type tiered products or narrow network gatekeeper products. The Exchange can also offer open access products – but with patients/employers picking up the difference in higher premiums or cost sharing.

I would suggest that Minnesota select the SEGIP plan as its benchmark plan. By law, it already complies with the state’s existing coverage mandates.

Minnesota should not permit mental health or substance abuse carve outs. The current substance abuse carve out in the individual market should not be continued and clearly not expanded into the Exchange. The clinical data show strong connections between mental health (depression in particular) and chronic health problems. The DIAMOND project is showing that getting depression treatment right is important for managing other chronic diseases. The DIAMOND project is now being expanded to include substance abuse screening and referral to treatment as part of an AHRQ grant.

While SEGIP provides dental and oral health as a stand alone benefit – there are cases in the local government market where limited dental benefits are provided through the health plan (Hennepin County is an example).

Pete Benner

From: Kirby Erickson <kirby@mchamn.com>
Sent: Monday, January 16, 2012 11:09 AM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits
Follow Up Flag: Follow up
Flag Status: Flagged
Categories: Red Category
To the Departments of Commerce, Health, and Human Services,

Re: Essential Health Benefit Comment Request.

The Minnesota Comprehensive Health Association makes the following recommendations:

1. Under the heading of Habilitative Services, Autism needs to be addressed as a covered benefit. Many families in Minnesota today are having difficulty getting this service covered for their kids.
2. The real evaluation of benefits will occur after the Task Force selects a detailed benefit plan, and that detailed benefit plan is circulated for comment. At this juncture, the 10 broad categories listed in the ACA, and your email, are just that, very broad. We need detailed recommendations to provide helpful comments.

Thanks for the opportunity to comment today.

Kirby Erickson

Kirby J. Erickson
Executive Director
Minnesota Comprehensive Health Association
5775 Wayzata Blvd., Suite 910
St. Louis Park, MN 55416
952-593-9609 office
612-751-0499 cell
kirby@mchamn.com

From: Reynolds, Bob C. <BReynolds@ThriftyWhite.com>
Sent: Monday, January 16, 2012 12:43 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits

Follow Up Flag: Follow up

Flag Status: Flagged

I see that from a decision by the Federal Government in December 2011, it is now the individual states responsibility to determine what levels of coverage your "Minnesota – Made Insurance Exchange" will follow and how this exchange defines the general term "Essential Benefits". I am assuming you will follow the Federal guidance of the 10 categories it established.

But what will be your definitions of "Essential Benefits"? For example, Prescriptions is one of the ten suggested categories, but there is no guidance (Federal or State) as what is to be included or not included.

Question, when is a prescription a prescription and when is it not?

Are Specialty drugs going to be included as essential benefits? Specialty Drugs are generally injectables that cost between \$1,000 and \$10,000 a month. Most often a generic or name brand drug costing less than \$100 a month are already on the market to cover such a medical problem like arthritis.

Will your own Plan(s) which you will be covering the cost of include such expensive drugs or will you consider a Specialty Drug not an essential benefit under the category of Prescriptions?

Why has it become the responsibility of each state to create and manage their own exchange? Could it be that after crunching the numbers, the Federal Government saw the Health Reform Act to be a no-win situation, just a deep money hole?

Robert Reynolds
Manager Benefits & Compensation
Thrifty White Drug
6055 Nathan Lane North, Suite 200
Plymouth, MN 55442
breynolds@thriftywhite.com
763-513-4337
(F) 763-463-4437
We are now moved! Please see the new address above:

From: Joel and Karin Justin <jkjustin@hcinet.net>
Sent: Saturday, January 21, 2012 2:55 AM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits....
JMJ

Let me suggest a simple statement of disagreement with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and also a suggestion that the State simply refuse to implement the law or allow it to be imposed on them by the Federal government.

Karin Justin

From: Kim Martin <clippershow@aol.com>

Sent: Friday, January 20, 2012 8:20 PM
To: MN, HealthReform (COMM)
Cc: twila@cchfreedom.org
Subject: Essential Health Benefits
To Whom it May Concern:

I am in disagreement with the Health Care Law and oppose it vehemently. I do not think the State should even be involved.

Thank you
Mary Marth

From: david hardin <davidhardin25@yahoo.com>
Sent: Monday, January 16, 2012 2:46 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits

I disagree with the so called federal health reform law; I believe the law is unconstitutional and therefore must not be implemented. Accordingly, I want the State of Minnesota to refuse to implement the law via the "essential health benefits" or any other provision. Further, I expect the State of Minnesota acting through its legislative, executive, and judicial branches to actively and without hesitation or reservation oppose this law if the federal government makes an effort to impose same. Thank you.

David Hardin
Lent Township

From: John Cleveland <jcleveland@clevelandcompany.com>
Sent: Monday, January 16, 2012 1:29 PM
To: MN, HealthReform (COMM)
Subject: EHB comments

Hi realize I am a day late on this reply (out of town) but hopefully it will still be read. I have two comments:

First, I do not appreciate Washington defining what must be covered in the health plan I buy. Health plans in the state of MN have managed to offer comprehensive care without Federal involvement. To allow the Federal government to dictate what I can buy is far reaching, un-necessary and dangerous. Therefore, I support refusing to participate. They will impose their brand of care on us anyway.

Understanding the likelihood that the majority of respondents do not agree with my position, I only have one request. That abortion not be included as an EHB. It is not essential. It is not healthcare (especially for the baby) and to force tax payers to pay for these services (of which a growing majority find it unjust) is unacceptable. Furthermore, it will cause unintended consequences.

Thank you for listening.

John E Cleveland
1650 West 82nd Street Suite 880

Bloomington MN 55431
952.885.2701 office
612.791.8538 cell
952.945.4210 fax
jcleveland@clevelandcompany.com

From: Anetha Lorence <anetharose@gmail.com>
Sent: Monday, January 16, 2012 2:24 AM
To: MN, HealthReform (COMM)
Subject: "Essential Health Benefits"

I disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision. Also that the State simply refuse to implement the law or allow it to be imposed on us by the Federal government.

Thank you,
Anetha

From: Kathy Gruber <gruberkathy@hotmail.com>
Sent: Sunday, January 15, 2012 7:12 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits
Dear Sir/Ms:

I disagree with the Federal Health Reform Law through the "essential health benefits" being imposed on the state of Minnesota due to its unconstitutionality. I want the state to refuse implementation of the law or to allow it to be imposed on Minnesotans by the Federal government.

Sincerely,

Katharine Gruber
Brooklyn Park, MN 55443

From: Tom Bowman <thomas_w_bowman@hotmail.com>
Sent: Sunday, January 15, 2012 6:17 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits

It should be considered that an American be allowed to get - or NOT get - whatever health Insurance that they choose.

That must include the option of being self-insured, without any need to 'qualify' for "not purchasing" Health Insurance.

It also is essential that the Government should have NO right to access health information, except as may be obtained by warrant to enforce criminal law or to administer claims - even then there must be a very short limit to how long such information may be retained by the Government (suggest a year, unless written permission from the individual involved).

We must also stop attracting illegal immigrants that seek welfare health care, we already screen legal immigration for health, we must not subsidize 'free' healthcare for 'non-residents' and especially for

illegal residents - as there is no way that Minnesota can subsidize the world's sick and afflicted as long as we attract them to partake of taxpayer subsidized 'free' medical care.

Sincerely,

Thomas W Bowman
6234 Zinnia Lane North
Maple Grove, MN 55311
763-557-0392

January 11, 2012

Mary Sienko
Marketing and Communication Director
Health Insurance Exchange
Minnesota Departments of Commerce, Human Services and Health

Re: Request for Comment Regarding Essential Health Benefits Bulletin

Summary from informational notice: The Patient Protection and Affordable Care Act (ACA), Public Law 111-148 enacted on March 23, 2010, and modified by the Health Care and Education Reconciliation Act, Public Law 111-152 enacted on March 30, 2010, Section 1302(b), directs the Secretary of Health and Human Services to define essential health benefits (EHB). Beginning in 2014, non-grandfathered plans in the individual and small group market both inside and outside of the Exchanges, Medicaid benchmark and benchmark equivalent, and Basic Health Programs must cover the EHB.

Dear Ms. Sienko:

Please accept the following comments per your request.

1. I disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, as listed in the Summary above. The status of any proposals should be suspended until the disposition of the Supreme Court decision regarding the constitutionality of the Act (PPACA), and the implications regarding future liabilities to the State of Minnesota are fully understood.
2. It has also been demonstrated by analysis by the Congressional Budget Office that the use of the EHB to revise benefit requirements will effectively increase costs while reducing services to expected participants. The PPACA was sold to the citizens by Congress and the President as an increase in health care services at a reduced cost. This has failed to be the fact. These concerns, even if the challenges before the Supreme Court do not change the implementation status, must be addressed as they will ultimately result in financial and physical hardship on the citizens of Minnesota.
3. My liberty to choose my insurance coverage is ultimately being violated by the proposed HSS directives. Please use your official abilities to deny the implementation of these onerous provisions.

My sincere hope is that Minnesotans will be allowed to determine their own actions without prescriptive directives from the Federal Government regarding this and other unconstitutional programs.

Sincerely,

James K. McKie
222 Curtice St West
West St Paul, MN 55118

From: John Steinert <johnsteinert@hotmail.com>

Sent: Sunday, January 15, 2012 3:21 PM

To: MN, HealthReform (COMM)

Subject: Essential Health Benefits

If the Federal government were firmly in control of its finances, and Minnesota or some other state was spending itself into oblivion, I might consider it necessary for the former to intervene in the problems of the latter. That is clearly not the case, and I see no justification for the what the Department of Health and Human Services is planning.

From: Christine Aikin <holistichealing33@yahoo.com>

Sent: Sunday, January 15, 2012 2:23 PM

To: MN, HealthReform (COMM)

Subject: Essential Health Benefits

I disagree with the unconstitutional imposition of the federal health reform law through the health benefits "provision," Under the Constitution, we have the right to refuse to implement the law or allow it to be imposed on us by the Federal government.

