From: Aguilar, Efren [Medical Student]
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Monday, July 8, 2024 8:39:07 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Efren Aguilar, MD Candidate
UCLA David Geffen School of Medicine
Charles R. Drew University of Medicine and Science
PRIME-LA
Cell: (323) 345-3623
efrenaguilar@mednet.ucla.edu

From: Alexia Hernandez
To: DMHC Public Comments
Subject: Support Hearing Aids for CA Kids
Date: Wednesday, July 10, 2024 4:03:59 PM

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurange. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Alexia Hernandez, Santa Ana

From: Bernie Anderson
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Thursday, July 11, 2024 9:27:37 AM

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurange. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

We discovered our youngest son needed hearing aids at the age of 4 years old. It has changed our lives forever. We are fortunate to have two working parents and health insurance. Other families in the state are not as lucky but, their children are just as loved and important to world.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Bernard Anderson
Livermore, CA

From: Jennie Dean
To: DMHC Public Comments
Cc: tcm@childrennow.org
Subject: Support Hearing Aids for CA's Kids
Date: Wednesday, July 10, 2024 1:09:11 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

As a mother of a six-year-old son who is single-sided deaf with a cochlear implant, and as a member of the Board of Directors of the Hearing Loss Association of America (HLAA), I have witnessed firsthand the significant challenges and shortcomings in our state's support systems for children with hearing impairments.

Our family relocated to California with the hope of providing our children with the best possible upbringing. However, upon discovering our son's deafness, we have faced numerous obstacles that have severely affected his development and well-being. The lack of Cytomegalovirus (CMV) testing during his newborn hearing screening, despite his initial failed screening, led to five years of intensive medical appointments before his hearing loss was accurately diagnosed. This delay in diagnosis and intervention caused considerable behavioral and emotional damage, as our son endured five years without the necessary hearing aid support.

Moreover, the inadequacies extend beyond the healthcare system into the educational sphere. The school system's failure to provide appropriate accommodations for children with hearing loss is deeply troubling. We had to pursue legal action against our son's school to secure a 504 plan, despite his legal deafness. This situation is not unique to our family; many children across California are suffering due to similar systemic failures.

By implementing these measures, we can significantly improve the lives of children with hearing loss and prevent the unnecessary suffering that many families, including ours, have endured.

Thank you for your attention to this urgent matter. I look forward to your support in creating a more inclusive and supportive environment for all children with hearing impairments in California.

Sincerely,

Jennie Antonakis

From: Amy Westling
To: DMHC Public Comments
Subject: Hearing Aids for California Children
Date: Wednesday, July 10, 2024 10:28:13 AM
Attachments: image001.png

To the Leaders of the Department of Managed Health Care,

California's regional centers are an interdependent network of 21 community-based organizations. For over 400,000 Californians with developmental disabilities, including many children with hearing loss, community life is made possible by their regional center. They are guided by locally-based independent boards of directors that are responsible for oversight and guidance of how their center brings the promise of the Lanterman Act to life. Centers collaboratively work on shared opportunities, challenges, and needs through the Association of Regional Center Agencies (ARCA). ARCA appreciates the opportunity to comment on critical decisions regarding the state's health insurance benefit package.

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Amy Westling
Executive Director
Association of Regional Center Agencies
916-446-7961 (office)
916-877-4148 (direct)
@ARCAcalifornia

From: Attygoode
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Monday, July 8, 2024 1:02:01 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Barbara Goode, San Francisco

Sent from my iPhone

From: CYDNI BAKER ODELUGO
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Monday, July 8, 2024 10:36:00 PM

To the Leaders of the Department of Managed Health Care,

As a future pediatrician and advocate for equity, I was astounded to learn that this state does not cover the expense of hearing aids for hard of hearing and Deaf children.

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Cydni Baker, Los Angeles

From: jenifer bowers
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 9:10:48 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

As an individual with hearing loss/hearing aid user and as an Early Childhood Education Specialist, I am shocked that California still does not cover hearing aids for ALL children! The research is clear, the earlier a child receives hearing aids the better developmental outcomes overall the child will experience.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Jenifer Bowers
San Diego, CA 92130

From: boyerpa@pacbell.net
To: DMHC Public Comments
Subject: Support Hearing Aids for CA"s Kids
Date: Monday, July 8, 2024 11:27:58 AM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

[Share a personal story here if you have one]

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Boyer P. August, Ed. D.

Hayward CA

From: Teri Breier
To: DMHC Public Comments
Cc: tcm@childrennow.org; admin@hearinglossca.org
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 8:10:49 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

As a Los Angeles native, I was diagnosed with mild hearing loss in grade school, but did not receive any treatment for that until I was in my second year of college, after it had worsened. Had I been provided with hearing aids when I was a child, that may have made a tremendous difference for me in school and in my social development.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Teri Breier
Oceanside, CA

From: Rebecca Brengle
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Wednesday, July 10, 2024 1:21:17 PM

To the Leaders of the Department of Managed Health Care,

My name is Rebecca Brengle and I am a mom to 3 children. Our middle daughter, Audrey, is a stage 4 neuroblastoma survivor. Part of cancer treatment for stage 4 neuroblastoma is chemotherapy that causes hearing loss. Our cancer survivor, while born with normal hearing, now needs hearing aids in both ears to be able to hear at the normal level.

She has worn hearing aids since 3 years old and is now a vibrant, sweet, kind and friendly 7 year old child. She has endured more than most her own age, and even adults. Audrey should have hearing aids covered as part of her health coverage. Audrey has had so much medical treatment and even now as a cancer survivor, she has 9 specialists who follow her medically. One specialist is an audiologist, a second is an ENT. Both help to make sure she can hear and participate in school and dance and everyday life. Hearing is an essential benefit and should be covered alongside well checks.

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurange. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

Please think of children like Audrey, and children born with hearing loss.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Rebecca Brengle, City of Poway
858-888-5438

From: Tim Browning
To: DMHC Public Comments
Subject: We must support hearing aid coverage for children in California
Date: Wednesday, July 10, 2024 3:15:17 AM

To the Leaders and Advisors of the Department of Managed Health Care,

Children deserve comprehensive health coverage to support their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids must have access to hearing care and hearing aids to be included as a health insurance benefit.

For myself, I didn't get hearing aids until I was four years old. This resulted in extra time and taxpayer dollars to send me to a special school to "catch up". I didn't learn the critical thinking and learning I needed during my early developmental years. I spent the rest of my schooling through high school taking speech therapy classes and needing extra time from teachers and administrators.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state’s benchmark.

Sincerely,

Tim Browning
Burbank, California

From: Zoe Burton
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Wednesday, July 10, 2024 3:22:53 PM

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurange. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

Our son was born five years ago with a difference with his ears that requires him to wear two hearing aids. We cannot afford his hearing aids out of pocket. This isn't an elective thing, this is necessary for him to have access to society at large. With his hearing aids, he can fully participate in hearing society, and without them he only has access to a much smaller (though incredible) Deaf community through ASL. I hope you are able to see that by supporting any and all children who need hearing aids, we are all enriched by the incredible contributions these beautiful children will bring to our state by being supported with the access to language that they unquestionably deserve.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Thank you for your time and consideration,

Zoe Burton,

Emeryville CA

From: Aaron Bustamante
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Wednesday, July 10, 2024 3:27:15 PM

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurance. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

My son has bilareral Microtia and Atrasia. This means that he cannot hear without the use of aids. This means that he can't access a Free and Public Education without aids. Please help him, and others gain access, by supporting Hearing Aids as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Aaron Bustamante

From: Teri Butcher
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Thursday, July 11, 2024 4:17:15 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely, Teri Butcher

Sent from my iPad

From: katrice cain
To: DMHC Public Comments
Subject: Hearing aid insurance for children in CA
Date: Wednesday, July 10, 2024 1:19:28 PM

SUBJECT: Support Hearing Aids for CA's Kids

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurange. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

[Share a personal story here if you have one]

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Katrice Cain

8008 Prairie field drive

Sacramento CA 95829

Sent from my iPhone

From: Julie Chalmers
To: DMHC Public Comments
Subject: Support Hearing Aids for CA"s Children
Date: Wednesday, July 10, 2024 8:27:50 AM

To the Leaders of the Department of Managed Health Care, Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit. I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our states benchmark. Sincerely

Julie Chalmers Mission Viejo

From: CJ Hughes
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 6:12:04 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely%2

Carol Hughes
201 Grand Avenue
Carlsbad, CA 92008

From: Jane Combs
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 8:52:35 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

[I have age related hearing loss and this resulted in my having Tinnitus on top of that which can be debilitating. I don't want to see young people struggling to hear, or being a victim of Tinnitus. California should have this mandatory insurance for children.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Jane Combs
Long Beach, Ca[

From: Edward Condon
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Monday, July 8, 2024 10:19:15 AM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

My son was first a foster child, and his hearing loss was overlooked. Once we were able to adopt him, screen for the hearing loss and thankfully, we had the resources to buy the hearing aids. His academic and social and emotional skills soared.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Edward Condon

916-690-4485

From: ReadingLips at msn.com
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Wednesday, July 10, 2024 11:04:30 PM
Attachments: Outlook-5gcx3ltd.png

Dear Sirs and Madams at the Department of Managed Health Care:

I was born Deaf in 1952. Back in those days, hearing aids were just becoming available and were rare for school children. Fortunately, my parents were able to afford them. Because I had hearing aids, I was able to graduate from college and have a full-time job in the hearing world.

But not everyone is so fortunate – especially when health care is so expensive. Children need health coverage, especially in their early years when social interaction with their peers is so critical to their development.

More than 20,000 children in California need hearing aids, but their health insurance does not cover them. I want today's young people to have the same advantages I had. That way, we become tax-paying citizens – which is a win-win for us all.

I urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark. Thank you.

Yours very truly,

Michael Conley
San Diego, CA

_____

www.readinglips.com

From: Connie Gee
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 5:40:28 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Connie Gee
Albany, CA

Sent from my iPad

From: Ann Cony
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 7:38:24 PM

To the Leaders of the Department of Managed Health Care,

No heairng-impaired baby, toddler or child in California should be deprived of hearing aids. Both of my children were born with hearing loss. Thankfully, we could afford hearing aids. But most families cannot. Our oldest child was not diagnosed until he was 25 months old, at which point he had a 25-month language delay. Our younger child was diagnosed as an infant, started wearing hearing aids at 4 months, and had no language delay.

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Ann Cony
Sacramento, CA 95831

From: Steve Eckert
To: DMHC Public Comments
Subject: Support Hearing Aids for CA"s Kids
Date: Monday, July 8, 2024 4:57:03 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

[Share a personal story here if you have one]

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Steve Eckert, MSW

CEO Alum Rock Counseling Center

From: Benjamin Emmert-Aronson
To: DMHC Public Comments
Subject: Support Hearing Aids for CA"s Kids
Date: Monday, July 8, 2024 10:56:19 AM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Thanks,

Ben Emmert-Aronson, El Cerrito, CA

Benjamin Emmert-Aronson, Ph.D. (he/him)
Co-Founder, Director of Operations
OpenSourceWellness.org
Check out our TEDx Talk: "Community As Medicine"

From: sylvia fandel
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Wednesday, July 10, 2024 6:58:12 AM

To the Leaders of the Department of Managed Health Care, Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit. [Share a personal story here if you have one] I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark. Sincerely, Sylvia Fandel, Daly City

From: William Fertman
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 9:10:37 AM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

