

## TALKING POINTS

### MARKETPLACES & ESSENTIAL HEALTH BENEFITS



All states must have a health insurance marketplace established by January 1, 2014. A marketplace is an electronic forum where a person can compare health insurance plans and purchase one.

As part of setting up and operating a marketplace, each state is required to choose one of several benchmark health insurance plans to determine which “essential health benefits” (EHBs) must be covered by its state Medicaid plans, alternative benefit plans, and small group and individual plans sold inside and outside of the marketplace. This link can provide information on what your state’s essential health benefit package looks like <http://www.cms.gov/ccio/resources/data-resources/ehb.html>. Also see HFA’s Essential Health Benefits issue brief for additional information.

Our community has a lot at stake. People with bleeding disorders will look to the marketplace for coverage and will also want to ensure that EHB packages include services that they require. State legislators and government officials should monitor the operation of their state’s marketplace and coverage options under their state’s essential health benefits package as implementation begins. Therefore, it is vital that we discuss these issues with them. Below are talking points that convincingly communicate our interests. The points assume a low level of knowledge about bleeding disorders and are based on the latest research in messaging.

- ✓ The marketplace should be **accountable**. Its governance should represent consumers, provide regular opportunities for public input, be transparent, and have strong conflict of interest provisions.
- ✓ The state should give the marketplace the authority and mechanisms necessary to **prevent abuses** by insurance companies. Such abuses include using procedures such as utilization management and prior authorization to limit a bleeding disorder patient’s access to medication and treatments.
- ✓ Recognizing that a particular medication or pharmacy might work for one person with hemophilia but not for another, we should continue to discuss with legislators and policy makers the importance of **choice** of medication, provider, and pharmacy.
- ✓ In order for the marketplace to effectively meet the needs of individuals with bleeding disorders, it is important that the qualified health plans it offers have robust provider networks that give patients full access to **specialists** at the appropriate site of care, whether a hospital, clinic, doctor’s office, hemophilia treatment center, or the home setting. Plans sold in the marketplace should have an adequate number of in-network providers in various specialties. Also, medication decisions should be between the patient and doctor, not limited by the exchange.
- ✓ The marketplace should promote quality care by instituting **standards of care** based on medical literature and treatment guidelines, such as those recommended by the Medical and Scientific Advisory Council (MASAC) of the National Hemophilia Foundation.
- ✓ States should ensure **continuity of care** between public programs, such as Medicaid, and the marketplace by ensuring that provider networks are broad under both. Low- and middle-income

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people with bleeding disorders often have fluctuations in income; for example, complications from the disorder can lead to lost wages. This may cause them to move between the marketplace and programs like Medicaid, and it is important for the individual to maintain continuity of care and continuity of provider.

- ✓ For people with bleeding disorders, treatment is lifesaving, but medication typically costs \$60,000 to \$300,000 per person annually. The marketplace will **achieve savings** in the long run by giving people with hemophilia access to affordable, comprehensive care. Such care prevents E.R. visits, costly complications like permanent crippling of joints, and time away from work.

**HFA is here to support your advocacy!** Contact us at [advocacy@hemophiliafed.org](mailto:advocacy@hemophiliafed.org)