Christine Aikin
Woodbury, MN

From: Barbara McGreal <tambam@usfamily.net>

Sent: Sunday, January 15, 2012 9:27 AM

To: MN, HealthReform (COMM)

Subject: Essential Health Benefits

Let me suggest a simple statement of disagreement with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and also a suggestion that the State simply refuse to implement the law or allow it to be imposed on them by the Federal government.

Thank you,
Barb McGreal

From: Marcia Anderson <marcia@falconmedia.com>

Sent: Sunday, January 15, 2012 4:22 AM

To: MN, HealthReform (COMM)

Subject: Essential Health Benefits

We disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and want the State to refuse to implement the law or allow it to be imposed on them by the Federal government.

Marcia Anderson
Bill Anderson
4818 Caribou Drive
Minnetonka, MN 55345

From: Charlotte Cushman <charcushman@gmail.com>
Sent: Saturday, January 14, 2012 10:15 PM
To: MN, HealthReform (COMM)
Cc: twila@cchfreedom.org
Subject: Essential Health Benefits

I disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision. The government's only purpose is to protect our individual rights: life, liberty, property and the pursuit of happiness. Hence government involvement in health care or any part of the private sector is not a proper function of the government. In addition, HEALTH CARE IS NOT A RIGHT!

The State needs to refuse to implement the law or allow it to be imposed on them in any form by the Federal government.

Sincerely,
Charlotte Cushman

From: Chuck Hernandez <charleygolfs@comcast.net>
Sent: Saturday, January 14, 2012 9:34 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits
Minnesota must not allow the Federal Government to implement their Health Care Plan or their Essential Health Benefits. This is giving the Feds power to implement their changes.

From: lhiltner@aol.com
Sent: Saturday, January 14, 2012 4:26 PM
To: MN, HealthReform (COMM)
Subject: Say No To "Essential Health Benefits"
I disagree with imposition of the federal health reform law through the "essential benefits" provision. I believe it is unconstitutional and the State should refuse to implement it. Furthermore, we should not allow the Federal government to impose it on us.

Lee Hiltner
9273 Ranchview Lane
Maple Grove, MN

From: LINDA STANTON <mnlas@msn.com>
Sent: Saturday, January 14, 2012 4:24 PM
To: MN, HealthReform (COMM)
Subject: essential health benefits public comments
Dear State of Minnesota:

I am writing to comment on the essential health benefits that you would like the public to give feedback on.

My outrage grows everytime I see that the State of MN continues to play footsie with the Federal government and the Affordable Care Act. It is nothing but an interlude before the ACC will dictate what will be covered and what will not be covered in health insurance.

I continue to tell you, but you do not seem to listen or to care because things move forward anyway: the government needs to get out of the health care business period. It shouldn't be regulating it, the State of MN should NOT be cooperating with the Feds on this. We should not have any of this going on. The State of MN should be stuffing these items in the TRASH and SAYING NO to the ACC period. It is unconstitutional!

We have a free market, let it work. We have insurance brokers, Medical schools, competent doctors. I want to spend MY money on what I choose for healthcare, not a list of proscribed treatments that a bunch of bureaucrats have picked out for me! When are you going to understand that?

Besides it is going to be REPEALED so you are just wasting your time.

Thank you,

Linda Stanton 651-428-7770 (cell) 651-310-9270 (work voicemail) mnlas@msn.com

From: plhylnd@aol.com

Sent: Saturday, January 14, 2012 1:24 PM

To: MN, HealthReform (COMM)

Subject: Essential Health Benefits

I am opposed to the PPACA, commonly called ObamaCare, because it is a severe restriction on individual liberty. And this restriction carries a heavy penalty in increased cost, less quality and less choice for medical services.

The essential health benefits controlled by a state government (and ultimately the federal government) is further erosion of individual choice with an increase in cost for services, some of which I may not wish to receive.

Paul Hyland

MN 55125

651-578-1417

From: Julie and Paul <jpmayer@embarqmail.com>

Sent: Saturday, January 14, 2012 11:00 AM

To: MN, HealthReform (COMM)

Cc: twila@cchfreedom.org

Subject: Essential Health Benefits

To Whom It May Concern;

The requirement that the states establish Essential Health Benefits is an unconstitutional violation of states' rights by the federal government. It is a further violation of states' rights to require states to defray the cost any benefits required by State Law to be covered by qualified health plans beyond the EHB. Also, it is discriminatory because it applies on the individual and small group

markets.

I recommend that the State of Minnesota decline to establish an EHB and refuse to implement the The Patient Protection and Affordable Care Act.

Paul Mayer
Glencoe, MN

From: Peter Hook <ptrhook@aol.com>
Sent: Saturday, January 14, 2012 10:28 AM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits

Please know that I do not approve of the Federal Government interfering with health care in any way. Let the free market drive health care and the costs. Do not implement and ignore the federal mandates regarding 'Essential Health Benefits'.

Peter Hook
Montgomery, MN

From: Wayne Kallestad <mrwaynek@msn.com>
Sent: Saturday, January 14, 2012 10:09 AM
To: MN, HealthReform (COMM)
Subject: Essemtoa; Health Benefits

As a citizen of Minnesota, I disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision.

I request the state of Minnesota to refuse to implement the law or allow it to be imposed on us by the Federal government.

Thank you

Wayne Kallestad
Vadnais Heights, MN

From: Joel T <jomotro@live.com>
Sent: Friday, January 13, 2012 10:26 PM
To: MN, HealthReform (COMM)
Subject: EHB

To whom it concerns,

I disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision. And I suggest that the State simply refuses to implement the law or allow it to be imposed on them by the Federal government.

Sincerely,

Joel Troumbly
36485 Indian Point Rd
Cohasset, MN 55721

From: craig johnsen <carthurj@yahoo.com>
Sent: Friday, January 13, 2012 7:14 PM
To: MN, HealthReform (COMM)
Subject:Obamacare "essential health benefits"

Hello,

I am against Obamacare and I suggest that the State simply refuse to implement the law or allow it to be imposed on them by the Federal government.

Thank you,
Craig

From: sandy.steve@q.com
Sent: Friday, January 13, 2012 5:26 PM
To: MN, HealthReform (COMM)
Subject:"Essential Health Benefits"

I disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and also suggest that the State simply refuse to implement the law or allow it to be imposed on them by the Federal government.

Sandy Kral

From: cathy colling <cmcolling@charter.net>
Sent: Tuesday, June 21, 1904 12:07 PM
To: MN, HealthReform (COMM)
Subject:Essential Health Benefits
To Whom:

I, as do many, disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision. It is heavy-handed and unjust.

I believe the state must refuse to emplement the law or allow it to be imposed on them by the federal government.

Sincerely,

Cathleen M Colling

From: Dennis Poppenhagen <dennis.poppenhagen@arvig.net>
Sent: Friday, January 13, 2012 3:29 PM
To: MN, HealthReform (COMM)
Subject:Essential Health Benefits
Follow Up Flag: Follow up
Flag Status: Completed
This is a reply to your RFP:

I respectfully request that the State of Minnesota not take part in ANY of the EHB referenced above, as it is my strong belief that this entire act is unconstitutional. The referenced Commerce Act in no way suggests or implies that a United States Government can force me to purchase ANYTHING. I urge you to completely opt out of this unholy proposal.

Dennis J. Poppenhagen
42267 - 275th St.
Battle Lake, MN 56515
218-841-0767

From: Dennis & Darla Larson <ds.djlarson@gmail.com>

Sent: Friday, January 13, 2012 1:09 PM

To: MN, HealthReform (COMM)

Subject:Obamacare

I disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision.

I also suggestion that the State simply refuse to implement the law or allow it to be imposed on the state by the Federal government.

Dennis Larson

From: DAVE HAMMITT <DAVE.HAMMITT@southcentral.edu>

Sent: Friday, January 13, 2012 12:05 PM

To: MN, HealthReform (COMM)

Cc: Mom (jillhamm1980@hotmail.com)

Subject:My opinion

I disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision. I also suggest the State simply refuse to implement the law or allow it to be imposed on them by the Federal government.

From: Steve Beddor <yellobrd@pro-ns.net>

Sent: Friday, January 13, 2012 12:04 PM

To: MN, HealthReform (COMM)

Subject:Essential Health Benefits

DON'T ACQUIESCE!!!

Keep government out of my doctor's office. Refuse to implement the "essential health benefits" requirement of Obamacare

Thanks a million,
Steve Beddor

From: Robbin Elder <relder@lakesradio.net>

Sent: Friday, January 13, 2012 10:34 AM

To: MN, HealthReform (COMM)

Subject:Essential Health Care Benefits

I disagree with the unconstitutional imposition of federal mandates as they pertain to Obama care. I feel the state should reject essential healthcare benefits.

Robbin Elder
Perham, Mn

From: C Heitzman <cmheitzman@gmail.com>

Sent: Friday, January 13, 2012 10:31 AM

To: MN, HealthReform (COMM)

Subject:Essential Health Benefits

I disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision.

I think the State must to implement the law and not allow the law to be imposed on us by the Federal government.

Regards,

Carol Heitzman

St Paul, MN

From: rjwillem1@aol.com

Sent: Friday, January 13, 2012 9:58 AM

To: MN, HealthReform (COMM)

Subject:Essential Health Benefits

Dear Sir or Madam,

I believe in the Constitution and the rights and power granted to the States. I disagree with the Federal Government overstepping its authority through the "essential health benefits" provision. You must do everything possible to reject this law.

Respectfully,

Judy Willem

Moorhead, MN 56560

From: Barb Norine <norine814@yahoo.com>

Sent: Friday, January 13, 2012 8:44 AM

To: MN, HealthReform (COMM)

Subject:ESSENTIAL HEALTH BENEFITS

Congress:

DO NOT ALLOW OBAMACARE TO BE IMPOSED ON MINNESOTA CITIZENS! Refuse to implement the "essential health benefits" provision or any part of Obamacare. It is unconstitutional and your job is to protect our citizens from the federal government over reach and power grab over our lives. We demand you do your job and stop Obamacare from destroying our state, liberties, businesses....our lives.

Sincerely,

Barb Norine

From: Craig Conrad <cjjc468@yahoo.com>

Sent: Thursday, January 12, 2012 11:04 PM

To: MN, HealthReform (COMM)

Subject:essential health benefits

Get it straight, refuse to implement the law or allow it to be imposed on us by the Federal government.