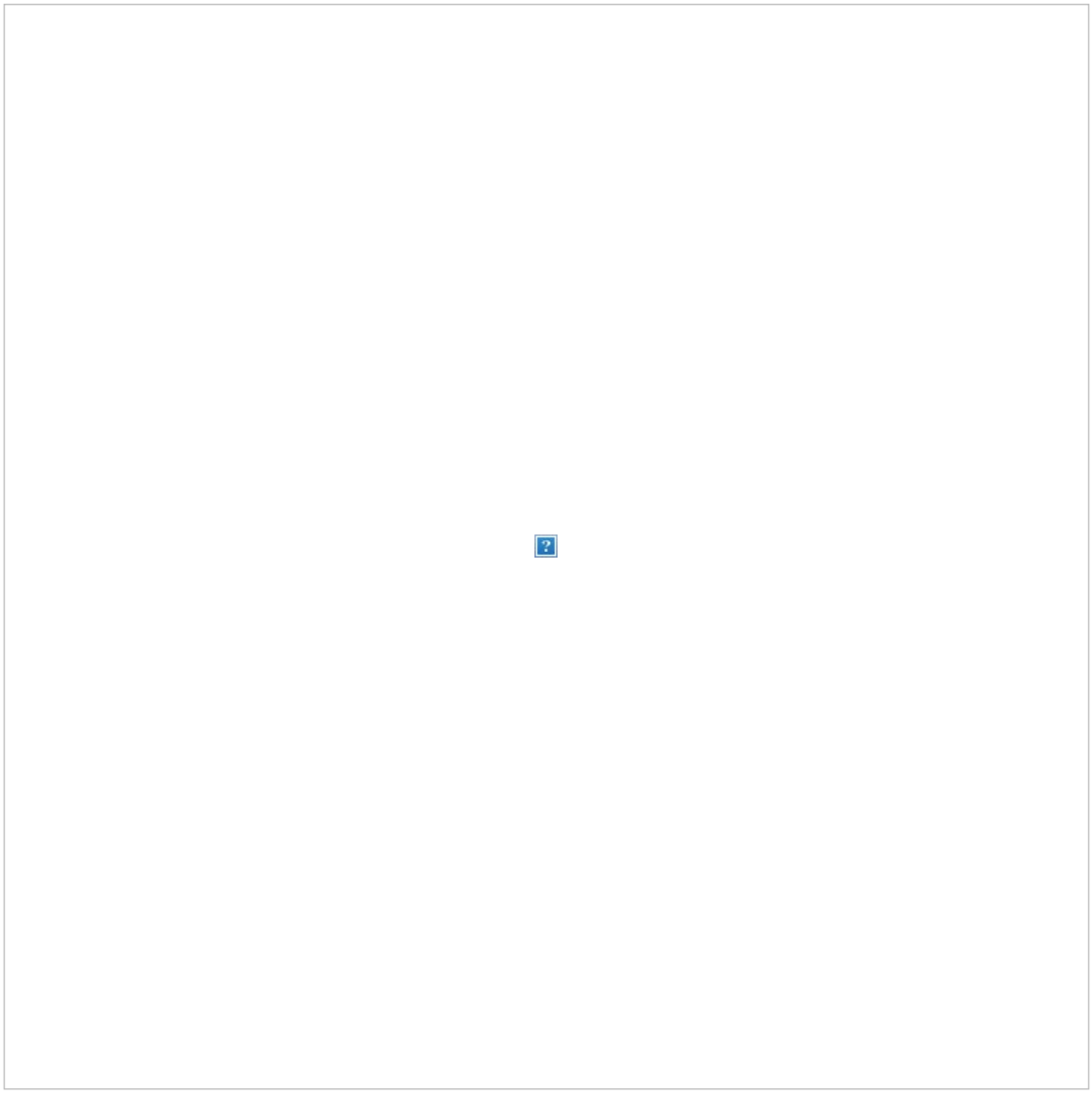
My child is Deaf, and it is bizarre that the state will spend tens of thousands of dollars for his specialized education and therapy but not insist that insurers do their small part to assist him and his peers. As lawmakers, I am asking you to protect the well being of our children with this simple update. Hearing aids are critical to many Deaf kid's education and success and are a major expense for many families.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Will Fertman
Berkeley CA
wfertman@mac.com

From: Laura Galland
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Wednesday, July 10, 2024 7:19:59 PM



To the Leaders of the Department of Managed Health Care,
California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurance. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I have firsthand experience both personally and professionally, as I deliver services to families with youth with hearing loss and am the grandmother of a child with hearing loss. As a behavior counselor and grandparent, I have seen the negative effects of a child not having proper hearing aids, as lack of communication leads to behavior issues, lack of confidence and frustration for the entire family, not to mention the exclusion a child with hearing gloss experiences, which can have devastating effects on their mental health and wellbeing.
It is imperative that children can hear at a very young age, as most language skills are acquired early. The kids need these aides to hear family, friends, and be safe, such as cars down the street where they live. They deserve to be a part of the conversation at their dinner table, or classroom, or hear the bedtime stories read to them.
I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.
Sincerely,
Laura Galland, Behavior Counselor, San Diego, Ca.

Laura Galland, Behavior Counselor • *she/her/hers*
Specialized Wraparound
3845 Spring Drive, Suite 18, Spring Valley, CA 91977
DIRECT (619) 792-9175 • Fax (619) 797-1091

From: Art Gardner
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 7:06:01 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

[Share a personal story here if you have one]

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Art Gardner
Danville, CA
[Your Name and City of Residence]

Please excuse spelling errors - Sent via mobile

From: Anne Geraghty
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 8:00:56 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I lost hearing In one ear in my 40s. But I had perfect Hearing before then and so I had the opportunity to have good schooling. I really feel for children who don't have the hearing they need to be in school. School is so important to their lives now in their future lives.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Anne Geraghty
330 G Street
West Sacramento CA 85605

From: Anna Ghukasyan
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 10:29:06 AM
Attachments: image002.png

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Anna Ghukasyan, MPH
Policy Research Associate
LA Best Babies Network
320 W 15th Street, Ste #311
Los Angeles, CA 90015
Email: aghukasyan@labestbabies.org

LA BEST BABIES NETWORK
Healthy Babies. Our Future.

Dignity Health.
California Hospital
Medical Center

From: Gmail
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 6:29:59 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

[Share a personal story here if you have one]

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely Ann Farrelly Los Osos CA

[and City of Residence]

Sent from my iPhone

From: Jacqueline Gritsch
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 8:35:33 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs.

Over 20,000 children in California need hearing aids, yet their health insurance does not cover them.

This coverage gap has created a developmental emergency.

Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I was born with a hearing loss, and it got worse as I got older. Insurance hasn't covered anything, and I feel that I have suffered because of it.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Jacqueline Gritsch

Los Angeles, California

Support Hearing Aids for CA's Kids AND adults!

From: Ham, Haerim
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Thursday, July 11, 2024 9:04:08 AM

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurance. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Haerim Ham
Alameda, CA

From: Julie Hayes-Nadler
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 5:46:30 PM

To the Leaders of the Department of Managed Health Care, Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit. [Share a personal story here if you have one] I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark. Sincerely%2 C [Your Name and City of Residence]

Julie Hayes-Nadler, RDN, IFNCP
Santa Barbara, CA
805-448-8461
www.jhnnutrition.com

From: heather
To: DMHC Public Comments
Subject: Support Hearing Aids for CA2 Kids
Date: Wednesday, July 10, 2024 1:44:15 AM

To the Leaders of the Department of Managed Health Care, Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing
aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency.
Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit. [Share a
personal story here if you have
one] I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids
by modernizing our state's benchmark. Sincerely[Your Name and City of Residence]

From: Katherine Isbell
To: DMHC Public Comments
Subject: SUPPORT HEARING AIDS FOR CA"s KIDS
Date: Tuesday, July 9, 2024 12:57:06 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all of their developmental needs. Over 20,000 children in California need hearing aids, et their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I am a pediatric audiologist in Sacramento and work with hundreds of children each year who need hearing aid in order to meet speech, language, and educational outcomes and to have classroom access that is equitable. Many families must make the decision between purchasing hearing aids and paying for basic necessities like housing and food so many children go without amplification.

I strongly urge California law makers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our states benchmark.

Katherine L. Isbell, Au.D. CCC-A F-AAA
Doctor of Audiology
CCHAT Center

CCHAT Center
11100 Coloma Road
Rancho Cordova, CA 95670

P 916-361-7290 x114
F 916-361-8613

katherinei@cchatsacramento.org
www.cchatsacramento.org

From: Zina Jawadi
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Thursday, July 11, 2024 1:48:16 AM

To the Leaders of the Department of Managed Health Care,

My name is Zina Jawadi (she/her), and I am a California constituent with hearing loss. I earned my bachelor's and master's degrees from Stanford University, am graduating from medical school at UCLA this summer, and am an incoming business student at Stanford. I also serve on the Board of Directors of the Hearing Loss Association of America (HLAA), the nation's largest nonprofit organization serving the 48 million Americans with hearing loss. I was diagnosed with hearing loss when I was 3.5 years old and have been wearing hearing aids ever since. **I would not be where I am today without hearing aids.**

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our children cannot wait any longer for essential hearing aids to be included as a health insurance benefit.

Having grown up with hearing loss, having cared for numerous patients with hearing loss, and having befriended hundreds of people with hearing loss through HLAA, I have personally witnessed the direct inequities and barriers people with hearing loss face. Hearing loss affects education, employment, mental health, and social engagement. Access to assistive technology is paramount for all individuals with hearing loss, especially children with hearing loss, and extensive research demonstrates the long-term benefits of hearing aids. Hearing aid insurance coverage, especially for children, is also an important approach to ameliorate the tremendous inequities people with hearing loss face. **Families should not have to choose between food and hearing aids for their children.**

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Thank you very much for your time and consideration.

Sincerely,

Zina Jawadi, Los Altos Hills

From: Jaynie K
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Monday, July 8, 2024 5:32:27 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I was fitted with hearing aids when I was one year old. They made a HUGE difference in my learning, acquiring language, communicating, etc. I consider hearing aids essential for children's development.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Jaynie Kind
Los Altos Hills

From: Jimenez-Tapia, Denise (Medical Student)
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Monday, July 8, 2024 8:21:02 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency that leads to long lasting negative impacts and is disproportionately affecting vulnerable low-income communities. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

With Gratitude,

Denise Jimenez
Pronouns: she/her/ella
MD Candidate | Class of 2026

David Geffen School of Medicine at UCLA

From: becky kaplan
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Monday, July 8, 2024 5:11:45 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

[Share a personal story here if you have one]

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
[Your Name and City of Residence]

Sent from my iPhone

From: Julie Kaufman
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 6:13:22 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I was lucky that my hearing loss didn't start until I was just out of college. I cannot imagine going to school and not being able to hear - therefore not being able to learn. It would be a tremendous waste for a child with hearing loss not to have hearing aids - a personal waste to the child and a loss to society as well.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Julie A. Kaufman
Atherton, CA 94027

From: Kearns, Joy A
To: DMHC Public Comments
Subject: Support Hearing Aids for Children in California
Date: Wednesday, July 10, 2024 1:34:44 PM
Attachments: image001.png

To the Leaders of the Department of Managed Health Care:

California children deserve comprehensive health coverage to meet **all** their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurance. These kids can't wait any longer for essential hearing aids to be included as a health insurance benefit!

At UCSF Benioff Children's Hospital Oakland we serve thousands of children who are deaf/hard of hearing. Many of these children have public insurance (CCS), so thankfully their hearing aids are paid for by the state. But for those who do not have CCS, the families struggle to figure out how to pay for expensive hearing devices, and/or, how to navigate the complicated Hearing Aid Coverage for Children Program (HACCP).

Children who are diagnosed with hearing loss are at risk for speech/language delay because they are already delayed when they are born, seeing as listening skills start to develop at 20 weeks gestation! We need to get kids the amplification that they require ASAP. The right technology can help them "catch up". By age 4-5 years, children are getting better at conversations. They can use longer sentences and take turns speaking. Preschoolers can say what they're thinking, tell stories and describe emotions.

Hearing aids provide improved auditory access to children who are deaf/hard of hearing so that they can develop communication and social skills, and reduce delays in speech and language development. Hearing aids help make it possible for children who are DHH to communicate with their families and friends, participate in classroom learning, and express themselves like their peers.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Joy Murdock Kearns, MS, CCC-SLP, LSLS Cert AVEd.
Speech-Language Pathologist & Auditory Verbal Educator
Audiology Program Clinical Liaison
UCSF Benioff Children's Hospital Oakland
Phone: (510) 603-6330
"Together, we inspire hope and promote healing with humanity and respect...ALWAYS!"


UCSF Benioff Children's Hospitals

From: Joanne Keenan
To: DMHC Public Comments
Cc: Joanne Keenan
Subject: Support Hearing Aids for CA's Kids
Date: Wednesday, July 10, 2024 8:43:31 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Joanne Keenan

Novato, CA

From: Mary Jean Koontz
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Wednesday, July 10, 2024 3:23:41 PM

To the Leaders of the Department of Managed Health Care, Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit. [Share a personal story here if you have one] I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark. Sincerely%2 C [Your Name and City of Residence]

From: John Kriewall
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Monday, July 8, 2024 10:33:44 AM

To the Leaders of the Department of Managed Health Care,

I thought it was an established medical fact that providing hearing aids when needed for children early in their lives is essential to their development. Health insurance should cover hearing aids.

