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Kevin Counihan
Director and Marketplace Chief Executive Officer
Center for Consumer Information and Insurance Oversight
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: 2017 Benchmark Plan Comments

Dear Mr. Counihan:

I am writing today on behalf of the American Nurses Association (ANA) regarding the proposed Essential Health Benefit (EHB) benchmarks for 2017. As the only full-service professional organization representing the interests of the nation's 3.4 million registered nurses (RNs), ANA is privileged to speak on behalf of its state and constituent member associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members. ANA members also include the four advanced practice registered nurse (APRN) roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists.¹

ANA appreciates the opportunity to comment on EHB benchmark plans for 2017. These benchmark plans will help ensure that individuals receive critical health services through Marketplace health plans in the coming years. In your role as Marketplace Chief Executive Officer, you lead the federal Marketplace, manage relationships with state marketplaces and run the Center for Consumer Information and Insurance Oversight (CCIIO), which regulates health insurance at the federal level.

CCIIO's work to review the proposed state benchmark plans is crucial to ensuring that all selected EHB benchmark plans are in full compliance with CMS regulations and guidance documents and the requirements of the Affordable Care Act. Since the Department of Health and Human Services (HHS) finalized implementing regulations on EHB, HHS (with the Department of Labor (DOL) and the Treasury Department) has issued guidance on a number of important issues, including matters related to women's health and preventive services.

We are concerned that some of the potential 2017 benchmark plans, which date to the 2014 policy year, may not conform to the most recent guidance from the HHS, DOL and Treasury. ANA

¹The Consensus Model for APRN Regulation defines four APRN roles: certified nurse practitioner, clinical nurse specialist, certified nurse-midwife and certified registered nurse anesthetist. In addition to defining the four roles, the Consensus Model describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

therefore urges CCIIO to take the following steps with regard to the EHB benchmark plans for 2017:

- Conduct a comprehensive review of each proposed benchmark plan to analyze the benefits and limits, prescription drug information, and evidence of coverage and other underlying plan documents to identify gaps and areas where the plan does not comply with applicable regulations and guidance.
- Transmit this information to the states and ensure that state regulators know that qualified health plans (QHPs) are not permitted to mimic the benchmark plan in areas where gaps are identified.
- Make this information publicly available in order to facilitate consumer advocates' engagement in improving plan design.
- Conduct spot-checks of certified QHPs to ensure the plans don't mirror identified gaps in EHB benchmarks.

ANA appreciates the opportunity to share its views on this matter. If you have questions please contact Jane Clare Joyner, Senior Policy Advisor (janeclare.joyner@ana.org).

Sincerely,



Debbie D. Hatmaker, PhD, RN, FAAN
Executive Director

cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President
Marla Weston, PhD, RN, FAAN, ANA Chief Executive Officer