Get out of our health care FOREVER!!

Cease this unconstitutional act; all those involved should be arrested, tried and imprisoned for life.
Communist #@%#\$ <mailto:#@%#\$> &@.

From: Travis White <ahrimanos@msn.com>
Sent: Thursday, January 12, 2012 9:13 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits
To whom it may concern,

I disagree with the unconstitutional imposition of the Federal Health Reform Law through the "essential health benefits" provision. I ask that our State refuse to implement this law or allow it to be imposed on them by the Federal government.

Thanks,
Travis White
116 S. 1st Avenue
Proctor, MN 55810-2321
ahrimanos@msn.com

From: Jeanne Stevens <jrstevens01@msn.com>
Sent: Thursday, January 12, 2012 8:41 PM
To: MN, HealthReform (COMM)
Cc: twila@cchfreedom.org
Subject: "Essential Health Benefits"
Dear Sir or Madam,

As a concerned citizen of MN I am writing to say that I disagree with the unconstitutional imposition of federal health care law through the "Essential Health Benefits" provision. I would hope our state would refuse to implement this law or allow it to be imposed on us by the Federal government.

Sincerely,
Jeanne Stevens

From: Kent Jacobson <Kent.Jacobson@teamabsolute.com>
Sent: Thursday, January 12, 2012 7:13 PM
To: MN, HealthReform (COMM)
Cc: twila@cchfreedom.org; Kent Jacobson
Subject: Essential Health Benefits

To whom it may concern:

I wish to voice my disagreement with the unconstitutional imposition of the federal health reform law through the "essential health benefits (EHB)". The intended regulatory approach outlined by HHS should be refused by the State of Minnesota as these new regulations on our pool of insurance carriers will only lead to increased premiums, reduced benefits and state mandated bureaucracies. Also, the EHB will become a political tool for special interest groups to have health care mandates forced upon the people including abortion, DNA warehousing, rationing, health centers in schools, etc..

The State of Minnesota should support H.R. 371 – The Health Care Choice Act of 2011, which promotes the interstate purchase of health coverage and expands the number of affordable health care options for employers and individuals. Minnesota should join states like Maine and Georgia who have enacted similar laws.

Thank you for your time.

Kent A. Jacobson

628 Barbara lane

Lino Lakes, MN 55014

651-717-9276

From: Larry Lee <bllee1973@yahoo.com>
Sent: Thursday, January 12, 2012 6:36 PM
To: MN, HealthReform (COMM)
Subject: Essential health benefits

We disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision and we would like the state to refuse to implement the law and refuse the Federal Government from imposing it upon us also.

Beverly and Larry Lee - Blue Earth, MN

From: Cinco Corporation <chaz2920@cloudnet.com>
Sent: Thursday, January 12, 2012 5:47 PM
To: MN, HealthReform (COMM)
Cc: 'Steve Ehlen'
Subject: EHB
To Whom it may concern:

I believe the State of MN should refuse to implement EHB provision nor allow the Federal government infringement on our individual rights as citizens of the State of Minnesota. Plain and simple, it is UNCONSTITUTIONAL.

Respectfully,
Steven A Ehlen
Sartell, MN

From: Gwen Olson <gweno@midwesthealthbenefits.com> on behalf of gwenolson@hotmail.com
Sent: Thursday, January 12, 2012 5:02 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits
To state legislator's and political persons:

I am emailing to voice my disagreement to application of Federal government mandate law upon state(s) or individual(s) regarding health plans or health care.

Do not agree to federal health reform "essential health benefits" provision.

Sincerely,
Gwen Olson

From: Kally Fritchman <rkfritchman@gmail.com>
Sent: Thursday, January 12, 2012 4:44 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits
To Whom It May Concern,

My husband & I feel strongly that every aspect of the federal governments healthcare mandate is unconstitutional & do not want it implemented through your 'essential health benefits' provision. Please refuse to implement this law for the freedom of every citizen of this state.

Thank you for your consideration,
Russ & Kally Fritchman
17384 81 Ave. N.
Maple Grove, MN 55311

From: Mark Brewer <mebrewer@frontiernet.net>
Sent: Thursday, January 12, 2012 4:17 PM
To: MN, HealthReform (COMM)
Cc: twila@cchfreedom.org
Subject: Essential health benefits
To whom it may concern:

The health care reform law is not entirely without merit. However, it is largely unconstitutional and takes entirely too much power away from the states. There are parts of the law which encourage doctors to communicate and bring record keeping into a more uniform style and some statistical analysis could benefit the health of the country. Unfortunately, this is not the what this law is all about and it should not be used to usurp states rights. The state of Minnesota as well as all states should not accept this especially the "essential health benefits reform" as it is first unconstitutional and will bring more problems to the state than it will solve. There are too many conflicting goals in the plan and there is good reason that over half the states in America have petitioned it to be determined unconstitutional in the Supreme Court. It will likely impose

increased Medicaid costs. It weakens the family choice of coverage and undermines parental participation in their children's health. As a small business owner it will increase my costs through mandated taxes and compliance regulations. Please use good judgement vs. party politics and truly study the full effects of this law before you sell your state to the Federal Gov.

Yours in Health?

Mark E. Brewer

From: Delos and Nicki Stapf <dstapf@frontiernet.net>
Sent: Thursday, January 12, 2012 4:01 PM
To: MN, HealthReform (COMM)
Cc: twila@cchfreedom.org
Subject: Essential Health Benefits

I believe the Obamacare provisions is unconstitutional because it imposes actions and penalties for the lack of my participation. I believe I have the choice of health care I need and not the government. Also, by accepting the Obamacare, as is, the state will forfeit rights that belong to the State and not the federal government. This is all outside the enumerated powers allowed by the U.S. Constitution.

The State has health care provisions. Therefore, we do not need the federal government to step in and take control of our health care providers.

Governor Dayton, do not accept Obamacare's Essential Health Benefits as proposed. As a former Senator, you know full well that the State of Minnesota and its population will be the losers over time. Turn down the Obamacare provision.

Thank you for your time and consideration. Do the RIGHT for Minnesota. Turn it down!

Delos Stapf
22260 Logan Ave
Lakeville, MN 55044
952-469-2866

From: Don & Carole Powell <kokobuster@mncable.net>
Sent: Thursday, January 12, 2012 3:22 PM
To: MN, HealthReform (COMM)
Subject: EHB Comment

Because the Federal Healthcare Reform Law will be found unconstitutional, I suggest the state of Minnesota refuse participation. If the Federal Government is successful in implementing the healthcare law, no provisions of a state program will be upheld and the feds will simply mandate benefits anyway. Either way, its a waste of time and taxpayer money to do anything else.

Don & Carole Powell
Baudette, MN 56623
218-634-2187
kokobuster@mncable.net

From: CTrueman97@aol.com
Sent: Thursday, January 12, 2012 3:01 PM
To: MN, HealthReform (COMM)
Cc: twila@cchfreedom.org; kokobuster@mncable.net
Subject: Essential Health Benefits

I most adamantly disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and I also suggest that the State simply refuse to implement the law or allow it to be imposed on them by the Federal government.

Connie J Trueman
Williams, MN

From: Beth Haaland <bhaaland@frontiernet.net>
Sent: Thursday, January 12, 2012 3:00 PM
To: MN, HealthReform (COMM)
Cc: twila@cchfreedom.org
Subject: Essential Health Benefits

Dear Sirs:

I believe a law requiring private insurance to offer "essential health benefits" whether imposed by State or Federal government is unconstitutional.

As private citizens of the United States, we should have the right to consider and choose from an array of options offered by private insurance companies, according to our own situation and desire. A government mandate one-size-fits-all coverage forced upon companies and citizens is a blow to individual rights.

Beth Haaland
Byron, MN

From: Glenda Bergeson <bergeson@gvtel.com>
Sent: Thursday, January 12, 2012 2:21 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits

I believe a law requiring private insurance to offer "essential health benefits" whether imposed by State or Federal government is unconstitutional.

As private citizens of the United States, we should have the right to consider and choose from an array of options offered by private insurance companies, according to our own situation and desire. A government mandate one-size-fits-all coverage forced upon companies and citizens is a blow to individual rights.

Glenda Bergeson
Fertile, MN.

From: DOUG TIGGES <dbtigges@msn.com>
Sent: Thursday, January 12, 2012 1:39 PM
To: MN, HealthReform (COMM)

The Obamahealthcare is harmful to the citizens of the United States. Simply stated, the state of MN should follow suit with the other states that entered legal measures to have it declared unconstitutional. Keep Minnesota strong in the medical care it provides to its citizens. Refuse to accept revenue in this horrific attempt at health care reform. Stand up and deny illegal federal government intervention in our private, personal matters.

Barb Tigges

From: Wynette Dietz <wynettedietz@gmail.com>
Sent: Thursday, January 12, 2012 12:21 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits
I oppose the "Essential Health Benefits" and the federal health reform law as they are unconstitutional. Please refuse to implement this and all aspects of this federal health reform law.

Thank you,
Wynette Dietz

Wynette M. Dietz, Ph.D.
1600 Geske Rd.
Chaska, MN 55318
651-270-8910

From: margaret bloemendal <margaretb@usfamily.net>
Sent: Thursday, January 12, 2012 11:07 AM
To: MN, HealthReform (COMM)
Cc: twilla@cchfreedom.org
Subject: essential health benefits
The Fed. Gov. has no constitutional power to implement this law on the State of Mn.

From: Barb A. <baargabright@gmail.com>
Sent: Thursday, January 12, 2012 10:42 AM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits
I prefer that the state of MN legislators refuse to implement this law and do not allow it to be imposed on the citizens of Minnesota by the federal government. I disagree with the unconstitutional forcing of the federal health law through this provision. You have been elected to do our bidding and there will be another election, so be sure to vote for the welfare of the people rather than your political standing. It is time for elected officials to take back states' rights and reduce the unlawfully acquired strength of the federal government. Barbara Argabright

From: DeNugent4@aol.com
Sent: Thursday, January 12, 2012 10:07 AM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits Response
Block Obamacare in any way you can.

This legislation must be killed as soon as possible.