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

[Share a personal story here if you have one]

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely%2
C
[Your Name and City of Residence]

From: Mel Kronick
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 10:22:27 AM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit. I grew up with a deaf aunt

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Mel Kronick
1156 Forest Ave
Palo Alto, CA 94301

From: Linda Lambert
To: DMHC Public Comments
Cc: Linda Lambert
Subject: Support Hearing Aids for CA's Kids
Date: Monday, July 8, 2024 10:16:19 AM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Linda Lambert
Milpitas, CA 95035

From: Mackenzie Levine
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Wednesday, July 10, 2024 12:44:12 PM

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurange. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

My sister was born deaf and hard of hearing. She uses a hearing aid and cochlear implant to hear. These services and devices should not be based on access to healthcare and insurance. All children who need hearing aids deserve access to hearing aids immediately.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Mackenzie Levine

San Diego

Mackenzie Levine (she/her/hers)
Mackenzieh19@gmail.com
(858) 668-8691

From: Linda G
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 5:59:33 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I lost part of my hearing in my early 40s for an unknown reason and I struggled every day to catch up and understand people around me. I now have hearing aids covered by my health insurance from work and it does help. I can't image what a loss would that be for a developing child to be denied of this basic quality of life.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Linda Gee
Alameda CA

From: laura love
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Monday, July 8, 2024 4:05:45 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

Our 8 year old son, Matthew, is able to access his education because he has hearing aids that assist him. He was born with this medical condition. He needs hearing aids in order to be able to communicate and learn.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Laura Love, Sacramento CA

Sent from my iPhone

From: ali.mantel@gmail.com
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Monday, July 8, 2024 3:18:32 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

My daughter is 10 months old now and was diagnosed with mild hearing loss at 3 months. We have no family history of hearing loss so it definitely came as a shock to us. Due to her loss being within the speech banana, she was fitted for hearing aids and started wearing them between 4-5 months. Our private insurance does not cover hearing aids or the molds for the aids. We were fortunate with it being the new year we were able to utilize the money set aside in our FSA to purchase her hearing aids, but now if another big cost arises we no longer have those funds available to us. However, not every family has the money set aside to afford the $2k+ that hearing aids can cost. Hearing is an important part of learning, growing, and developing for young children and not giving them access to the spoke language can have such detrimental effects for brain development. Again, we are very fortunate, but it breaks my heart that some kids are not given the opportunity to make speech and language a part of their development because insurance that most people pay for deems it unnecessary for them to provide coverage.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Alison Mantel, Manteca, CA

Sent from my iPhone

From: Matthew Roman
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Monday, July 8, 2024 12:30:07 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Matt Roman, Sonoma

From: Olivia McHaney
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Monday, July 8, 2024 11:52:18 AM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

Do you think it's fair that children should have to suffer because lawmakers have failed to make insurance companies meet their needs? Our world is inaccessible enough for hearing impaired adults --- even more so for children. Children from low-income families should not have to suffer exponentially because insurance fails to cover them.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Olivia McHaney
Campaign Organizer: Evolve California

From: Maureen Mehler
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 6:49:47 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

[Share a personal story here if you have one]

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely2 C

Maureen Mehler
Laguna Woods CA 92637

From: Mel
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Monday, July 8, 2024 4:05:35 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I myself wear hearing aids and needed them when I was in kindergarten. It is a part of who I am at this point. My daughter also has hearing loss and the impact of early intervention and getting access to sound as soon as possible is crucial. Children need all the assistance to get on the same level as their hearing peers. To think there are children missing out on day to day life due to not having hearing aids is unforgivable.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Madeleine
Sacramento

From: Jean Milstead
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 7:00:46 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

[Share a personal story here if you have one]

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely%2

Jean Milstead, San Anselmo

Sent from my iPhone
Jean

From: Moniot, Silvia
To: DMHC Public Comments
Subject: SUBJECT: Support Hearing Aids for CA's Kids
Date: Wednesday, July 10, 2024 12:04:35 PM

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurange. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

[Share a personal story here if you have one]

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Silvia Moniot, Monrovia 91016

From: Mercedes Montalvo
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Thursday, July 11, 2024 9:12:59 AM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

This is an issue that is near and dear to my husband and I as citizens of Los Angeles who serve as physicians for underserved populations, taking care of children and adults that don't get timely access to hearing aids, and as parents to our son Mateo who has moderate-severe hearing loss. We are shocked that California, who is usually a leader on many issues, does not require health insurance plans to pay for coverage. Also the FDA final rule announced 10/2022 only applies to adults with mild-to-moderate hearing loss for Over The Counter hearing aids.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Mercedes Montalvo, Los Angeles
Sent from Mail for Windows

From: Morris, Amanda
To: DMHC Public Comments
Subject: Hearing aid coverage
Date: Wednesday, July 10, 2024 2:57:35 PM

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurance. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

As a Teacher of the Deaf/Hard of Hearing I see children birth to age three who are in their critical language development years. When a child has ANY level of hearing loss, if not properly amplified do to hearing aid costs, they will not have full access to spoken language and will therefore not be able to develop spoken language adequately, which leads to devastatingly low literacy rates. This is an unnecessary and completely avoidable drain on our Special Education system.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.
Sincerely,

Amanda Stewart Morris M.Ed
Teacher of the Deaf/Hard of Hearing
PCOE Infant Development Program SELPA
360 Nevada Street, Auburn CA 95603
916-277-8796 office
916-626-0409 cell

From: Denise Nascone
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Wednesday, July 10, 2024 12:45:18 PM

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurange. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

My child failed the newborn hearing screening in the hospital. Cochlear Implants are recognized by medical insurance but my child should not require an invasive surgery to have equal access with hearing aids.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Denise Nascone
San Jose, CA

From: Lori Newport
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 6:06:54 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

As an audiologist, I can attest firsthand how difficult a diagnosis of hearing loss is for parents. Having to pay up to $10K for hearing aids and accessories is a burden that can stall the purchase of hearing aids and the development of speech and language. Research shows when children obtain hearing aids by 6 months of age they can develop near-normal rates of language development.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Dr. Lori Newport, Yorba Linda, CA

--
Lori J. Newport Au.D.
Associate Professor
Communication Sciences and Disorders
(562) 944-0351 x5457
Students: Make an appt with me: Here

From: Linda Nguyen
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Wednesday, July 10, 2024 12:11:16 PM

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurance. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

My daughter was born profoundly deaf. While waiting to have surgery for cochlear implants, we were fortunate to receive loaner hearing aids. All California children should have the same opportunity and right. The first three years of life are critical to language development, and being able to hear is essential. Supporting this development in California children sets them up for lifelong success and becoming productive, taxpaying members of society.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Linda Nguyen
Sunnyvale, CA

From: Yvette Ollada Lavery
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Monday, July 8, 2024 11:08:39 AM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Yvette Lavery, Tustin

Sent from Gmail Mobile

From: Sara Oser
To: DMHC Public Comments
Subject: Support Hearing Aids for Children in CA
Date: Tuesday, July 9, 2024 8:26:34 AM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

As a person with hearing loss, HLAA chapter leader, HLAA national award winner for community service, and advocate for all people with hearing loss, I urge you to help children with hearing loss, the sooner the better. Our brains experience the most growth in our childhood, so waiting to treat hearing loss is not a good idea. Give kids the chance to learn, speak, and thrive in the hearing world. If you want evidence of this, please contact Michelle Hu, Au.D.(Association of America 2024 Convention in Phoenix, Arizona. She grew up with hearing loss and is now an Audiologist; therefore, she has both a professional and personal perspective on the urgency to treat hearing loss in children.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Sara Oser

113 Santa Maria

Drive Novato, CA.

94947 415-710-7281

Sara Oser
President@hearinglossnorthbay.org
hearinglossnorthbay.org
415-710-7281(phone/text)
Facebook

From: Anne Pearson
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 7:24:43 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

[Share a personal story here if you have one]

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Anne Pearson

Sent from my iPhone
Anne Pearson

From: Deanne Pedroni
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Wednesday, July 10, 2024 1:37:47 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. In addition to basic health care, we must cover disabilities that will hamper their education. This includes hearing and vision care. In order for children to thrive during their school years, they need to hear and see the teacher and their peers. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I was lucky, if you can call it that, I didn't lose my hearing until later in life. Even so, I know the struggles to communicate with others, to be part of the interaction. Hearing loss in children will severely hamper their education - not hearing the instructor and not hearing what's shared among the group will lead to emotional stress along with limiting where these children will fit in society.

We MUST provide good hearing aids, not just hearing amplifiers, to those in need.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Deanne Pedroni
Concord, California

From: Marlena Peoples
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 6:07:57 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I experienced sudden sensorineural hearing loss in my right ear literally overnight at age 13. I began then to wear a hearing aid (also I had deafness of my left ear since birth that was not aidable). The hearing aid was an additional medical expense that my parents could barely afford but it made a wonderful difference for me in keeping me mainstreamed in school.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Marlena Peoples
1223 E. Jacaranda Avenue
Orange, CA 92867

From: Ken Peters
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Monday, July 8, 2024 4:05:55 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

[Share a personal story here if you have one]

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Kenneth Peters MD. Los Altos Hills

Sent from my iPhone

From: Corrie Plant
To: DMHC Public Comments
Subject: Hearing Aids as Health Insurance Benefit
Date: Wednesday, July 10, 2024 12:03:08 PM

Kids in California do not have access to hearing aids as a health insurance benefit and this issue cannot wait any longer. There is absolutely no reason for kids to experience avoidable developmental delays, which only cost the state more in the long run.

Sincerely,

Corrie Plant, Aliso Viejo

From: Margie Pomerantz
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Wednesday, July 10, 2024 8:32:37 AM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Margie Pomerantz, Los Gatos, CA

Margie Pomerantz
408-858-6784

From: Kenneth Post
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 6:05:13 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

These kids desperately need hearing aids to keep up in school.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely

Kenneth S. Post
Laguna Woods CA

From: Sonia Q
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 7:19:39 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Sonia Quintana
Castro Valley, CA

Sent from my iPad

From: Reed, Breanna
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Thursday, July 11, 2024 7:43:18 AM

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurance. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Breanna Reed
San Ramon, CA

Breanna Reed, AuD, CCC-A
Pediatric Audiologist
Audiology

UCSF Benioff Children's Hospital Oakland
747 52nd Street | Oakland, CA 94609
tel: 510-428-3344 | fax: 510-450-5631
Out of office every Monday
Walnut Creek clinic Tues/Thurs, Oakland clinic Wed/Fri
Breanna.Reed@ucsf.edu
www.childrenshospitaloakland.org
Facebook:ChildrensHospitalOakland
Twitter:UCSFBenioffOAK

From: Zack Roman
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Wednesday, July 10, 2024 12:58:36 PM

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurance.

Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I had to pay out of pocket for my daughter's hearing aids at three times already which is equivalent to $13,000 because my health insurance plan doesn't cover the cost of the hearing aids.

Thankfully, I had an HSA account that covered some of the costs, but I think this is totally unfair and discriminatory to those children who are hearing impaired and require hearing aids in order to hear and communicate.

What about those families who don't have the financial means to pay for hearing aids or have an HSA account? I feel bad for them knowing that their child(ren) will be impacted by the delay in obtaining a communication device that would readily assist them.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Zachery Roman

Covina, California

From: dbethrose@comcast.net
To: DMHC Public Comments
Subject: Support Hearing Aids for CA"s Kids
Date: Wednesday, July 10, 2024 4:09:24 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I once worked in public health for about 10 years and understand how families struggle with the cost of health care. Schools used to have public health sponsored school nurses who would do vision testing at least and now many schools do not even do that! A few years ago, I discovered that I had a hearing loss in both ears and know how expensive that hearing aids are with the best, updated technology. Even providing basic hearing aids would help so many students with their learning! Being able to function effectively in a group/public setting requires hearing aids if hearing is compromised..

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Debra B Rose, RN,MS,PNP
San Rafael, CA 94901

From:	Marian Ross
To:	DMHC Public Comments
Subject:	Support Hearing Aids for CA's Kids
Date:	Monday, July 8, 2024 10:23:29 AM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Marian Ross, San Jose, CA
Bay Area Clinical Associates (BACA)

From: Ruiz, Sylvia
To: DMHC Public Comments
Subject: SUBJECT: Support Hearing Aids for CA's Kids
Date: Wednesday, July 10, 2024 2:34:08 PM
Attachments: Outlook-zpupjymq.png

SUBJECT: Support Hearing Aids for CA's Kids

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurange. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I have personally helped many patients receive hearing aids provided by this benefit. This is much needed as many patients have little to no benefit under their health plans!

