

United States Senate

WASHINGTON, DC 20510

March 19, 2024

The Honorable Xavier Becerra
Secretary
The U.S. Department of Health
and Human Services
200 Independence Avenue, SW
Washington, D. C. 20201

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Secretary Becerra and Administrator Brooks-LaSure:

We are writing to thank the Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS) for their ongoing efforts to make health coverage more comprehensive, affordable, and accessible for everyone. The recently proposed [Notice of Benefit and Payment Parameters \(NBPP\) for 2025](#) takes an important step forward in addressing coverage gaps in Essential Health Benefits (EHB). We applaud the greater flexibility this rule would grant states in crafting their own EHB coverage standards. However, even with these improvements, stronger federal standards are imperative to achieve the purpose of the EHBs: ensuring that health insurance works for people, regardless of where they live. Therefore, we strongly urge HHS to initiate rulemaking to update and revise the EHBs.

When Congress established the EHBs nearly 14 years ago, it directed the Secretary of HHS to define EHB coverage and instructed HHS to [regularly review and update the EHBs](#). However, HHS ultimately delegated many decisions about specific covered services to the states and insurance carriers. While the intent may have been to provide flexibility in addressing regional health needs, the lack of detailed federal guidelines and a regular process to review EHBs has resulted in patchwork coverage across states and left too many people without access to comprehensive health insurance coverage.

Comments submitted in response to the December 2022 CMS [Request for Information on Essential Health Benefits](#) highlighted that coverage varies greatly by state. Unfortunately, many states are allowing for inadequate coverage across EHB categories. For example, the current EHB framework does not clearly define pediatric services beyond preventive services and oral and vision care. As a result, there have been notable exclusions for children, particularly those with [special needs and disabilities](#). Similarly, while the EHBs require coverage of mental health and Substance Use Disorder (SUD) services, the standards are so broad that access to life-saving SUD treatment services and medications, like buprenorphine, methadone, and naltrexone, [varies widely](#) based on where a patient lives and what plan they choose. Furthermore, the lack of clarity around EHB coverage for [maternal care](#) has resulted in limits on prenatal and delivery services coverage and inconsistent coverage of evidence-based pre- and post-partum services and

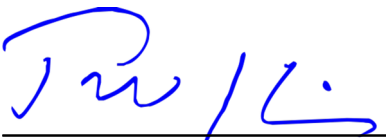
supports. This patchworked approach contributes to the medical debt crisis our country is facing; millions of insured individuals have medical bills for services not covered by their insurance and simply cannot afford to pay them.

Fortunately, HHS has the authority to address these oversights and provide relief to millions of people. Sections [1302\(b\)\(4\)\(G\)](#) and [1302\(b\)\(4\)\(H\)](#) of the Affordable Care Act specifically direct the Secretary of HHS to periodically review and update the EHB. Under this authority, the Secretary must consider barriers people are facing in accessing the services they need, changes in medical or scientific advancement, and gaps in EHB coverage. Given the Secretary's clear regulatory authority and the persistent gaps in coverage identified above, HHS should take immediate action to:

- Institute a minimum standard of coverage that applies to every EHB category, with sufficient detail to ensure a nationwide floor for coverage by most health plans;
- Establish a permanent structure for regularly reviewing and updating EHBs that is transparent, equitable, and prioritizes meaningful opportunities for stakeholder engagement; and
- Expand the scope of services within the current EHB categories, where appropriate, through the review process.

Too many individuals forego medically necessary care because they cannot afford treatment or risk going into medical debt. HHS has the power to mitigate this burden through updating the EHBs. We urge you to initiate a new rule and help ensure that over 40 million people will have comprehensive health insurance coverage for the services they need.

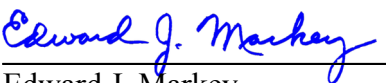
Sincerely,



Tim Kaine
United States Senator



Tammy Baldwin
United States Senator



Edward J. Markey
United States Senator



Tina Smith
United States Senator

Ben Ray Lujan

Ben Ray Lujan

United States Senator