D. Eugene Nugent

From: Barbara Rode <barblee7@yahoo.com>

Sent: Thursday, January 12, 2012 9:37 AM

To: MN, HealthReform (COMM)

Subject:Essential Health Benefits

I strongly disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision and would suggest the State refuse to implement the law or allow it to be imposed on them by the Federal government. Thank you, Barbara Rode

From: nstapf@frontiernet.net

Sent: Thursday, January 12, 2012 9:18 AM

To: MN, HealthReform (COMM)

Cc: twila@cchfreedom.org

Subject:Essential Health Benefits

PLEASE refuse to accept the latest mandate imposed by OBAMACARE on the citizens of MN. These mandates trample on my constitutional right to decide what is right for me and my health and usurp states right to govern. Once the Federal govt takes away state powers it will only get worse with each mandate. I'll pay for my own care thank you. Stop taxing me to pay for others.

From: HEA@aol.com

Sent: Thursday, January 12, 2012 9:15 AM

To: MN, HealthReform (COMM)

Cc: twila@cchfreedom.org

Subject:No Subject

I disagree with Obamacare on principle. Imposing federal rules on healthcare is unconstitutional. Can you say rationing? Can we allow non professional bureaucrats to make health related decisions for us? I hope not.

C R Heagle

From: Delores Cook <dmc@rrt.net>

Sent: Thursday, January 12, 2012 6:50 AM

To: MN, HealthReform (COMM)

Subject:Essential Health Benefits

To whom it may concern:

The state should reject this unconstitutional imposition of the federal health reform law through the "essential health benefits" provision.

Sincerely,

Delores Cook

From: Frank Wymore <frank@fabex.biz>

Sent: Thursday, January 12, 2012 6:03 AM

To: MN, HealthReform (COMM)

Subject:"essential health benefits"
Hi Mary Sienko,

I am opposed to implementing or in any way voluntarily further involving either the State or Federal government in personal health care. Health care is and should remain a personal, private and non-government issue.

Thanks,

Frank Wymore
Shoreview, MN

From: Heather Bislew <hbislew@charter.net>
Sent: Wednesday, January 11, 2012 11:50 PM
To: MN, HealthReform (COMM)
Subject:Please do not force us...
To whom it may concern:

I am in disagreement with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision. Obamacare is not care at all or concern for the rights of citizens to make their own healthcare decisions, based on their family's needs. I would like to see the state of Minnesota in agreement with this principle of it's citizen's rights.

I would hope that the state of Minnesota would simply refuse to implement the law and/or allow it to be imposed on us by the Federal government.

Thank you for your time!
Heather Bislew
107 Thayer Ave.
Mankato, MN 56001
507-720-0820

From: joanne smith <smithjoannem@hotmail.com>
Sent: Wednesday, January 11, 2012 11:47 PM
To: MN, HealthReform (COMM)
Subject:Essential Health Benefits
Don't even think of buying into this! This is an imposition of federal law onto State Rights, and should be avoided at all cost!

Minnesota as a state shouldn't even be thinking of joining into this plan! What a foolish move it would be looked back on in ten years!
What the Federal government takes away now will never be given back in the future.

We would all be losers in this fiasco!

Joanne Smith
697 23rd Ave NW
New Brighton MN 55112

From: Webmail boon5 <boon5@chaska.net>
Sent: Wednesday, January 11, 2012 10:22 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits
To Whom It May Concern,

I am writing reference to the Obamacare Health Plan. This plan is not scheduled to go into effect until two years from now and I would like you to take the road less traveled. Meaning let's not go down this road yet. There are too many unconstitutional impositions of federal power being placed on states and this is not how our Constitution is set up.

States are to make their own decisions based on the choices made by the citizens of each individual state. I am in total disagreement to the implementation of any part of this law and am asking you to definitively oppose/refuse any part of these so called "essential health benefits".

Do not allow the federal government to tell Minnesotans how we should handle our health insurance coverage.

Thank you for your serious consideration of this matter!

Sincerely,
Susan Boonstra

From: Roger & Carol <kutlahr@charter.net>
Sent: Wednesday, January 11, 2012 7:32 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits
To whom it may concern,

I suggest a simple statement of disagreement with the unconstitutional position of the federal health reform law through the "essential health benefits" provision. May I suggest further that the state refuse to implement the law or allow it to be imposed on them, if required, by the Federal government.

Roger Lahr
513 Brookwood Lane
Sartell, MN 56377

From: Crystal Quiring <crystalquiring@yahoo.com>
Sent: Wednesday, January 11, 2012 6:38 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits

I cannot imagine that anyone or any state would allow the Federal government to dictate anything about health care or health insurance. The state should let the Federal government know that they will NOT put this into effect nor permit the Federal government to saddle them with this.

Crystal Quiring
3110 N. Chestnut St.
#316

Chaska MN 55318
952-221-2787

From: Rosanne <petesdraggin@usfamily.net>
Sent: Wednesday, January 11, 2012 6:17 PM
To: MN, HealthReform (COMM)
Cc: twila

Subject: Essential Health Benefits

It is of grave concern to us that through the health care law the federal government is attempting to impose the "essential health benefits" provision on the states. The state is sovereign, and this sovereignty MUST NOT BE TAKEN AWAY by the feds - and especially MUST NOT BE FORFEITED by the state to the federal government. The whole premise is unconstitutional!
Perhaps Minnesota should exert its independence by refusing to implement the law or by not allowing it to be imposed on us.
Who knows what the federal government will demand once it has its foot in the door??

Louie and Rosanne LaCasse
3060 LaBore Road
St. Paul, MN 55109

From: Angela Norell <anorell828@yahoo.com>
Sent: Wednesday, January 11, 2012 6:16 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits provision

I disagree with the EHB provision which appears to be an unconstitutional imposition of the federal health reform law. I am requesting that Minnesota refuse to implement the law or refuse to allow it to be imposed on them by the Federal gov't.

Angela (Angie) Norell
Bloomington, MN

From: DanalynFg@aol.com
Sent: Wednesday, January 11, 2012 6:15 PM
To: MN, HealthReform (COMM)
Cc: Twila@cchfreedom.org
Subject: RE: "Essential Health Benefits" provision

I oppose the unconstitutionality of the imposition of the federal health reform law through the "essential health benefits" provision. Also, I oppose any mandates through the Federal Obamacare law. I suggest not requiring any health mandates through law. The government has no right here. The State should refuse to implement the law imposed on us by the Federal Government.

From: adrienne <aelise@excite.com>
Sent: Wednesday, January 11, 2012 5:44 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits

My husband and I are totally opposed to any "healthcare" exchange, mandate, or program here in Minnesota that spins off of ObamaCare. ObamaCare (and a local exchange) will be prohibitively

expensive, and will kill young, old, and special-care people. Decisions formerly made, privately, between doctors and patients will be mandated by a panel of 15 non-medical bureaucrats in D.C. who are only interested in the bottom line. Doctors will be pressured to withhold care that isn't cheap. Research will be dis-incentivised.

Amazingly, the "right" to abortion in *Rowe vs. Wade* was "found" (it wasn't really there) in the right to privacy--yet liberals have no problem with the idea of telling us what kind of toilets to use----and allowing our most private medical records to fall into the hands of faceless, nameless bureaucrats! This is a travesty of liberty and decent government. The people are NOT going to allow this!!!! It's sick and murderous!

Dr. Robert and Mrs. Adrienne Hastings

From: Daniel Damschen <ddamschen@damschenwood.com>
Sent: Wednesday, January 11, 2012 5:38 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits
Attachments: Daniel Damschen.vcf

Let me suggest a simple statement of disagreement with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and also a suggestion that the State simply refuse to implement the law or allow it to be imposed on them by the Federal government.

To: Minnesota Departments of Commerce, Human Services and Health,

I would like to voice my opposition to the "essential health benefits" provision of the Federal Health Reform Law. This is an unconstitutional imposition of the Federal government into state's rights and individual rights.

I would suggest that the State of Minnesota simply refuse to implement the Federal law, and if necessary allow it to be imposed on us by the Federal government. But, do not initiate it, or voluntarily agree to it, under any circumstances.

Respectfully,
Daniel Damschen

From: Miriam Jondahl <majondahl@gmail.com>
Sent: Wednesday, January 11, 2012 5:27 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits

We disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and we also suggest that the State simply refuse to implement the law or allow it to be imposed on them by the Federal government.

Miriam & Dick Jondahl

From: Tim and Dana Masek <dtmasek@comcast.net>
Sent: Wednesday, January 11, 2012 5:18 PM
To: MN, HealthReform (COMM)

Subject:Essential Health Benefits
To Whom it May Concern

RE: State implementation of Federal Essential Health Benefits provision

I am urging you to refuse to implement the "essential health benefits" provision of the federal healthcare law because it is an unconstitutional imposition of federal powers over our state. Our state will hand over all power to determine what is best in healthcare for the citizens of Minnesota. I believe that not only would we be handing over powers to the federal government which are not constitutionally allowed but that we would lose the wisdom of following a principle of subsidiarity.

That principle states that all powers and institutions should be as close to the community as possible. Something as personal as healthcare coverage and decisions should be as local as possible. The best way to improve our healthcare system is to allow the states to remain what they were intended to be. Laboratories for best practices so the people of this nation can vote with their feet.

Sincerely,

Dana Masek
5222 Oxford St N
Shoreview, MN 55126
651-483-5943

From: Shirlyn Nickelson <shirlyn@atimeforhelp.com>
Sent: Wednesday, January 11, 2012 4:50 PM
To: MN, HealthReform (COMM)
Subject:Essential health benefits

I disagree with the "essential health benefits" provision required for individual or small group policies that the state of MN is going along with. I fear it will not be in our best interests as citizens of the state of MN.

I strongly suggest that you refuse implement this this as it more than likely will lead to Federal control of our health care. We can do a better job of handling our own health care here than the Feds ever will!

--

Shirlyn Nickelson

From: Joe Hall <ja38hall@gmail.com>
Sent: Wednesday, January 11, 2012 4:47 PM
To: MN, HealthReform (COMM)

I stand in opposition to Obamacare and urge the state to oppose any impostion or implementation of it based upon it being unconstituional to force mandatory health care upon me or any other citizens.