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

sylvia ruiz
Hearing Aid Program Coordinator
Walnut Creek and Brentwood Satellites
UCSF Benioff Children's Hospital Oakland
747 52nd Street | Oakland, CA 94609
tel: 925-979-3440 | fax: 925-979-3445
sylvia.ruiz@ucsf.edu
www.childrenshospitaloakland.org
Facebook:ChildrensHospitalOakland
Twitter:UCSFBenioffOAK

UCSF Benioff Children's Hospitals

From: Christine Sadler
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Wednesday, July 10, 2024 12:42:53 PM

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurance. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

As an educational partner, I see many families who do not have access to hearing aids. We, as a state, have early identification, but what is the point of this if we cannot address the hearing loss? The cost of purchasing aids every four years and earmolds annually is not only expensive but complex. Families who do have insurance have to prove that their plans do not cover hearing aids, after all of the rejection letters (months later), the family may be approved for coverage. This loss of time without aids adds to language deprivation on the part of the child.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Christine Sadler
Upland, CA

From:	Celeste M Salinas
To:	DMHC Public Comments
Subject:	Support Hearing Aids for CA's Kids
Date:	Monday, July 8, 2024 11:05:41 AM
Attachments:	image001.png image002.png

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I worked at a school with infant and preschool deaf and hard of hearing children for seventeen years. Hearing aides were essential for these children to be able to access their educational and social goals. The earlier children have hearing aides the better their academic and life outcomes. All children learn language naturally in their first three years of life. For children with hearing problems this is an essential time for them to be able to hear as much as possible. When this learning opportunity is missed you are setting these children up learning inequities. As California grapples with providing equity in education for all our children this is an easy area to address by allowing health care to cover the cost of hearing aides.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Celeste Salinas

Celeste Salinas

Director, Cal Poly Pomona Children's Center

cmsalinas@cpp.edu work county: Los Angeles residence: San Bernardino

Celeste M. Salinas
Director, Children's Center
E: cmsalinas@cpp.edu I | asi.cpp.edu
T: (909) 869-2108

Cal Poly Pomona Children's Center

3801 West Temple Ave., Bldg 116, Pomona, CA 91768

From: Jenelle Sandy
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Monday, July 8, 2024 12:45:06 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Jenelle Sandy
South Lake Tahoe, CA

From: Morishita, Jenna
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Thursday, July 11, 2024 10:19:06 AM
Attachments: Outlook-dkogxb2a.png

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurance. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

As a pediatric audiologist, I have directly seen how this lack of opportunity has affected children with hearing loss and their families, from the speech and language delays caused by lack of amplification to the struggles families have had to endure to cover costs themselves. They deserve access to hearing aids when needed.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Jenna Morishita
(Walnut Creek, CA)

Jenna Morishita, AuD, CCC-A
Pediatric Audiologist
Pronouns: she/her/hers
UCSF Benioff Children's Hospital Oakland/Walnut Creek
2401 Shadelands Dr Ste 120 | Walnut Creek, CA 94598
tel: 925-979-3440 | fax: 925-979-3445
Walnut Creek: M/T/F
Brentwood: Th
Jenna.Morishita@ucsf.edu
www.childrenshospitaloakland.org

From: Nick Caselman
To: DMHC Public Comments
Subject: Mandate hearing aid coverage insistent
Date: Thursday, July 11, 2024 1:59:22 PM

To the Leaders of the Department of Managed Health Care,

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark

As a pediatrician and the parent of a child with hearing aids, it is infuriating that this vital healthcare need is not considered important enough to be covered. We must do better for our children.

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

Do better. Be better. Fix this now.

Nicholas caselman, MD

.

From: Molly Chapman
To: DMHC Public Comments
Subject: Support hearing aids for California"s kids
Date: Thursday, July 11, 2024 1:03:15 PM

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurance. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

My son was diagnosed with bilateral sensorineural hearing loss in 2022 when he was already 4 years old. He had been struggling with speech delay and behavior issues for two years. The change we saw in him over the course of just 6 months after getting his hearing aids was astounding. Not only did his speech return to normal, from <5th percentile for his age, in less than 5 months, but he also was just a happier kid in general. He interacted with his world in a way we hadn't seen before. The meltdowns stopped. We started to have real back and forth conversations. He signed and spoke to me "I love you" for the first time. Receiving hearing aids was therapeutic for him beyond the simple ability to speak clearly. It still breaks my heart to understand that without being able to hear and communicate, he was really suffering in so many ways.

We are so fortunate that we can afford to pay out of pocket for two hearing aids, not one dollar of which was covered by our insurance ($5000). It really pains me to think of the DHH kids whose families cannot afford to support them in the same way.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Molly Chapman MD
Orinda, California

From: Katie Layton
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Thursday, July 11, 2024 3:35:42 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

Failure to provide appropriate intervention to deaf and hard of hearing children by three to six months of age leads to speech, language, cognitive, educational, and social-emotional deficits and permanent delays. California must remedy this coverage gap to avoid these adverse health effects.

On behalf of the Children's Specialty Care Coalition (CSCC), we strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

CSCC represents over 3,000 pediatric subspecialty care physicians throughout California, and our mission is to ensure that children and youth with complex health care needs have access to equitable, timely and high quality care, provided by pediatric subspecialists who are able to thrive in California's health care environment, through strong leadership, education and advocacy.

Sincerely,
Katie Layton
Director of Government Affairs and Programs
Children's Specialty Care Coalition

From: Tracy Desmond
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Thursday, July 11, 2024 11:02:31 AM

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurange. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

My career has been devoted to working with kids and parents, including babies who are deaf or hard-of-hearing. Many cannot afford to pay for hearing aids during the critical time period before they turn 5—best, before they turn 3 ½ years old, when the brain is the most flexible. When hearing aids or other amplification is received too late we see children rejecting the technology—not bonding with it-- and then the chances they will be in special education for many many years is increased.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Tracy Desmond, Costa Mesa, CA

From: Donna Seaver
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 10:52:12 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Donna Seaver, 6Clanton Ave. Woodland, CA 95695

To the Leaders of the Department of Managed Health Care, Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit. [Share a personal story here if you have one] I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark. Sincerely%2 C [Your Name and City of Residence]

From: Sally Edwards
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Thursday, July 11, 2024 10:37:58 AM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

[Share a personal story here if you have one]

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely%2
Sally Edwards, Redwood City, Ca
[Your Name and City of Residence]

From: stevenelton1@aol.com
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Thursday, July 11, 2024 3:09:17 PM

To the Leaders of the Department of Managed Health Care, Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit. [Share a personal story here if you have one] I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark. Sincerely%2 C [Your Name and City of Residence]

From: virginia garcia
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Thursday, July 11, 2024 3:00:34 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

My great grandson has hearing aids and they should be covered under health insurance.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Virginia Garcia, Hacienda Heights

From: Ross Heckmann
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Thursday, July 11, 2024 2:12:54 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Ross S. Heckmann
Arcadia 91006-2406, Los Angeles County, California

From: C Shular
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Wednesday, July 10, 2024 11:33:43 AM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

My daughter was born with hearing loss and had to get hearing aids at 2 months old. We were shocked that we had to come up with $5,000. Without her hearing aids, she would be unable to access education. She is now 9 and we have spent over $12,000 for her hearing aids. She is due for another pair next year. Please help families like us and cover hearing aids 100%.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Caprice Shular, Lodi, CA

From: David Silberman
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Monday, July 8, 2024 5:38:48 PM

Dear Leaders of the Department of Managed Health Care,

I understand that by the end of 2024, thirty-two states will require that private, individual, and group health plans include coverage for children's hearing aids (and related services) by one of several means. I further understand that California is not one of these states. How can that be? California has always demonstrated leadership in all matters of health care, so I am puzzled by what appears to be a very serious omission.

There are any number of reasons to support such a requirement, paramount among them is both cognitive and social development. Depriving children of resources to accomplish these objectives is troubling and not to provide them in California astounds me. Even Texas, yes Texas, requires such insurance!

I strongly urge California lawmakers enact legislation that 30 other states have managed to do, thus closing any coverage gaps. California's children deserve access to hearing aids and by passing whatever legislation and/or administrative regulations that are necessary that objective will be achieved.

If there is some rationale behind not providing such coverage, I want to know the specifics of that type of thinking. You can reply to me at dhsilberman@gmail.com

Sincerely,

David H. Silberman
572 Rhode Island Street
San Francisco, CA 94107-2322

From: Michelle Marciniak
To: Mike Odeh
Cc: DMHC Public Comments; Colleen Corrigan; Nora Lynn
Subject: Re: California's Essential Health Benefits and Hearing Aids
Date: Thursday, July 11, 2024 3:12:52 PM

Thank you Mike for submitting our joint letter.

Michelle Marciniak, MPH
Co-chair and Co-founder
Let California Kids Hear
310-990-6720

Sent from my iPhone
Please excuse typos and brevity.

> On Jul 11, 2024, at 6:14 AM, Mike Odeh <modeh@childrennow.org> wrote:
>
> Thank you for the opportunity to provide comments on the benefits that should be considered for inclusion in the state's new Essential Health Benefits benchmark plan. **Children Now and Let California Kids Hear are writing to express our support of updating the California benchmark plan to include hearing aids and durable medical equipment**, which offers a policy solution that could permanently close coverage gaps and ensure that all children in California have access to affordable and comprehensive health insurance that meets the full range of their health needs.
>
> Since the original Essential Health Benefits (EHB) benchmark was determined by California lawmakers over a decade ago during the implementation of the historic Affordable Care Act (ACA), there have been numerous attempts to close the coverage gap that has been baked into California's insurance markets. Specifically, there have been sustained efforts with strong legislative support to close the coverage gap for over 20,000 children and youth who need hearing aids, which are not included in their health coverage packages. According to pediatric experts, failure to provide appropriate intervention to deaf and hard-of-hearing children by three to six months of age leads to speech, language, cognitive, educational,

and social-emotional deficits and permanent delays.

Thirty-two states already require private individual and group health insurance plans to include coverage for children's hearing aids & services through a state insurance benefit mandate and/ or by way of the state's EHB benchmark selection, but California is not one of them. California families with children who are deaf and hard of hearing are eager for solutions that will ensure they can access services for their children and be protected from the financial risk of uncovered benefits. The Wakely Analysis includes estimates for an annual hearing exam and hearing aids every three years, which aligns with what experts recommend and what enrollees need.

Over the past decade, there have been several advocacy attempts to close the hearing aid coverage gap for children. Last year, our organizations were the proud co-sponsors of SB 635 (Menjivar), the Let California Kids Hear Act, which passed out of the legislature with bipartisan support but was vetoed by Governor Newsom, who was concerned it would "set a new precedent by adding requirements that exceed the benchmark plan." The veto message also referred to the existing Hearing Aid Coverage for Children Program (HACCP), which has been subject to legislative budget oversight hearings for the past three years given low enrollment of children and limited participation by providers.

With early access to hearing aids, deaf and hard-of-hearing children who are aided within six months can develop at the same rate as their hearing peers and attend mainstream schools, reducing the state's long-term costs of supporting these children. This presents an opportunity to address the cost of untreated newborn hearing loss and special education while maintaining care in a child's medical home by including hearing aids in the rehabilitative and habilitative services category. Researchers estimate that the cost for untreated newborn hearing loss is $1.8 million per child in 2023, without factoring in the cost of special education, other medical complications, and loss of productivity when a child who is deaf or hard of hearing does not receive early intervention. In 2016, the Legislative Analyst Office estimated that California spends more than $400 million a year to educate approximately 14,000 students who are deaf or hard of hearing (DHH).

It is also crucial that children and families have access to durable medical equipment. Many Californians do not have access to the wheelchairs,

augmentation communication devices, hearing aids, oxygen equipment, and other DME that they need. Private health plans offered in California's individual and small group markets regularly exclude or severely limit coverage of this equipment. Faced with out-of-pocket costs up to $50,000, many people go without medically necessary devices or obtain inferior ones that put their health and safety at risk.

Under the EHB benchmarking approach, California will not have to defray any additional premium costs associated with new required benefits. According to the National Health Law Program1, seven states have recently added/improved benefits with minimal actuarial impact and minimal effect on premiums.

It is critical that the Department and Administration move quickly on this, as hearing loss is a developmental emergency that has preventable and permanent consequences, and California's kids have waited long enough for affordable and accessible care and devices.

Thank you, and we look forward to future conversations about updating the state's benchmark.

Mike Odeh
Senior Director of Health

Pronouns: he/him/his

<Outlook-wgyn1qjk.png>

Children Now

On a mission to build power for kids.

Phone Number: 202-262-7856

Please consider joining the The Children's Movement of California®!

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For more contact information click here.

From: Cheryl Oku
To: DMHC Public Comments
Subject: Support Hearing Aids for CA"s kids
Date: Thursday, July 11, 2024 2:48:50 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Cheryl Oku
Palo Alto, CA

From: Kottlowski, Andrea
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Thursday, July 11, 2024 1:09:07 PM

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurange. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I work with families every week that struggle to afford this necessary hearing healthcare for their child. Research shows that early access to language drastically increases long term skills. These families face additional financial and emotional hardships navigating this situation with their child (sometimes newborn). Inadequate access to spoken language through amplification can cause speech delay, social struggles, and significantly impact education. I have had many parents tell me how upset they are with the state of California that hearing aid coverage is not a required healthcare benefit for children.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Andi Kottlowski, AuD
Pronouns: she/her/hers [why this is here]

Clinical Audiologist
Rady Children's Hospital San Diego
3665 Kearny Villa Road, Suite 400
San Diego, CA 92123
email: akottlowski@rchsd.org

From:	Imelda Russell
To:	DMHC Public Comments
Cc:	Michael Russell
Subject:	SUBJECT: Support Hearing Aids for CA's Kids
Date:	Thursday, July 11, 2024 12:02:52 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Michael J Russell

Davis, CA

From: cjszaras@gmail.com
To: DMHC Public Comments
Subject: Hearing aid coverage for children
Date: Thursday, July 11, 2024 10:33:02 AM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I realized at age 40 my hearing was impaired and have been wearing hearing aids for the last 15 years. Thinking back when I was younger I now know my hearing loss started long before I was 40. It is critical that children can get the help they need with hearing aids as soon as they possibly can.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Cassandra Szaras

San Diego, CA

From: Stephanie
To: DMHC Public Comments
Subject: Please Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 9:16:32 PM

To the Leaders of the Department of Managed Health Care,

I believe Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

As an adult, I greatly benefit from hearing aids and anm fortunate that my employer health coverage has an hearing aid benefit to help pay for them. I can't imagine what it would be like for a child to go through school without them. Not being able to hear and understand speech in the classroom can create isolation, withdraw and depression as well as anxiety and stress to a child not to mention lower grades and problems concentrating or relating to peers.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Stephanie Stansell
Artesia, CA.

From: Stuart Steene-Connolly
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 1:36:35 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I have two young daughters (8 & 6) who wear hearing aids that cost a small fortune. The cost and time intensive processes to acquire them absolutely needs to be changed. I will campaign tirelessly for all of the supporters of the measures needed to get meaningful hearing healthcare to children and young adults. I hope you'll be among them.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Stuart Steene-Connolly
Digital Strategist, Hearing Loss Association of America, California

From: Linda Tinsman
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Thursday, July 11, 2024 11:22:55 AM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

Children can't make up the developmental and educational years lost to poor hearing.

My hearing aids, though expensive, make it possible for me to interact with the world, and I can't imagine the impact on my life if I couldn't afford them.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Linda Tinsman, RN
Lincoln CA

From: ANNE M SZYMANSKI
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Tuesday, July 9, 2024 7:51:25 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely

Anne Szymanski, Santa Barbara

Sent from my iPad

From: Chelsea Thompson
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Wednesday, July 10, 2024 9:05:52 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

This need is very important to me because my daughter was born with congenital hearing loss, and was fitted for hearing aids at 3 months old. While she was already on the Cochlear Implants candidate list, her surgery would not have been covered by our insurance without first completing a hearing aid trial of 6-9 months. That same private insurance plan did not cover the cost of hearing aids at all! So, had it not been for loaner programs, we would have had to purchase hearing aids at a cost of roughly $8000 out-of-pocket, only to use them for less than a year. Again, our daughter was born with hearing loss. Her hearing loss was not preventable or due to any lifestyle choices, yet my husband and I were put in a position to pay the full cost to give her access to hearing and the burden to find any help with reducing that cost on our own. The burden of access to hearing aids should not fall solely on California's families. Access to hearing aids impacts educational access as well, and will cost the state far more on the back end if this issue is not addressed.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Chelsea Thompson, former San Francisco resident of seven years

From: Theresa Montalvo
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Thursday, July 11, 2024 9:41:57 AM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

My grandson Mateo received his hearing aids at four months of age for his moderate hearing loss and they have greatly helped him.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Theresa J. Montalvo
Pasadena, CA

From: (null) (null)
To: DMHC Public Comments
Subject: Support Hearing Aids for Ca kids
Date: Thursday, July 11, 2024 8:09:20 AM

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurange. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

[Share a personal story here if you have one]

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Sarah Grist, RN, BSN
MSICU Gold
UC Davis Health

From:	Rose, Lisa
To:	DMHC Public Comments
Subject:	Support Hearing Aids for Our Children!
Date:	Wednesday, July 10, 2024 3:01:36 PM

To the Leaders of the Department of Managed Health Care,

I work with children every day and while our lowest income families have support through CCS, a large portion of our patient population has to make a decision on a **medically necessary device** based on affordability. Untreated hearing loss leads to major speech-language, social, and eventually employment difficulties, which in turn cost California far more money than a pair of hearing aids. Children with treated hearing loss perform as well in these areas as their normal hearing peers, if they are treated early and consistently.

Hearing aids are not a luxury, they are a necessity.

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurance. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Lisa Rose, AuD, F-AAA
Pronouns: she/her/hers
Pediatric Audiologist
Audiology Department

UCSF Benioff Children's Hospital Oakland
747 52nd Street | Oakland, CA 94609
tel: 925-979-3440 | fax: 925-979-3445
Walnut Creek clinic M/W/Th, Brentwood clinic T/F

From:	Walker, Molly
To:	DMHC Public Comments
Subject:	Support Hearing Aids for CA's Kids
Date:	Wednesday, July 10, 2024 2:12:11 PM
Attachments:	image001.png

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurance. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I work professionally with children whose families are forced to take funds away from their basic necessities budgets in order to purchase hearing aids for their children. This is the most challenging group – not financially challenged enough to qualify for state funded insurance and not wealthy enough to spend an average of $6,000 every 3 years for new hearing aids. These devices are CRITICAL to a child's language development, and thus for their entire future.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Molly Walker, MS, CCC-SLP, LSLS Cert AVT (she/her)
Speech/Language Pathologist & Auditory Verbal Therapist
Audiology Department
Voice | Text | 510.603.6112
Email | molly.walker@ucsf.edu
Out of Office on Mondays

UCSF Benioff Children's Hospital
Oakland

From:	Louie, Michelle L
To:	DMHC Public Comments
Subject:	SUBJECT: Support Hearing Aids for CA's Kids
Date:	Thursday, July 11, 2024 9:25:17 AM
Attachments:	Outlook-fllx04tm.png

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurange. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I am a provider who treats many children with hearing loss. It is so uncomfortable to have to discuss purchasing hearing aids with families who do not have the means to purchase them and insurance covers little to none of the expense. Hearing aids can be an unexpected but absolutely essential out of pocket cost for a family. I have had patients, young children, feel shame for having a hearing loss and needing a device when they are old enough to realize what a burden the cost is for their family.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Michelle Louie-Kumar
Pronouns: she/her/hers
Pediatric Audiologist
Walnut Creek: Mon, Weds, Fri
Oakland: Thurs

UCSF Benioff Children's Hospital Oakland
2401 Shadelands Drive | Walnut Creek, CA 94598
tel: 925-979-3440 | fax: 925-979-3445
MichelleL.Louie@ucsf.edu

UCSF Benioff Children's Hospitals

From: Wong, Michelle
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Thursday, July 11, 2024 5:52:59 AM

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurance. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Michelle Wong, San Francisco

Michelle Wong (she/her)
Clinical Research Coordinator / Patient Navigator
Children's Communication Center
Department of Pediatric Audiology and Otolaryngology
UCSF Benioff Children's Hospital - Oakland
cell: 415-319-2798
michelle.wong3@ucsf.edu

UCSF Benioff Children's Hospitals

From: Venturaverduzco, Patricia
To: DMHC Public Comments
Subject: Support hearing aids for CA's kids
Date: Wednesday, July 10, 2024 3:20:42 PM

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurange. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Patricia Ventura
Pittsburg, CA

From: Sylvan Von Burg
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Wednesday, July 10, 2024 4:12:08 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

[Share a personal story here if you have one]

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,
Sylvan VonBurg
Seal Beach, CA 90740

Sent from my iPhone

From: wallxcu@aol.com
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Wednesday, July 10, 2024 3:39:52 PM

To the Leaders of the Department of Managed Health Care:

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit. [Share a personal story here if you have one] I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

John & Cindy Wallbrink

From: Chris Wonderly
To: DMHC Public Comments
Subject: Hearing aids for kids
Date: Wednesday, July 10, 2024 2:14:32 PM

SUBJECT: Support Hearing Aids for CA's Kids

To the Leaders of the Department of Managed Health Care,

California children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 Deaf and Hard of Hearing children in California do not have access to hearing aid coverage by their insurance. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit.

We have 3 grandchildren that are hard of hearing. Yes they are covered by Medi-cal for their hearing aids. 1 pair every so many years. Of course we all know how fast kids grow.

It is a shame that they can't be covered under other insurances and on a must need basis. And not drain the parents' savings account to give their kids the best lives they deserve.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely,

Chris Wonderly. Granite Bay, CA

From: Wooten, Christian (Medical Student)
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Monday, July 8, 2024 7:47:36 PM

To the Leaders of the Department of Managed Health Care,

It is imperative to understand the fact that children deserve comprehensive health coverage to meet all their developmental needs, and current needs are not being met. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. Children. These young citizens are at our mercy, entrusting us as a society to care for them and help to set them up for success. This coverage gap has created a developmental emergency that I have witnessed in my education and training as a future physician. Our kids can't wait any longer for essential hearing aids to be included as a health insurance benefit. We have an opportunity now to help provide them with the future they deserve to have.

In 2022 and 2023 I worked alongside medical students across the country to advocate on behalf of this matter through the formation of a resolution that was submitted and accepted by the American Medical Associations House of Delegates and higher committees. The need and support for this matter is evident. There is no need to prolong care for those in need any longer. We have the resources available to make this difference in the lives of so many.

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

With Gratitude,

Christian Wooten
MD, MBA Candidate | David Geffen School of Medicine at UCLA
Gold Humanism Honor Society, 2024
PRIME-LA Statewide Representative
Cohort 14
Pronouns: He/Him/His

From: Diana Wright
To: DMHC Public Comments
Subject: Support Hearing Aids for CA's Kids
Date: Monday, July 8, 2024 1:58:39 PM

To the Leaders of the Department of Managed Health Care,

Children deserve comprehensive health coverage to meet all their developmental needs. Over 20,000 children in California need hearing aids, yet their health insurance does not cover them. This coverage gap has created a developmental emergency. Our kids can't wait any longer for essential hearing aids to be included as a health insurance

I strongly urge California lawmakers to join over 30 other states in closing the coverage gap for hearing aids by modernizing our state's benchmark.

Sincerely
San Luis Obispo

Diana

July 10, 2024

Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814

RE: Support for Inclusion of Wig Coverage in the New Benchmark Plan

Dear Director Watanabe:

Thank you and the Department of Managed Health Care for holding a public meeting to discuss California's Essential Health Benefits and the process for updating the benchmark plan. As an advocate and supporter of the National Alopecia Areata Foundation, I am writing to provide my public comment urging wig coverage to be included as a benefit in the new benchmark plan.

Alopecia areata is an autoimmune skin disease that causes hair loss. People with alopecia areata most often lose hair in circular, coin-sized patches on the scalp, but in more severe cases, they may lose all of their hair. About 700,000 people in the U.S. currently have some form of alopecia areata.

Although alopecia areata can begin at any age, individuals often develop the disease early in life. In fact, 40% of individuals experience symptoms by age 20. Research suggests that women are more likely to develop alopecia areata than men. Several U.S.-based studies found the odds of developing alopecia areata were higher among Asian, Black, and Hispanic individuals than among white individuals. Some of the most common emotions associated with having alopecia areata include loneliness, withdrawal, isolation, loss and grief, sadness (which can lead to depression), confusion, denial, stress, anger, hopelessness, embarrassment, fear, and guilt or self-blame.