Joseph A. Hall
142 71-1/2 Way N.E.
Fridley, MN 55432

From: Iorn and kitty <lkschnee@runestone.net>

Sent: Wednesday, January 11, 2012 4:46 PM

To: MN, HealthReform (COMM)

Subject: Essential Health Benefits

We would like to express our disagreement with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision. We are suggesting that the State simply refuse to implement the law or allow it to be imposed on them by the Federal government.

Thank you!

Lorn and Kathryn Schneeberger

25645 290th Ave.

Wendell, Mn. 56590

From: BRIAN LYNN MCLAUGHLIN <brimac31@msn.com>

Sent: Wednesday, January 11, 2012 4:45 PM

To: MN, HealthReform (COMM)

Cc: twila@cchfreedom.org

Subject: essential health benenefits

The government was not created to mandate it's citizens to buy something. Telling American citizens we need to buy something is a violation of our constitution. I remind you the founding fathers wanted to protect the citizens against this very thing. The government can not mandate a private citizen to buy something!

In 1994, during the debate over the Clinton health care plan, the Congressional Budget Office described an individual mandate as "an unprecedented form of federal action."

"The government has never required people to buy any good or service as a condition of lawful residence in the United States," the budget office wrote. "An individual mandate has two features that, in combination, make it unique. First, it would impose a duty on individuals as members of society. Second, it would require people to purchase a specific service that would have to be heavily regulated by the federal government." New York Times- January 11, 2012 Health section.

Please refuse to implement this law.

Thank You,

Lynn McLaughlin

From: jane greenwood <jm.greenwood@hotmail.com>

Sent: Wednesday, January 11, 2012 4:02 PM

To: MN, HealthReform (COMM)

Subject: essential health benefits

Wanted to let you know I am in disagreement with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and also a suggestion that the State simply refuse to implement the law or allow it to be imposed on them by the Federal government.

Respectfully, Jane Greenwood, Mound, MN 55364

From: Glenn Nelson <norskinelson@hotmail.com>

Sent: Wednesday, January 11, 2012 3:55 PM

To: MN, HealthReform (COMM)

Subject: Essential Health Services

I am writing a response because of the opportunity provided for a public response of the Affordable Health Care Act, commonly called ObamaCare. I am not in favor of this piece of legislation. The following are only some of the problems associated with this legislation:

1. Issuance of the many waivers of people that were suppose to contribute with funding as a policy holder, but now have been freed of the tie to this insurance.
2. Health Care Costs have already risen because of the additional risks that insurance companies had to add to existing policies.
3. As a user of the Health Care industry, we currently have two providers left that support health services in our area. They are Sanford and Avera. I have observed Avera billing policies, of which charges are questionable for the services rendered. Upon settlements with the Insurance company, the insurance company dictates what the charges and appropriate bills that will be covered. The Health care providers just accept the approved payments, often so called losing up to 50% of the original costs. I find this type of billing very questionable. This will get even worse with ObamaCare.
4. What is required to have costs lowered is an environment that will promote additional competition, not a controlled cost. A controlled cost and payment plan has never worked with government control.
5. I will not have my private records broadcasted over the internet, subject to hacking or other exploitation that could expose personal records or other information. The only way to safely transmit data would be by private line, much too costly, but would be safe.
6. The question still remains on how much each state will be charged or monies charged to the state that the Federal Government will tack on just to avoid those costs on Federal dollars. Our state's hands will be tied to hidden costs, and a high amount of dollars that the state will have to collect in order to pay for services. And, you know that when the Federal government hands out money these days, there are many strings attached on how the money will be delegated and distributed, or other directives that will only cost the taxpayer more money.

I can provide many other problems with this Health Care Legislation. I am looking forward to the election of 2012. I will do my best to see another President elected and Representatives that will go back to Constitutional legislation, and a way to enforce that legislation. I also hope that our State of Minnesota will not have spent money so unwisely and foolishly to follow a law that should be judged first to either be Constitutional or not, or when we vote in new Representatives will repeal this bad law.

Thank You for your review of this letter.

Glenn Nelson Pipestone, MN

From: richardsong <richardsong@earthlink.net>

Sent: Wednesday, January 11, 2012 3:27 PM

To: MN, HealthReform (COMM)

Subject: Disagree with State Plan

I disagree with the imposition of the Federal Health Reform Law through the "essential health Benefits provision."

I request that the state REFUSE to implement the Federal LAW OR ALLOW IT to be imposed from Washington by the Federal Government.

The Feds need to stay out of Minnesota communities when it comes to the Federal Healthcare Reform

I favor Minnesotans opting out of the federal provisions.

Sincerely,

Richard G. Chessnoe
3248-48th Avenue South
Minneapolis, MN 55406

From: Lyle <cei@ceiminnesota.com>
Sent: Wednesday, January 11, 2012 3:07 PM
To: MN, HealthReform (COMM)
Subject: "Essential Health Benefits"

We are in total disagreement with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and we want our State to refuse to implement this law and/or allow it to be imposed by the Federal government. It is wrong for our Federal Government to work to impose this kind malarkey on our good citizens of Minnesota.

Lyle and Darlene Clemenson
Brooklyn Park, MN
7634251167

From: Connie Ray <connieray0704@gmail.com>
Sent: Wednesday, January 11, 2012 3:00 PM
To: MN, HealthReform (COMM)
Subject: Obamacare

I strongly object to Minnesota's participation in the mandates of the Health Reform Act...usually called "Obamacare", especially since the only people for it are those who do not have to abide by it or have a financial benefit for themselves personally...commonly called "bribes".

Please, please please reject this mandate. It is unconstitutional among other things.

thanks for your attention.....connie ray

From: William Olson <weolson@wiktel.com>
Sent: Wednesday, January 11, 2012 2:52 PM
To: MN, HealthReform (COMM)
Subject: Health Reform Law
Hi Health Reform,

I disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and also suggest that the State simply refuse to implement the law or allow it to be imposed on them by the Federal government. The Government has no business & is incapable of running a decent health care for us.

--

Best Regards, William

mailto:weolson@wiktel.com

"The trouble with quotes over the Internet is that you never know if they are genuine." ... Abraham Lincoln

Outgoing mail scanned by AVG AntiVirus

From: Kit Nichol <kit@wtc-mail.net>
Sent: Wednesday, January 11, 2012 2:24 PM
To: MN, HealthReform (COMM)
Subject: Health care reform
Hi,

I understand that Minnesota will need to decide if we as a State wish to implement part of the Obama Health Care Reform called, "essential health care benefits". Please wait until the Supreme court's decision has made to implement this policy. We in our state have so much going for us as it is, let's not mess it up and have to undo things.

Cheryl Nichol
Wolverton, Mn 56594

From: Dave Racer <dgracer@comcast.net>
Sent: Wednesday, January 11, 2012 2:19 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits
Attachments: Essential Health Benefits Request for Comment 1 9 12 (2).pdf
Per the attached:

Minnesota already mandates benefits in the fully insured marketplace that exceed Sec. 1302 requirements. The Secretary of HHS has apparently discovered the inability of the federal Department to come to consensus on a national benefit set.

It appears the Secretary has defined Minnesota's EHB for us, by deferring to what we are already doing.

I am sure the legislature will revisit its own interpretation of this provision with an eye toward winnowing the mandates down in Minnesota to provide minimum conformity to the federal directive.

Dave Racer

DGRCommunications, Inc.
PO Box 600160
St Paul MN 55106
Ph: 651-340-1911
Fax: 651-305-8317

From: Joe Hall <ja38hall@gmail.com>
Sent: Wednesday, January 11, 2012 2:10 PM
To: MN, HealthReform (COMM)
I stand in opposition to Obamacare and urge the state to oppose any imposition or implementation of it based upon it being unconstitutional to force mandatory health care upon me or any other citizens.

Joseph A.

From: Jon Payne <jon@jon-payne.com>
Sent: Wednesday, January 11, 2012 1:50 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits

I completely disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision. The State should simply refuse to implement the law or allow it to be imposed on them by the Federal government.

Thank you!

Jon Payne - Broker Associate
Coldwell Banker United, Realtors
NavarreAreaHomes.com <<http://www.NavarreAreaHomes.com>>
NavarreAreaHomes.wordpress.com <<http://www.NavarreAreaHomes.wordpress.com>>
www.YouTube.com/DiscoverNavarre
850 259-9765 Cell
850 684-1003 Office
850 684-1008 Fax
jon@jon-payne.com
Skype: jon-payne2

From: Jeannie Bakken <jbakken@izoom.net>
Sent: Wednesday, January 11, 2012 1:43 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits

Let me suggest a simple statement of disagreement with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and also a suggestion that the State simply refuse to implement the law or allow it to be imposed on them by the Federal government.

Jerome Bakken
21536 203rd St NW
Big Lake, MN 55309

From: Jeannie Bakken <jbakken@izoom.net>
Sent: Wednesday, January 11, 2012 1:35 PM
To: MN, HealthReform (COMM)
Subject: Obamacare

Let me suggest a simple statement of disagreement with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and also a suggestion that the State simply refuse to implement the law or allow it to be imposed on them by the Federal government.

Thank you
Jeannie Bakken
21536 203rd St NW
Big Lake, MN 55309

From: Daleeileen19@aol.com
Sent: Wednesday, January 11, 2012 1:30 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits

My husband Dale and I believe that the imposition of the Federal health reform law through the "essential health benefits" provision is unconstitutional. We strongly urge the state of Minnesota to refuse to implement this law or allow it to be imposed upon the state of Minnesota by the federal government.. Thank You Dale and Eileen Williams 2113 Marble Lane Eagan, Mn.

From: Janet Koop <jkoop6@gmail.com>
Sent: Wednesday, January 11, 2012 1:24 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits

I urge the State of MN to refuse to implement the law through the : "essential health benefits: or to allow it to be imposed on us by the federal government. I totally disagree with the imposition of the federal health care law.

From: Marty Branch <mb@frontiernet.net>
Sent: Wednesday, January 11, 2012 1:17 PM
To: MN, HealthReform (COMM)
Cc: twila@cchfreedom.org
Subject: Essential Health Benefits
To Whom it May Concern,

I disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and ask that the state of Minnesota refuse to implement the law or allow it to be imposed on them by the federal government.