My daughter Abby lost all of her hair at the age of two, including eyebrows and eyelashes. She is going to be 14 this October and has essentially been bald her whole life. She has been taking some of the current immune modulator medications over the last 2 years, however they have not been very effective. Currently she wears scarves, but someday she may opt to wear a wig, possibly every day. This will become an expensive medical device for the rest of her life. It is really essential for insurance to help us and other patients with this necessity. My youngest son Maxwell has also developed patchy alopecia, and we will see where this disease goes for him. We may be investing in wigs for two of our children in their lifetime.

The lack of health insurance coverage for wigs means that Californians with alopecia are forced to pay out of their own pockets. The average cost of a wig is approximately $1,500. If patients cannot afford this cost, then they do not have access to a wig, which clearly plays a crucial role in one's mental health.

Currently, eight states already require coverage of medical wigs for enrollees in state-regulated individual as well as group health plans. Minnesota and Delaware specifically provide coverage for individuals with alopecia areata. Connecticut, Maryland, Massachusetts, Oklahoma, and

Rhode Island provide coverage for individuals with cancer. New Hampshire provides coverage for individuals with alopecia areata as well as individuals with cancer.

Earlier this year, AB 2668 (Berman) would have provided health insurance coverage for wigs for Californians experiencing permanent or temporary medical hair loss due to health conditions, including alopecia areata. It would have limited coverage to no more than one wig in a year and capped the amount of coverage for a wig to $750. This bill would have ensured that cost is no longer a barrier to access wigs, which play a crucial role in one's self-esteem and mental health.

Given the cost barrier of wigs and their vital role in one's mental health, I urge and support wig coverage to be included as a benefit in the new benchmark plan. Thank you for the opportunity to share my story and provide public comment.

Sincerely,

Sarah Chan

June 27, 2024

Re: Public Comment on California's Essential Health Benefits Benchmark Plan

To Those Concerned at the Department of Managed Health Care:

Thank you for offering the opportunity for public comment.

As a community member and Legislative Liaison for the National Alopecia Areata Foundation, we ask that wigs be included in the new Essential Health Benefits Benchmark Plan.

By way of quick background, Alopecia Areata is an autoimmune condition that attacks hair follicles. Similar to other autoimmune conditions, it is caused by a hyper activated auto-immune response. As a result of this response in those with Alopecia Areata, your hair falls out. For some, it regrows and falls out again. For others, it does not regrow at all.

You may be surprised to know that ***Alopecia Areata is the most common autoimmune skin care disease that affects almost 6.9 million Americans. It also disproportionately affects children and members of the Black and Latinx communities.*** It is a disease that directly impacts mental health, self esteem and one's right to privacy.

My daughter developed Alopecia Areata when she was 9 years old and within 6 months, she lost all the hair on her head and body. She has the rarest form - Alopecia Areata Universalis. The extent and pace of the hair loss hit so quickly, she lost all her hair very publicly without a wig, in front of her entire elementary school community.

Parents would ask me if she was ill or had cancer but were not kind. Her friend group ostracized her. Her classmates made fun of her. Others in the school bullied her and as a result, she experienced extreme trauma. She is now 21, and is still

significantly impacted by that trauma and fear of the exposure that Alopecia can bring despite the assistance of mental health providers for many years.

Imagine, if all your hair started to fall out very publicly over a period of 6 months and all your colleagues and friends questioned you. While public education and increased awareness can certainly help, ***the only thing that can make a difference is a wig until a cure is found and available to all.***

We are a family that can more afford to pay for a wig than others, yet every year I fight with our insurance company for the ability to be reimbursed for a small percentage of the cost, even though she has a doctor's prescription and explanation describing the wig's medical necessity. But it is a fight I have the luxury to have with our insurance provider, and when I do not win the battle, I can still afford the wig.

Like my daughter, many individuals affected by Alopecia Areata utilize wigs as there are currently few effective treatment options. Unfortunately, these wigs cost hundreds of dollars to several thousand, which is out of reach for those with low or fixed incomes, those living paycheck to paycheck, or those experiencing any kind of financial challenge. In addition, wigs have a very short shelf life, and need to be replaced annually which adds to the financial impact. This is especially hard for families with children who, like my daughter, want wigs for school.

Wigs are not about vanity, and are not a cosmetic or fashion choice. They are a medical and privacy necessary for those with Alopecia Areata, and allow those impacted by the disease to walk out in public, not be stared at or questioned, or worse - bullied. Given the scope of mental health issues plaguing our youth, this is one external aid that can both help those with Alopecia, and also mitigate other related costs.

Currently, eight states have recognized the importance of providing coverage for wigs. In California, we thank Assemblymenber Marc Berman for his leadership by introducing AB 2668 to address wig coverage.

I appreciate the opportunity to share my family's story, and urge the Department to add wigs to the Benchmark Plan. I would be happy to answer any additional questions you may have and can be contacted through the National Alopecia Areata Foundation.

Respectfully,

Ellen M. Miller
La Mesa, CA
Legislative Liaison, National Alopecia Areata Foundation

July 10, 2024

Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814

RE: Support for Inclusion of Wig Coverage in the New Benchmark Plan

Dear Director Watanabe,

I hope this letter finds you and your team well. I wanted to sincerely thank you for holding a public meeting to discuss California's Essential Health Benefits and the process for updating the benchmark plan. As both an advocate for the National Alopecia Areata Foundation and a caregiver for cancer patients, I am writing to emphasize the importance of including wig coverage as a benefit in the new benchmark plan.

Alopecia areata, an autoimmune condition causing hair loss, affects approximately 700,000 Americans, often beginning in early adulthood and disproportionately impacting certain demographics. The emotional toll can be significant, leading to feelings of isolation, withdrawal, and depression. Wigs play a crucial role in fostering self-esteem and mental well-being; however, their high cost—averaging over $1,500—makes them inaccessible to many Californians.

Having spent over 8 years in a cancer center as a Nurse Practitioner, I have witnessed firsthand the profound impact of cancer treatment-induced alopecia on my patients. Many expressed deep devastation and sadness over their hair loss, with some even refusing chemotherapy to avoid it. I've often heard patients say, "I don't want to look sick," followed by stories of the challenges in affording or finding a wig to regain a sense of normalcy.

In my experience, a wig is more than just an accessory—it's a crucial prosthesis, akin to a prosthetic breast after mastectomy or a limb prosthesis for an amputee. It serves to restore normalcy and can significantly alleviate the anxiety and depression commonly associated with medical hair loss.

Several states have already recognized the necessity of wig coverage for conditions like alopecia and cancer, filling a critical gap in healthcare. Previous legislative efforts in California have sought similar provisions, acknowledging the pivotal role of wigs in restoring dignity and confidence.

Given these challenges and their profound impact on mental health, I strongly urge the inclusion of wig coverage in the new benchmark plan. Thank you for considering my perspective and for the opportunity to contribute to this crucial discussion.

Sincerely,
Leeina Hoff

Board Certified Nurse Practitioner

June 24, 2024

Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814

RE: Support for Inclusion of Wig Coverage in the New Benchmark Plan

Dear Director Watanabe:

Thank you and the Department of Managed Health Care for holding a public meeting to discuss California's Essential Health Benefits and the process for updating the benchmark plan. As an advocate and supporter of the National Alopecia Areata Foundation, I am writing to provide my public comment urging wig coverage to be included as a benefit in the new benchmark plan.

Alopecia areata is an autoimmune skin disease that causes hair loss. People with alopecia areata most often lose hair in circular, coin-sized patches on the scalp, but in more severe cases, they may lose all of their hair. About 700,000 people in the U.S. currently have some form of alopecia areata.

Although alopecia areata can begin at any age, individuals often develop the disease early in life. In fact, 40% of individuals experience symptoms by age 20. Research suggests that women are more likely to develop alopecia areata than men. Several U.S.-based studies found the odds of developing alopecia areata were higher among Asian, Black, and Hispanic individuals than among white individuals. Some of the most common emotions associated with having alopecia areata include loneliness, withdrawal, isolation, loss and grief, sadness (which can lead to depression), confusion, denial, stress, anger, hopelessness, embarrassment, fear, and guilt or self-blame.

When my daughter turned 9, she suddenly lost all her hair in just two weeks. Facing school without a wig seemed unimaginable. Over the next two months, she adjusted to her new reality, eventually choosing to embrace life bald rather than wear a wig. Access to a wig initially helped her maintain confidence, which ultimately empowered her to advocate for those with alopecia today.

The lack of health insurance coverage for wigs means that Californians with alopecia are forced to pay out of their own pockets. The average cost of a wig is approximately $1,500. If patients cannot afford this cost, then they do not have access to a wig, which clearly plays a crucial role in one's mental health.

Currently, eight states already require coverage of medical wigs for enrollees in state-regulated individual as well as group health plans. Minnesota and Delaware specifically provide coverage for individuals with alopecia areata. Connecticut, Maryland, Massachusetts, Oklahoma, and Rhode Island provide coverage for individuals with cancer. New Hampshire provides coverage for individuals with alopecia areata as well as individuals with cancer.

Earlier this year, AB 2668 (Berman) would have provided health insurance coverage for wigs for Californians experiencing permanent or temporary medical hair loss due to health conditions, including alopecia areata. It would have limited coverage to no more than one wig in a year and capped the amount of coverage for a wig to $750. This bill would have ensured that cost is no longer a barrier to access wigs, which play a crucial role in one's self-esteem and mental health.

Given the cost barrier of wigs and their vital role in one's mental health, I urge and support wig coverage to be included as a benefit in the new benchmark plan. Thank you for the opportunity to share my story and provide public comment.

Sincerely,

Monica Kim

Monica Kim
Resident in Chatsworth, CA

National Alopecia Areata Foundation

June 24, 2024

Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814

RE: Support for Inclusion of Wig Coverage in the New Benchmark Plan

Dear Director Watanabe:

Thank you and the Department of Managed Health Care for holding a public meeting to discuss California's Essential Health Benefits and the process for updating the benchmark plan. As Communications Director of the National Alopecia Areata Foundation, I am writing to provide my public comment urging wig coverage to be included as a benefit in the new benchmark plan.

Alopecia areata is an autoimmune skin disease that causes hair loss. People with alopecia areata most often lose hair in circular, coin-sized patches on the scalp, but in more severe cases, they may lose all of their hair. About 700,000 people in the U.S. currently have some form of alopecia areata.

Although alopecia areata can begin at any age, individuals often develop the disease early in life. In fact, 40% of individuals experience symptoms by age 20. Research suggests that women are more likely to develop alopecia areata than men. Several U.S.-based studies found the odds of developing alopecia areata were higher among Asian, Black, and Hispanic individuals than among white individuals. Some of the most common emotions associated with having alopecia areata include loneliness, withdrawal, isolation, loss and grief, sadness (which can lead to depression), confusion, denial, stress, anger, hopelessness, embarrassment, fear, and guilt or self-blame.

Since 2012, it has been my privilege to serve as the Communications Director for the National Alopecia Areata Foundation (NAAF) based in San Rafael, CA. In that time, I have met and heard the stories of too many people in our community who not only have the autoimmune disease, alopecia areata, but are unable to afford a wig due to insurance carriers misrepresenting the disease as a cosmetic condition, despite the preponderance of studies proving the psychosocial impacts. As we often say, it is not *just* hair. This is why we are so grateful for Assembly Member Berman being a champion for making wigs affordable to the medical hair loss community, and will do everything we can in support of similar efforts so Californians with alopecia areata can live their best lives.

The lack of health insurance coverage for wigs means that Californians with alopecia are forced to pay out of their own pockets. The average cost of a wig is approximately $1,500. If patients cannot afford this cost, then they do not have access to a wig, which clearly plays a crucial role in one's mental health.

Currently, eight states already require coverage of medical wigs for enrollees in state-regulated individual as well as group health plans. Minnesota and Delaware specifically provide coverage for individuals with alopecia areata.

Connecticut, Maryland, Massachusetts, Oklahoma, and Rhode Island provide coverage for individuals with cancer. New Hampshire provides coverage for individuals with alopecia areata as well as individuals with cancer.

Earlier this year, AB 2668 (Berman) would have provided health insurance coverage for wigs for Californians experiencing permanent or temporary medical hair loss due to health conditions, including alopecia areata. It would have limited coverage to no more than one wig in a year and capped the amount of coverage for a wig to $750. This bill would have ensured that cost is no longer a barrier to access wigs, which play a crucial role in one's self-esteem and mental health.

Given the cost barrier of wigs and their vital role in one's mental health, I urge and support wig coverage to be included as a benefit in the new benchmark plan. Thank you for the opportunity to share my story and provide public comment.

Sincerely,

Gary Sherwood
Communications Director

From: Wendy Petka
To: DMHC Public Comments
Cc: Miranda Huang
Subject: Support for Inclusion of Wig Coverage in the New Benchmark Plan
Date: Thursday, June 27, 2024 4:44:14 PM

June 27, 2024

Department of Managed Health Care

980 9th Street, Suite 500

Sacramento, CA 95814

RE: Support for Inclusion of Wig Coverage in the New Benchmark Plan

Dear Director Watanabe:

Thank you and the Department of Managed Health Care for holding a public meeting to discuss California's Essential Health Benefits and the process for updating the benchmark plan. As an advocate and supporter of the National Alopecia Areata Foundation, I am writing to provide my public comment urging wig coverage to be included as a benefit in the new benchmark plan.

Alopecia areata is an autoimmune skin disease that causes hair loss. People with alopecia areata most often lose hair in circular, coin-sized patches on the scalp, but in more severe cases, they may lose all of their hair. About 700,000 people in the U.S. currently have some form of alopecia areata.

Although alopecia areata can begin at any age, individuals often develop the disease early in life. In fact, 40% of individuals experience symptoms by age 20. Research suggests that women are more likely to develop alopecia areata than men. Several U.S.-based studies found the odds of developing alopecia areata were higher among Asian, Black, and Hispanic individuals than among white individuals. Some of the most common emotions associated with having alopecia areata include loneliness, withdrawal, isolation, loss and grief, sadness

(which can lead to depression), confusion, denial, stress, anger, hopelessness, embarrassment, fear, and guilt or self-blame.

Miranda's Personal Story:

> I was diagnosed with alopecia areata at age eleven, and at the time, I did not truly understand the scope of my condition. To me, all alopecia areata meant was that my friends could not braid my hair anymore in class because they would see my bald spots. Even so, I couldn't help but be conscious of where my hair was placed at all times, for fear someone would stare for too long and notice a small saucer forming just under my ear.
>
> Given that I was diagnosed at such a young age, my confidence quickly plummeted as I began middle school; I hated seeing myself in any photos. Compounded with competitive dance, in which I was forced to slick back and gel my hair into a tight bun, I had never felt more alone while simultaneously so vulnerable. I often remember powdering brown eyeshadow over my spots to resemble hair and playing around with different hairstyles - half-up half-down, hats, headwraps, and more - to avoid the spots being seen.
>
> I never truly embraced having to confront the topic with my peers. Even when I did manage to work up the courage to tell people of my disease, the response was always dismissive or disinterest so I just stopped telling people.
>
> Although my alopecia areata is patchy and regrowth unpredictable, I have still come to realize that hair is never just hair; we wear it like clothes, it is a part of our identity, and when it is taken from us, people can't ignore it. Instead, they use it as a label, and it consumes us.
>
> I can identify and empathize with those individuals who have lost all of their hair to this autoimmune disease. Being able to wear a wig in public is an important way for an individual to reclaim their identity should they choose so. That is why insurance coverage for wigs is critical, especially to those that do not have the means to buy them.

The lack of health insurance coverage for wigs means that Californians with alopecia are forced to pay out of their own pockets. The average cost of a wig is approximately $1,500. If patients cannot afford this cost, then they do not have access to a wig, which clearly plays a crucial role in one's mental health.

Currently, eight states already require coverage of medical wigs for enrollees in state-regulated individual as well as group health plans. Minnesota and Delaware specifically provide coverage for individuals with alopecia areata. Connecticut, Maryland, Massachusetts, Oklahoma, and Rhode Island provide coverage for individuals with cancer. New Hampshire provides coverage for individuals with alopecia areata as well as individuals with cancer.

Earlier this year, AB 2668 (Berman) would have provided health insurance coverage for wigs for Californians experiencing permanent or temporary medical hair loss due to health conditions, including alopecia areata. It would have limited coverage to no more than one wig in a year and capped the amount of coverage for a wig to $750. This bill would have ensured that cost is no longer a barrier to access wigs, which play a crucial role in one's self-esteem and mental health.

Given the cost barrier of wigs and their vital role in one's mental health, I urge and support wig coverage to be included as a benefit in the new benchmark plan. Thank you for the opportunity to share my story and provide public comment.

Sincerely,

Miranda Huang (rising college freshman) and

Wendy Petka (mother)

CAA
California Advocates for Alopecia

7/1/24

Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814

RE: Support for Inclusion of Wig Coverage in the New Benchmark Plan

Dear Director Watanabe:

Thank you and the Department of Managed Health Care for holding a public meeting to discuss California's Essential Health Benefits and the process for updating the benchmark plan. As an advocate and supporter of the National Alopecia Areata Foundation and California Advocates for Alopecia, I am writing to provide my public comment urging wig coverage to be included as a benefit in the new benchmark plan.

Alopecia simply means hair loss in the medical field. While there are aging associated causes of hair loss such as androgenetic alopecia, medical causes of alopecia impact the livelihoods of countless youth and people of color in the US. For example, alopecia areata is an autoimmune skin disease that causes hair loss. People with alopecia areata most often lose hair in circular, coin-sized patches on the scalp, but in more severe cases, they may lose all of their hair. About 700,000 people in the U.S. currently have some form of alopecia areata. Other forms of medical causes of alopecia include chemotherapy related alopecia (from cancer treatment), scarring alopecias that primary affect women of color, lupus related alopecia, and more.

As a medical student in San Francisco, I witnessed countless patients who face the burden of medical hair loss. Whether young or old, woman or man, all Californians deserve to navigate through life without the unique burdens that hair loss poses.

The lack of health insurance coverage for wigs means that Californians with alopecia are forced to pay out of their own pockets. The average cost of a wig is approximately $1,500. If patients cannot afford this cost, then they do not have access to a wig, which clearly plays a crucial role in one's mental health.

Currently, eight states already require coverage of medical wigs for enrollees in state-regulated individual as well as group health plans. Minnesota and Delaware specifically provide coverage for individuals with alopecia areata. Connecticut, Maryland, Massachusetts, Oklahoma, and Rhode Island provide coverage for individuals with cancer. New Hampshire provides coverage for individuals with alopecia areata as well as individuals with cancer.

Earlier this year, AB 2668 (Berman) would have provided health insurance coverage for wigs for Californians experiencing permanent or temporary medical hair loss due to health conditions, including alopecia areata. It would have limited coverage to no more than one wig in a year and capped the amount of coverage for a wig to $750. This bill would have ensured that cost is no longer a barrier to access wigs, which play a crucial role in one's self-esteem and mental health.

CAA
California Advocates for Alopecia

Given the cost barrier of wigs and their vital role in one's mental health, I urge and support wig coverage to be included as a benefit in the new benchmark plan. Thank you for the opportunity to share my story and provide public comment.

Sincerely,

Richard Kim, MD
California Advocates for Alopecia

From: M.T. R.
To: DMHC Public Comments
Subject: Support for Inclusion of Wig Coverage in the New Benchmark Plan
Date: Monday, June 24, 2024 4:45:26 PM

June 24, 2024

Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814

Dear Director Watanabe:

Thank you and the Department of Managed Health Care for holding a public meeting to discuss California's Essential Health Benefits and the process for updating the benchmark plan. As an advocate and supporter of the National Alopecia Areata Foundation, I am writing to provide my public comment urging wig coverage to be included as a benefit in the new benchmark plan.

My daughter lost all of her hair suddenly at age 3 from Alopecia Areata. It never grew back. This made her look different from other children and she often felt that she didn't fit in. Socially and psychologically the effects can be devastating when a child grows up with no hair, no eyebrows, and no eyelashes. Our doctor told us the best thing to do for her was to find a very kind school which didn't tolerate bullying. As you can imagine, this was difficult. When our local middle school principal warned us that my daughter's hat would probably be grabbed off her head at recess and between classes, we felt it necessary to spend money on a private middle school. This was a big expense for our family. Next, my daughter attended the local public high school, and she needed a realistic looking wig that fit well so she could fit in, avoid being teased, and participate in PE without her hair coming off. Switching from hat to wig was a huge help - a lifesaver really. In college and then in her career, a wig was needed to fit in socially, professionally, and not draw attention and frequent questions about her baldness. Throughout all of this, some kind of insurance coverage would have been a tremendous help. The lack of coverage is not only an extra burden financially but also shows a lack of concern for what people have to endure with alopecia.

Alopecia areata is an autoimmune skin disease that causes hair loss. People with alopecia areata most often lose hair in circular, coin-sized patches on the scalp, but in more severe cases, they may lose all of their hair. About 700,000 people in the

U.S. currently have some form of alopecia areata.

Although alopecia areata can begin at any age, individuals often develop the disease early in life. In fact, 40% of individuals experience symptoms by age 20. Research suggests that women are more likely to develop alopecia areata than men. Several U.S.-based studies found the odds of developing alopecia areatawere higher among Asian, Black, and Hispanic individuals than among white individuals. Some of the most common emotions associated with having alopecia areata include loneliness, withdrawal, isolation, loss and grief, sadness (which can lead to depression), confusion, denial, stress, anger, hopelessness, embarrassment, fear, and guilt or self-blame.

The lack of health insurance coverage for wigs means that Californians with alopecia are forced to pay out of their own pockets. The average cost of a wig is approximately $1,500. If patients cannot afford this cost, then they do not have access to a wig, which clearly plays a crucial role in one's mental health.

Currently, eight states already require coverage of medical wigs for enrollees in state-regulated individual as well as group health plans. Minnesota and Delaware specifically provide coverage for individuals with alopecia areata. Connecticut, Maryland, Massachusetts, Oklahoma, and Rhode Island provide coverage for individuals with cancer. New Hampshire provides coverage for individuals with alopecia areata as well as individuals with cancer.

Earlier this year, AB 2668 (Berman) would have provided health insurance coverage for wigs for Californians experiencing permanent or temporary medical hair loss due to health conditions, including alopecia areata. It would have limitedcoverage to no more than one wig in a year and capped the amount of coverage for a wig to $750. This bill would have ensured that cost is no longer a barrier to access wigs, which play a crucial role in one's self-esteem and mental health.

Given the cost barrier of wigs and their vital role in one's mental health, I urge and support wig coverage to be included as a benefit in the new benchmark plan. Thank you for the opportunity to share my story and provide public comment.

Sincerely,

Maureen Roddy
Palo Alto, California

From: Benita Trujillo
To: DMHC Public Comments
Subject: Support for Inclusion of WIG COVERAGE in the Benchmark Plan
Date: Monday, June 24, 2024 9:43:41 PM

June 24, 2024

Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814

RE: Support for Inclusion of Wig Coverage in the New Benchmark Plan

Thank you and the Department of Managed Health Care for holding a public meeting to discuss California's Essential Health Benefits and the process for updating the benchmark plan. As a California Legislative Liaison and supporter for the National Alopecia Areata Foundation, I am writing to provide my public comment urging wig coverage to be included in the new benchmark plan.

Alopecia areata is an autoimmune skin disease that causes hair loss. People with alopecia areata most often lose hair in circular, coin sized patches on the scalp, but in more severe cases, they may lose all their hair. About 700,000 people in the U.S. currently have some form of alopeia areata.

Although Alopecia areata can begin at any age, individuals often develop the disease early in life. In fact, 40% of individuals experience symptoms by age 20. Research suggests that women are more likely to develop Alopecia areata than men. Several U.S. based studies found the odds of developing Alopecia areata were higher among Asian, Black, and Hispanic individuals than among white individuals. Some of the most common emotions associated with having Alopecia areata include loneliness, withdrawal, isolation, loss and grief, sadness (which can lead to depression), confusion, denial, stress, anger, hopelessness, embarrassment, fear and guilt or self-blame.

My 13-year old granddaughter Mia was diagnosed with Alopecia areata at the young age of 5 years old. She started out with coin sized hair loss as mentioned above, but by 9 years old she lost all of her body hair. Her parents have been separated for almost 2-years and now going through a divorce. They are not financially stable to purchase any wigs for Mia, so I have been purchasing her wigs. Mia is on a soccer team and sweats wearing the wigs which needs frequent washing, and they don't last long. I'm currently retired on a fixed income and purchasing Mia's wigs is a hardship for me as well, but it breaks my heart to see her suffering with hair loss. Her peers at school tease her for wearing a wig and it's been difficult for her to have good lasting friends due to her Alopecia areata disease. Mia is

From: Benita Trujillo
To: DMHC Public Comments
Subject: Fw: Support for Inclusion of WIG COVERAGE in the Benchmark Plan
Date: Monday, June 24, 2024 10:14:21 PM

June 24, 2024

Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814

RE: Support for Inclusion of Wig Coverage in the New Benchmark Plan

Thank you and the Department of Managed Health Care for holding a public meeting to discuss California's Essential Health Benefits and the process for updating the benchmark plan. As a California Legislative Liaison and supporter for the National Alopecia Areata Foundation, I am writing to provide my public comment urging wig coverage to be included in the new benchmark plan.