Thank you'

Marty Branch

From: Brian Hein <brian@insfnwalker.com>
Sent: Wednesday, January 11, 2012 1:18 PM
To: MN, HealthReform (COMM)
Cc: 'Twila Brase'
Subject: Health Care Reform

My comment is that it is an unconstitutional imposition of the Federal health Reform Law through the "essential health benefits" provision. The state should refuse to implement the law or allow it to be imposed on them by the Federal Government.

From: Karen Klett <k-klett@bethel.edu>
Sent: Wednesday, January 11, 2012 1:04 PM
To: MN, HealthReform (COMM)
Subject: HealthReform

To whom this concerns, I really disagree with this essential health benefits, Please hear me I disagree.
Thanks for the ability to let my opinion be heard. Karen Klett

From: David Jamison <djjamison@charter.net>
Sent: Wednesday, January 11, 2012 1:03 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits

I disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and also the suggestion that the State simply refuse to implement the law or allow it be imposed on them by the Federal government.

David & Judy Jamison

Marriage & Family Wellness Ctr. Since 1992
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Listening, and Conflict Resolution Skills.
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507-288-3118

From: John Jones <jone1joh@gmail.com>
Sent: Wednesday, January 11, 2012 1:02 PM
To: MN, HealthReform (COMM)
Cc: twila@cchfreedom.org
Subject: Essential Health Benefits

Dear Representative,

I am a life long, tax paying, citizen of Minnesota. I strongly believe it is unconstitutional to impose the federal health reform law, through the "essential health benefits" provision, on the citizenry of the sovereign State of Minnesota. I want our State of Minnesota to take a stand and simply refuse to recognize this unlawful travesty. Thank you.

John Jones
6334 25th St. N.
Oakdale, MN. 55128

From: Tina Diedrick <tdiedrick2010@ymail.com>
Sent: Wednesday, January 11, 2012 1:00 PM
To: MN, HealthReform (COMM)

Subject:Essential Health Benefit
To Whom It May Concern,

I am writing to express my disagreement with the implementation of the Federal Healthcare Reform law through the "essential health benefits."

I believe this to be an unconstitutional imposition by the Federal government. The State of Minnesota can simply refuse to implement the law and not allow the Federal Government to impose this on the people of the fine State of Minnesota.

Sincerely,
Tina Diedrick
952-467-4310
TDiedrick2010@ymail.com

From: Roger O'Daniel <rjodaniel@comcast.net>
Sent: Wednesday, January 11, 2012 12:54 PM
To: MN, HealthReform (COMM)
Subject:Essential Health Benefits
This is a reply to your request for comment subject as above.

Minnesota made a big mistake by opting into any of this for many reasons: legal, economic, financial, quality of life, and common sense. Minnesota needs to opt out, in spite of what our misinformed governor says.

RE: Legal

Our US Constitution defines a form of government that is a confederation of States bound together in a republic with limited federal government. The limitations are expressly defined in the US Constitution. Federal Government is not allowed to confer any jurisdictional power over the States that is not found within the text of the Constitution. A motion is before the US Supreme Court for hearings in March 2012 to decide the constitutionality of the single-payer health care law known as Obama Care with variations that are not printable.

RE: Economic

The surest way to make the new system cost more than the old is to pioneer the wrong thing. Minnesota is about to be bankrupted by unfunded federal mandates. This one, the mother of all unfunded mandates, will sink us into a deficit hole we can never crawl out of. Our Minnesota government solutionized the problem. In other words, they defined the problem as the absence of their pre-defined solution. That attitude is not only a logical fallacy, but also doesn't even solve the right problem.

My wise father taught me that there are three sides to every issue: your side, my side, and the right side. My mother put it differently. "You are throwing the baby out with the bath water." My grandfather, a farmer, put it like this. "You are eating your seed corn. Bad idea!" Listen up folks, our Federal Government is broke. It is deficit spending trillions per year. Our national debt is greater than the GDP of the three largest economies in the world, and about 40 percent of the GDP of all nations on this planet. The present value of future entitlements already on the books is about \$115 trillion dollars.

This does not count the money float of another \$4 – 6 trillion dollars interest-free that are used by international banks for international trade. Our trading partners are getting ready to cut up our credit card. If the IMF adopts a new reserve currency, all that reserve US currency will come back to the US. Since it is fiat money (not backed by anything of tangible value), they will buy up our natural resources, our domestic corporations, our land, and anything else of value with our own money. Bottom line, we cannot afford a national single-payer health care system. This one has so much unrelated legal garbage in it that it needs to be repealed in its entirety so we can start over.

RE: Financial

As a New Yorker would say, “Health care is what it is.” This is diplomatic code for, “I just do not want to talk about it. It is too painful.” Social Security was never actuarially sound. The SS trust fund is a joke because it has no protection from raiders of its “cookie jar.” It only can invest in US Treasuries relabeled to a different name. Lyndon Johnson spent the corpus to finance the Vietnam war. Medicare and Medicaid also are not actuarially sound, and tanked when the prescription drug benefit “Part D” was added. National single-payer health care as embodied into current law is not actuarially sound and must be rationed. That includes denial of care for the elderly. Medical professionals will not deliver health care services that are below their marginal cost and sustain accounts receivable from the government up to 9 months past-due.

Businesses cannot afford to finance the cost of single-payer health care. They will outsource the jobs, or face bankruptcy. Medical practitioners have huge malpractice insurance premiums because runaway juries award damages based upon outcomes, not malpractice. An anesthesiologist pays 50 percent of his fee in malpractice insurance. A neurologist pays 65 percent of his fee for malpractice insurance. Tort lawyers in a class-action suit can earn as much as \$70,000 per hour for the work they do if their fee is based upon a percentage of the award. Prescription drugs are so expensive because the countdown to generic pricing begins when the patent is filed, not when FDA approves. It costs pharmaceutical companies about \$1 billion US dollars to develop and bring to market a single successful prescription drug. It takes at least 10 years to obtain FDA approval. That leaves anywhere from 5 to 8 years to recover their development costs and realize a return on their investment. Then they must face a gauntlet of tort lawsuits, including class actions, including frivolous suits. That is why prescription drugs (and Medicare/Medicaid) are so expensive.

RE: Quality of life

If a patient has a late-night emergency and requires brain surgery for a hematoma, the patient has about one hour to live if surgery is delayed. According to a neural surgeon that just returned from a seminar about the new national health care law, the neurosurgeon cannot operate without approval of a health care panel that meets during normal business hours. Any patient 70 years or older is only authorized to have “comfort care.” None of the panelists are neurologists, or even physicians. This sure sounds like a death panel to me. Ask New Hampshire how their single-payer health care program is working. The people I talk to say “It sucks.”

RE: Common sense

If Obama Care is better, why are so many of its authors and advocates opting out? Unions are opting out. Nancy Pelosi's district is opting out. Nevada is opting out, and 33 other States are trying to do the same. The majority of voters do not want it. Poll after poll confirms that sentiment. The US Congress excluded themselves from it. The military want to stay on Tricare. The features, advantages and benefits of the law do not even pass the giggle test, much less a reality check. The Congressional Budget Office even admits that the numbers don't add up.

For your consideration,

Roger O'Daniel
1205 W Minnehaha Pkwy
Minneapolis MN 55419
612-825-2113
rjodaniel@comcast.net

From: Kathie Ziebarth <kathiez@izoom.net>
Sent: Wednesday, January 11, 2012 12:41 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits

You have asked for comments about the essential health benefits from residents of MN. I am in complete disagreement with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision. I want MN to refuse to implement the law and as well not to allow it to be imposed on them (us) by the federal government! This is very upsetting to me as an American! Thank you for *listening* to me

Kathie Ziebarth
Elk River
763-263-6458

From: Nick Mahlberg <njmahlberg@yahoo.com>
Sent: Wednesday, January 11, 2012 12:40 PM
To: MN, HealthReform (COMM)
Good Afternoon,

It is my belief that the federal health care reform act goes against the basis of individual freedoms guaranteed in our Constitution. This Act, if applied in its current form, will result in significant future increases to our national debt and will NOT result in reducing the trend of healthcare costs in our country. Worse, this will create a system where individuals can choose to simply pay a modest tax to NOT purchase health coverage until they need it, at which point they can join without pre-existing condition limitations. Any actuary or underwriter will quickly point to the flawed logic of this set-up and the inevitable result of higher costs borne by all participants.

Worst of all, citizens of Minnesota, living in a state that already insured its citizens at one of the highest rates in the country (due to many subsidized programs in place at the state level), will now suffer higher taxes that will NOT significantly increase our state's insured population. At the core the Act's main intent is to insure more people, not to enact changes that actually result in lower healthcare costs.

Overall, this Act is not good for our state and we should not be working toward implementing the programs required in the Act. I will be paying close attention to the choices made by our leaders and voting based upon these choices.

Sincerely,

Nick Mahlberg

From: Sheila M Fitzgerald <fitzg022@umn.edu>
Sent: Wednesday, January 11, 2012 12:32 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits

I am opposed to any state involvement in setting essential health benefits. Health is the choice and responsibility of the individual patient and/or his/her chosen and duly recorded caregiver(s) with consultation of doctors. State responsibility should be confined to providing information on the range, responsibilities, and opportunities available to all citizens. SM Fitzgerald

From: Rose Effertz <raeffertz@hotmail.com>
Sent: Wednesday, January 11, 2012 12:21 PM
To: MN, HealthReform (COMM)
Subject: essential health benefits

I disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and also suggest the State simply refuse to implement the law or allow it to be imposed on us by the Federal government.

Rose Effertz

From: Jean Seppelt <jean.seppelt@msn.com>
Sent: Wednesday, January 11, 2012 12:07 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits
To whom it may concern,

I disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision.

I strongly suggest our state simply refuse to implement the law or allow it to be imposed on us by the Federal Government.

Thank you,
Jean C. Seppelt

From: Jackie <bjfred@charter.net>
Sent: Wednesday, January 11, 2012 12:07 PM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits

Dear Governor Dayton,
What the Federal and State government is starting to implement here in

MN. with the Essential Health Benefits is unconstitutional and just plain wrong. I highly oppose this unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and also suggest that the State simply refuse to implement the law or allow it to be imposed on them by the Federal government.

Sincerely,

Jacqueline Fredericks

From: tomandmarylin@q.com

Sent: Wednesday, January 11, 2012 12:01 PM

To: MN, HealthReform (COMM)

Subject: Essential Health Benefits

I am writing to state my disagreement with the unconstitutional imposition of the federal health reform law through the essential health benefits provision. I would suggest that the State simply refuse to implement the law or allow it to be imposed on the state by the Federal government.

Thank you.

From: Richard Quiring <bbq@hickorytech.net>

Sent: Wednesday, January 11, 2012 11:59 AM

To: MN, HealthReform (COMM)

Subject: Essential Health Benefits

Importance: High

I am writing to let you know that I find the whole Obama Care or Federal Health Care Law unconstitutional and I feel it is taking my freedom of choice away from me and my family. I feel the state of MN should REJECT or REFUSE to implement any or all of the Federal Health Care Law that the Federal Government is trying to impose on all American and the state of MN. This would be a definite NO to the "essential health benefits" provision.

Thanks you

Betty Quiring

From: Glenn Terry <greatart@skypoint.com>

Sent: Wednesday, January 11, 2012 12:02 PM

To: MN, HealthReform (COMM)

Subject: "Essential Health benefits" provision

I would like to urge our elected representatives to cease and desist from meddling in the area of health insurance plans and coverage definitions that are issued by private insurers, and curtail efforts to place such plans under any kind of federal mandate, overt or covert. This is not the role of the federal government and further their efforts have only harmed rather than helped the quality of medical services in America.

The "essential health benefits" provision is just one more of a series of initiatives aimed at taking away local and state freedom in the realm of health services, and the implementation of it fails the test of integrity at a constitutional level (and ultimately at a moral level in the big picture) and should be resisted as such.

Thanks,

Glenn Terry

From: Dan Wermus <danw@techlinesales.com>

Sent: Wednesday, January 11, 2012 11:22 AM

To: MN, HealthReform (COMM)

Subject: Essential Health Benefits

I oppose the state of Minnesota accepting the unconstitutional Federal Health Reform Law. I believe it will lead to federal impositions and controls on our state health care system. I request that the state refuse to implement this law.

Daniel A Wermus

Eagan, MN

651-405-9418

danw@techlinesales.com

From: Jo Tolck <jtolck@humanlife.org>

Sent: Wednesday, January 11, 2012 11:21 AM

To: MN, HealthReform (COMM)

Subject: essential health benefits

I disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision and urge that the State simply refuse to implement the law or allow it to be imposed on the State by the Federal government.

Respectfully,

Jo Tolck

New Hope, MN

From: Beverly Aplikowski <bev@homesbylakeside.com>

Sent: Wednesday, January 11, 2012 11:21 AM

To: MN, HealthReform (COMM)

Subject: essential health benefits

PLEASE do not agree to accept the federal imposition of the federal health reform law proposed through the essential health benefits provision. It is not only unconstitutional but will be extremely harmful to the citizens of Minnesota. PLEASE REFUSE THIS ACTION

Beverly Aplikowski

Arden Hills

From: rmagin5550@aol.com

Sent: Wednesday, January 11, 2012 11:20 AM

To: MN, HealthReform (COMM)

Cc: twila@cchfreedom.org

Subject: Essential Health Benefits

Health Reform Minnesota:

I am in total disagreement with imposition of the federal health reform law. It is my feeling the "essential health benefits" provision is not only BAD LAW, but at worse, UNCONSTITUTIONAL.

Bob Maginnis
Edina, Minnesota

From: Jill Thompson <jilizabeth67@hotmail.com>
Sent: Wednesday, January 11, 2012 11:14 AM
To: MN, HealthReform (COMM)
Cc: twila@cchfreedom.org
Subject: Essential Health Benefits ~
To whom it may concern:

Here are my comments ~

Please tell the Federal Government that we are not interested in implementing this law in Minnesota. It is unconstitutional and we will not allow the Federal Government that kind of control over our lives. We reject the "essential health benefits" provision as we reject the essence of this law altogether.

Sincerely,

Jill Thompson

From: Gary A Zittlow <gazittlow@ft.NewYorkLife.com>
Sent: Wednesday, January 11, 2012 11:13 AM
To: MN, HealthReform (COMM)
Subject: Essential Health Care benefits

I am totally disgusted with this continued interference by the government in this totally unconstitutional effort to destroy our individual freedom in so many areas of our life. Something has to be done even if it is a revolt by the people who are supposed to be implementing the programs.

Gary Zittlow
320-230-0761

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New York Life Insurance Co, 51 Madison Ave, New York, NY 10010

From: Lindskog, Eric W. <lindskog.eric@mayo.edu>
Sent: Wednesday, January 11, 2012 11:09 AM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits

I do not find the "essential health benefits" provision constitutional.

It is an unconstitutional imposition of the federal health reform law through the "essential health benefits" provision

Eric Lindskog | Sr. Analyst Programmer | Information Technology | 507-538-0494 | Pager: 127 (06947)
<http://quarterly.mayo.edu/pager/page.cfm?per_id=11215488&pai=31231&location=RST&pager=127%20%2806947%29&dial_string=127%20%2806947%29&pentity=Rochester> | AdminAsst: 507-255-9290
| Fax: 507-255-4180 | Lindskog.Eric@Mayo.edu <<mailto:Lindskog.Eric@Mayo.edu>>
Mayo Clinic | 200 First Street SW | Rochester, MN 55905 | www.MayoClinic.org
<<http://www.mayoclinic.org/>>

From: Jim Kiewel <jim55432@yahoo.com>
Sent: Wednesday, January 11, 2012 11:07 AM
To: MN, HealthReform (COMM)
Subject: Health care mandates
Hello

Please reject any "imposition" of government mandated health care on our citizens.

I personally prefer making my own decisions in a free market system. Besides being unconstitutional, it is morally and ethically wrong to "force" people to pay for insurance they may or may not want.

Government always "improves" our choices by taking them away.

Thank you
Jim Kiewel

From: Mike Pikula <mvpikula@positiverealty.com>
Sent: Wednesday, January 11, 2012 11:06 AM
To: MN, HealthReform (COMM)
Subject: re Obama/Pelosi/Reid health care
do not impose this unconstitutional train wreck on citizens of Minnesota
and better yet tell our attorney general to join 39 other states in law suit

From: Janet Koop <jkoop6@gmail.com>
Sent: Wednesday, January 11, 2012 10:45 AM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits
I totally disagree with the imposition of the federal health care law. I urge the state of MN refuse to implement the law through the "essential health benefits" or to allow it to be imposed on us by the federal government.

From: Jason Herzog <jherzog@mnfa.com>
Sent: Wednesday, January 11, 2012 10:44 AM
To: MN, HealthReform (COMM)
Cc: mnfa.communications@siionline.com
Subject: Essential Health Benefits
I am in disagreement with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision. Minnesota has long been a National leader in keeping the number of uninsured's below the National level, keeping our costs down below the National level and having access to care for everyone who truly makes an attempt to find it.

Please do not destroy what we as a State have worked long and hard to achieve in our Health Care System. I would ask that the State simply refuse to implement the law or allow it to be imposed on them by the Federal government.

Jason
Jason Herzog
8016 Shady View Lane. N
Maple Grove, Mn. 55311-4508
Phone 763-493-7940

From: Tony Grundman <Tony.G@detransportinc.com>
Sent: Wednesday, January 11, 2012 10:44 AM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits

I disagree with the unconstitutional imposition of the federal health reform law through the "Essential Health Benefits" provision. No state should attempt to enforce this dreadful law until the case against it brought by 26 states has been ruled upon by the Supreme Court of the United States. The state should simply refuse to implement it or allow the federal government to impose it upon us. This is an assault by the government on our God-given human dignity and it will not stand.

Tony Grundman
Safety Director, D & E Transport, Inc.
PO Box 429
Clearwater, MN 55320
Direct 763-878-3105
Main 763-878-2880
Fax 763-878-3212

From: Barb & Roger <rbotoll@gvtel.com>
Sent: Wednesday, January 11, 2012 10:39 AM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits

In regards to state government request for public comments on the Obamacare "essential health benefits" requirement for individual and small group insurance policies:

I'd just like to say that I disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision. I believe that the state should simply refuse to implement the law or allow it to be imposed on them by the Federal government.

Sincerely,
Roger Tollefson
41193 280th Ave SW
Crookston, MN 56716

From: Skaro, Kim (STP) <Kim.Skaro@bsci.com>
Sent: Wednesday, January 11, 2012 10:38 AM
To: MN, HealthReform (COMM)

Cc: twila@cchfreedom.org
Subject: Essential Health Benefits

I would just like to state that we are in total disagreement with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and would also like to make a suggestion that the State simply refuse to implement the law or allow it to be imposed on them by the Federal government. Other states are refusing to accept this horrific agenda of the federal government.

Regards,
Kim and Kris Skaro

From: Edward Keyport <efkmgk@yahoo.com>
Sent: Wednesday, January 11, 2012 10:37 AM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits

I disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision. I suggest that the state of MN refuse to implement the law or allow it to be imposed on this state by the Federal Government. This is just wrong on so many levels.

Sincerely,
Monica Keyport

From: Jim & Pat Steinle <jimpatts@sytekcom.com>
Sent: Wednesday, January 11, 2012 10:37 AM
To: MN, HealthReform (COMM)
Cc: twila@cchfreedom.org
Subject: Essential Health Benefits provision

The individual states have the right to decide on their own what they will allow or not allow. That is States Rights. Do NOT allow this current National Administration to push the Essential Health Benefits on the State of Minnesota. If you do accept it, the Fed. of course will after a time of settling in, impose more and more drastic measures. I ask you to consider the wise course of rejecting the Trojan Horse of these supposed benefits. As our representatives please do the right thing for the citizens of Minnesota.

Sincerely,
James Steinle
6377 Balcony Rd
Swanville, MN 56382

From: Murray <mrhealth@comcast.net>
Sent: Wednesday, January 11, 2012 10:34 AM
To: MN, HealthReform (COMM)
Cc: twila@cchfreedom.org
Subject: Essential Health Benefits

I firmly disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and I strongly suggest that the State of MN refuse to implement this law or allow it to be imposed on our State by the Federal government.

Respectively,

Murray Herstein

From: lymeawaydoc@yahoo.com
Sent: Wednesday, January 11, 2012 10:32 AM
To: MN, HealthReform (COMM)
Subject:essential health benefits

Obamacare should be rejected by MN and I feel that the State simply refuse to implement the law or allow it to be imposed on them by the Federal government. This is unconstitutional.

Thank you.

Mary Ann Griffin

From: Bkbanister <bkbanister@aol.com>
Sent: Wednesday, January 11, 2012 10:27 AM
To: MN, HealthReform (COMM)
Subject:Essential Health Benefits

I believe that the imposition of the federal health reform law through the "essential health benefits" is totally unconstitutional and morally wrong.

I urge Minnesota to refuse to implement this law and do not allow it to be imposed on Minnesota or any state by the Federal government.

Bruce Banister

From: carrollp16@aol.com
Sent: Wednesday, January 11, 2012 10:25 AM
To: MN, HealthReform (COMM)
Subject:"Essential Health Benefits"
Dear Ms. Sienko

I respectfully request that the State of Minnesota refuse to implement the unconstitutional Federal Healthcare law through the "Essentials Health Benefits" provision or allow the Federal Healthcare law to be imposed on the Citizens of Minnesota in it's entirety.

Thank you for your kind attention.

Sincerely

John B. and Pauline K. Carroll
4836 Rutledge Ave.
Edina, MN 55436
Tele: 952-920-1304

E mail: carrollp16@aol.com

From: Steve Forliti <Steve@AndersonWheelChair.com>
Sent: Wednesday, January 11, 2012 10:25 AM
To: MN, HealthReform (COMM)
Subject:obamacare

I wish to notify you that I disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and also a suggestion that the State simply refuse to implement the law or allow it to be imposed on them by the Federal government. Obamacare is unlawful and will complete destroy the health care system. I have worked in Healthcare for over 27 years and understand the Obamacare is NOT the answer!!!!

Steve Forliti
Anderson Wheelchair
Owner
Direct: 507-288-0113
Fax: 507-288-0414
Email: steve@andersonwheelchair.com

From: Heidi Michaels <hmichaels@dystewilliams.com>
Sent: Wednesday, January 11, 2012 10:19 AM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits
Essential Health Benefits should not be the decision of our government.

That is a PERSONAL choice and should be free of regulation
I request that my state refuse to implement the Federal Health Reform law.

Heidi Michaels
Dyste Williams
6465 Wayzata Blvd
Suite 700
Minneapolis, MN 55426
952-843-4441 phone
952-843-4438 fax
hmichaels@dystewilliams.com

From: Lisa Halvor <leesaliza@yahoo.com>
Sent: Wednesday, January 11, 2012 10:21 AM
To: MN, HealthReform (COMM)
Cc: twila@cchfreedom.org
Subject: "Essential Health Benefits"

I am in disagreement with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and I suggest that the State simply refuse to implement the law or allow it to be imposed on them by the Federal government.

Thank you
Lisa Halvorson

From: Kathryn Edwards <k_a_edwards@yahoo.com>
Sent: Wednesday, January 11, 2012 10:04 AM
To: MN, HealthReform (COMM)
Cc: twila@cchfreedom.org
Subject: Essential Health Benefits

Dear Sir/Madam:

Obamacare is not right and is not what the people want. Elected officials should understand that the people are supposed to be represented by those elected to office, and should not be merely making decisions without input from the people. Furthermore, Obamacare is not acceptable to the elected officials for themselves, why should something less than what the elected officials will accept be forced upon the people.

Let me suggest a simple statement of disagreement with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and also a suggestion that the State simply refuse to implement the law or allow it to be imposed on them by the Federal government.

Our doctors should have the rights and we citizens should have the right to make the appropriate health care decisions for ourselves and the government should not be involved in doctor-patient decisions.

Thank you.
Kathryn Edwards
1702 8th Street NE #2
Staples, MN 56479

From: Elaine Boardley <emb4life@gmail.com>
Sent: Wednesday, January 11, 2012 10:01 AM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits

I am in total disagreement with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision. I am suggesting that the State of Minnesota refuse to implement the law or allow it to be imposed on the state by the Federal government. LESS government control is needed. Let us keep our private health care benefits. FYI - In many European countries anyone that can afford private health care does so because having government run health programs is not and does not work. Thank you.

From: Jim Szyman <jims@coordinated.com>
Sent: Wednesday, January 11, 2012 10:01 AM
To: MN, HealthReform (COMM)
Subject: Federal health care reform

Let me suggest a simple statement of disagreement with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and also a suggestion that the State simply refuse to implement the law or allow it to be imposed on them by the Federal government

Jim Szyman

From: ALLEN BENDER <yellowgenius@msn.com>
Sent: Wednesday, January 11, 2012 9:58 AM
To: MN, HealthReform (COMM)
Subject: Unconstitutional imposition of the federal health reform law

Here is my simple statement of disagreement with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and also a suggestion that the State simply refuse to implement the law or allow it to be imposed on them by the Federal government.

Allen Bender
1142 243rd Lane NE
East Bethel, MN 55005

From: Paula Gruber <gruberpdg@aol.com>
Sent: Wednesday, January 11, 2012 9:53 AM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefit
Unconstitutional, need I say more. The government needs to get out of the insurance business and our personal business!!!

From: Rick Roach <rick@hoaia.com>
Sent: Wednesday, January 11, 2012 9:51 AM
To: MN, HealthReform (COMM)
Cc: 'Twila Brase'
Subject: essential health benefits
As a citizen, voter and business person in the State of Minnesota.
I disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision, and I believe the State of Minnesota should refuse to implement the law or allow it to be imposed on them by the Federal government.

Sincerely,
Rick Roach

From: Dorothy Dahlberg <dordah@msn.com>
Sent: Wednesday, January 11, 2012 9:39 AM
To: MN, HealthReform (COMM)
Subject: Essential Health Benefits
I hope the State REFUSES to implement this law or ALLOWS IT TO BE IMPOSED ON US by the FEDERAL GOVT.

Dorothy Dahlberg
New Brighton, MN 55112

From: Twila Brase <twila@cchfreedom.org>
Sent: Wednesday, January 11, 2012 9:09 AM
To: MN, HealthReform (COMM)
Subject: Essential health benefits - public comment
Citizens' Council for Health Freedom does not support the imposition of Obamacare on any health insurance or medical treatment decision made in the State of Minnesota. This requirement is in violation of the Tenth Amendment which leaves all powers except those specifically enumerated under the U.S. Constitution to the States and to individuals. Thus, CCHF is in opposition to the State of Minnesota

accepting and acquiescing to the Federal powers attempting to be imposed under PPACA. We urge the Department to refuse to comply.

Sincerely,
Twila Brase RN, PHN
President
Citizens' Council for Health Freedom
161 St. Anthony Ave, Ste. 923
Saint Paul, MN 55103
www.cchfreedom.org
651-646-8935

From: terry kopren <ktroger@yahoo.com>
Sent: Friday, January 13, 2012 12:25 PM
To: MN, HealthReform (COMM)
Cc: twila@cchfreedom.org
Subject: Essential Health Benefits

Attachments: Thoughts on Healthcare.docx; Health of All.pdf

As a resident of Minnesota, I disagree with the unconstitutional imposition of the federal health reform law through the "essential health benefits" provision. I suggest that the State either refuse to implement the law or not allow it to be imposed on them by the Federal government. In addition to its unconstitutional nature, the current health care reform addresses none of the basic set of criteria that should be considered fundamental in making changes to our health care system. As seen in the attached text and diagram, it would be realistically impossible to deal justly with the gaps in sets of values between administrators, providers and patients

Terry Kopren
144

Some Perspective

'We the people,' each and everyone of us matters in this country. Our founding documents reflect the value of life, liberty and the pursuit of happiness as basic elements of the major principles by which we live, under God.

Having trustworthy health care providers is critical to each individual in need of care. The care may be critical in the saving of a life, sustaining a life through major surgery, or essential medicinal care involving some fundamental monitoring and treatment of high blood pressure, blood thinning medication, diabetic insulin control, or perhaps medications affecting brain function...

Health care affects our lives, it can enable us to more fully live, and function enabling us to maintain our liberties, and help us maintain our physical, emotional or intellectual capacities enabling us to be productive and continue to pursue happiness. These founding principles enable us to help each other to be a part of a nation, a people helping maintain these rights as effectively as possible for the common good and welfare of the people of this nation. The maintaining of these rights have had a rippling affect throughout the world and history promoting the welfare of others who have subsequently thereby been and are being impacted.

The significance of the initial and long lasting Christian contribution and influence on our educational system in the field of healthcare, and our schools of journalism and law helped bring about a vital nation, under God, and our Constitutional form of republic government. The consequent outgrowth of these rights have enabled people to live with a great deal of liberty, with greater possibilities in how they pursue happiness. People from other nations come here pursuing these values.

Disabilities limit our lives, liberties and pursuits – our healthcare system historically gave us the abilities to sustain and grow the public welfare – under godly guidance for the common good.

Change

Change can be good or bad. Anyone who recognizes that God blesses us to be a blessing, is wise to bless, and not unwise. Change requires good leadership by people with competent character traits such as integrity, honesty, ethics... Professional competence involves integrity to assure that change is meant to improve a situation or condition. Health care reform should not in any way serve to reduce the efficacy of the health care system as do too many of the proposed reforms, according to many medical, societal and ethical experts who understand well.

Character

Character competence is necessary for assuring that health care goals are right, just and fair and that care does no harm – either at a high level, or any lower level of care, whatever the extent or depth of care that is required. Understanding what care is needed requires closeness to the patients that a central based system cannot provide, from a distance: physically, intellectually, emotionally, and personally.

.....

The health care reforms address none of the aforementioned set of basic criteria that should be considered fundamental in making changes to our health care system.

Some diagrammed factors (next page) are ignored at the potential peril of the reformers, providers and people under the care of perhaps medically untrained bureaucrats, ideologists and politicians.