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Although Alopecia areata can begin at any age, individuals often develop the disease early in life. In fact, 40% of individuals experience symptoms by age 20. Research suggests that women are more likely to develop Alopecia areata than men. Several U.S. based studies found the odds of developing Alopecia areata were higher among Asian, Black, and Hispanic individuals than among white individuals. Some of the most common emotions associated with having Alopecia areata include loneliness, withdrawal, isolation, loss and grief, sadness (which can lead to depression), confusion, denial, stress, anger, hopelessness, embarrassment, fear and guilt or self-blame.

My 13-year-old granddaughter Mia was diagnosed with Alopecia areata at the young age of 5 years old. She started out with coin sized hair loss as mentioned above, but by 9 years old she lost all of her body hair. Her parents have been separated for almost 2-years and now and going through a divorce. They are not financially stable to purchase any of the wigs for Mia, so I have been purchasing her wigs (from $400 - $3,500 per wig). Mia is on a soccer team and sweats wearing the wigs which requires more frequent washing and the wigs do not last long. I'm currently retired on a fixed income and purchasing Mia's wigs is a hardship for me as well, but it breaks my heart to see her suffering with no hair on her head she is bald. Mia is receiving counseling every week for the last over 4-years to discuss her anxieties and depression living with Alopecia areata disease. Mia shared with me last week as school was ending that she no longer wants to continue going to school due to the teasing and bullying for having Alopecia areata. The school administrators are aware of Mia's condition and cannot always control the ongoing teasing in middle school. Tonight, Mia called me sobbing (very hurt) that she was not invited to the one and only friend at school had a birthday party with other school peers that was displayed on snapchat.

Given the cost barrier of wigs and their vital role in one's mental health, I URGE and SUPPORT WIG COVERAGE to PLEASE be included as a benefit in the new benchmark plan. Thank you for the opportunity to share my story and provide public comment.

Sincerely,

Benita Trujillo
California Legislative Laision
National Alopecia Areata Foundation
Cell (818) 399-2123

From: Benita Trujillo
To: DMHC Public Comments
Subject: Re: Support for Inclusion of WIG COVERAGE in the Benchmark Plan
Date: Monday, June 24, 2024 10:14:39 PM

On Monday, June 24, 2024 at 09:43:31 PM PDT, Benita Trujillo <benitatrujillo2002@yahoo.com> wrote:

June 24, 2024

Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814

RE: Support for Inclusion of Wig Coverage in the New Benchmark Plan

Thank you and the Department of Managed Health Care for holding a public meeting to discuss California's Essential Health Benefits and the process for updating the benchmark plan. As a California Legislative Liaison and supporter for the National Alopecia Areata Foundation, I am writing to provide my public comment urging wig coverage to be included in the new benchmark plan.

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Although Alopecia areata can begin at any age, individuals often develop the disease early in life. In fact, 40% of individuals experience symptoms by age 20. Research suggests that women are more likely to develop Alopecia areata than men. Several U.S. based studies found the odds of developing Alopecia areata were higher among Asian, Black, and Hispanic individuals than among white individuals. Some of the most common emotions associated with having Alopecia areata include loneliness, withdrawal, isolation, loss and grief, sadness (which can lead to depression), confusion, denial, stress, anger, hopelessness, embarrassment, fear and guilt or self-blame.

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06/26/2024

Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814

RE: Support for Inclusion of Wig Coverage in the New Benchmark Plan

Dear Director Watanabe:

Thank you and the Department of Managed Health Care for holding a public meeting to discuss California's Essential Health Benefits and the process for updating the benchmark plan. As an advocate and supporter of the National Alopecia Areata Foundation, I am writing to provide my public comment urging wig coverage to be included as a benefit in the new benchmark plan.

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I was diagnosed with Alopecia Areata when I was 19 years old. When I first lost my hair, I was terrified of looking different and having people ask me questions I didn't even yet know how to answer to myself. But I also knew nothing about where to get wigs, what made a good wig, how to wear them, etc.
So, the first year I bought a cheap synthetic wig that a saleswoman convinced me I looked good in, but I hated! I kept a hat on the whole time to hide its yucky plastic. It was the worst year of my life. I had heard that good wigs cost lots of money, so I thought this was the only choice I had. I was alone, scared of being found out and pretending to still be the upbeat, carefree person I'd been before my hair fell out.
A year later I met an incredibly kind and supportive wig maker who had alopecia as well. She finally helped me get a wig that looked like my old hair and taught me all the tips and tricks. I cried when I saw myself in the mirror for the first time – I looked like me again.
My parents helped me with the cost of the wig – had it been possible that the wig could have been covered by my insurance maybe I would have got this wig much sooner.
My Aloepcia journey has been one of joy, acceptance, empowerment and love for all of me, hair or no hair. BUT it took me getting a wig that I loved that I could walk proudly through the world in to start that journey.

The lack of health insurance coverage for wigs means that Californians with alopecia are forced to pay out of their own pockets. The average cost of a wig is approximately $1,500. If patients cannot afford this cost, then they do not have access to a wig, which clearly plays a crucial role in one's mental health.

Currently, eight states already require coverage of medical wigs for enrollees in state-regulated individual as well as group health plans. Minnesota and Delaware specifically provide coverage for individuals with alopecia areata. Connecticut, Maryland, Massachusetts, Oklahoma, and Rhode Island provide coverage for individuals with cancer. New Hampshire provides coverage for individuals with alopecia areata as well as individuals with cancer.

Earlier this year, AB 2668 (Berman) would have provided health insurance coverage for wigs for Californians experiencing permanent or temporary medical hair loss due to health conditions, including alopecia areata. It would have limited coverage to no more than one wig in a year and capped the amount of coverage for a wig to $750. This bill would have ensured that cost is no longer a barrier to access wigs, which play a crucial role in one's self-esteem and mental health.

Given the cost barrier of wigs and their vital role in one's mental health, I urge and support wig coverage to be included as a benefit in the new benchmark plan. Thank you for the opportunity to share my story and provide public comment.

Sincerely,

Georgia Van Cuylenburg

California Association of Health Plans

1415 L Street, Suite 850
Sacramento, CA 95814
916.552.2910
www.calhealthplans.org

June 25, 2024

Mary Watanabe, Director
Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814-2725

Via electronic submission: Mary.Watanabe@dmhc.ca.gov

Dear Director Watanabe:

On behalf of the California Association of Health Plans (CAHP), which represents 42 public, non-profit and for-profit organizations in public programs and commercial markets please accept this initial comment letter as you embark on the crucial task of updating California's Essential Health Benefits (EHBs) and benchmark plan.

Embarking on an open and transparent process to evaluate and update California's EHBs will be challenging yet vitally important. It offers the opportunity to be thoughtful about the relationship between cost and access. Revaluating the EHBs as a package is certainly preferrable to the current approach of haphazardly considering one-off benefit mandate bills that inflate health care premiums for all Californians.

It is important to note that the benefits provided by health care coverage are directly connected to the cost of health care premiums. Increasing benefits results in increasing premiums. California's health plans are committed to providing affordable health care coverage for those purchasing their own coverage and any consideration of increasing the benefit package must be carefully analyzed, priced, reviewed for efficacy, and cost effective.

California's Health Plans: Covering California's Essential Benefits
California's health plans are dedicated to ensuring that everyone has access to high-quality, affordable health care services. Our members offer comprehensive coverage to more than 28 million people under the state's Essential Health Benefits (EHBs) package.

The Affordable Care Act requires that all health insurance plans offered in the individual and small-group markets must provide a comprehensive package of items and services, known as essential health benefits. The EHBs were determined by California lawmakers after robust discussion, research, and analysis with the goal of creating a comprehensive package of health care services that benefit the greatest number of people while keeping healthcare affordable.

Legislative Health Care Mandates: The Wrong Approach
As lawmakers, health plans, and many others are working to make health care more affordable, other interest groups continue to propose a slew of individual coverage mandate bills that collectively significantly increase the cost of health plan premiums. While relatively few consumers benefit from most health care mandates, ALL Californians (employers, consumers, and the state of California) would pay higher premiums.

In 2023, for example, California lawmakers considered many new mandates that, as proposed, would have driven up premiums by nearly $1 billion in the first year alone. We were pleased when Governor Newsom vetoed most of these mandates due to the increased health care costs they would have imposed on Californians.

Additionally, mandated benefits that exceed the EHBs selected by California not only increase health premiums for Californians, but they can also expose the state's general fund to increased costs. This is because the federal government could require states to cover the cost of mandates that exceed the state selected EHBs.

A More Thoughtful, Open and Transparent Approach is Welcome

While reopening California's EHB package is not without its challenges, it allows policymakers the opportunity to engage in a more thoughtful and comprehensive analysis of affordability and accessibility to health care coverage.

It is our understanding that the retained consultant will be analyzing and pricing potential changes to the EHB benchmark. It will be vital for health plans, and our actuaries, to have the opportunity to validate or raise issues with those cost estimates. In addition, if benefits and premiums are substantially impacted, our member plans will need time to plan and prepare. Therefore, we hope for an open and transparent process that will allow our member health plans the opportunity to provide critical feedback.

Consider the Work of the Office of Health Care Affordability

If California goes down the path of reopening the EHB package, it must keep in mind the work being done at the Office of Health Care Affordability (OHCA) within the Department of Health Care Access and Information (HCAI). OHCA's enabling statute emphasizes that it is in the public interest that all Californians receive health care that is accessible, affordable, equitable, high-quality, and universal.

In April, the Office of Health Care Affordability Board approved a statewide health care spending target intended to help slow the growth of health care costs for consumers. The target, which applies to payers and providers, will start at 3.5% in 2025 and phase down to 3% by 2029. CAHP supported the multi-year spending target because it holds incredible potential to positively impact the affordability of coverage.

The adoption of a new benchmark plan and a new set of EHBs will likely impact costs and premiums in some capacity. As such, any discussion around EHBs should factor in and not conflict with the work that is being done by OHCA and its underlying mission of consumer affordability.

Reexamining the EHB package will allow policymakers to look at the bigger picture by cumulatively reviewing how changing coverage will impact the affordability of health care premiums for Californians.

Working together, we can ensure access to high quality, affordable health care for all Californians. Health plans look forward to being an integral part of this conversation.

Sincerely,

Charles Bacchi
President & CEO

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July 11, 2024

Ms. Mary Watanabe, Director
California Department of Managed Health Care
980 9th St #500
Sacramento, CA 95814
publiccomments@dmhc.ca.gov

RE: ***CA Essential Health Benefits: Updating the Benchmark Plan***
Durable Medical Equipment, Enteral Nutrition, Wheelchairs & Medical Supplies

Dear Director Watanabe:

On behalf of the California Association of Medical Product Suppliers (CAMPS), I am writing to request that the update to the Essential Health Benefit Benchmark Plan include additional coverage of durable medical equipment, including oral dietary enteral nutritional formulas and wheelchairs.

DMHC has designated Kaiser's Small Group HMO 30 Plan as its Essential Health Benefits Benchmark Plan. That plan covered "certain durable medical equipment (DME), prosthetics, orthotics & footwear, and optical (eyewear) back in 2014.

There are 10 EHB categories in the current benchmark plan. However, none of them include durable medical equipment (e.g. wheelchairs, ventilators & oxygen), disposable medical supplies (e.g. intermittent catheters, trach tubes) or enteral nutrition products (e.g. oral and tube fed formulas).

CAMPS is requesting inclusion and expansion on these broader additional benefit categories and is offering the following information and supporting arguments:

- DME, such as wheelchairs, oxygen tanks, and enteral nutrition, can significantly improve the quality of life for individuals with chronic illnesses, disabilities, or injuries. These products enable beneficiaries to perform daily activities more independently and comfortably, which is crucial for maintaining their dignity and overall well-being.
- DME and supplies are often more cost-effective in the long run because it keeps beneficiaries at home. These products can reduce the need for more expensive medical interventions, such as hospital stays or long-term care in a facility.
- For patients recovering from surgery or injury, DME, enteral nutrition products and supplies are essential for a safe and effective recovery process. These products facilitate rehabilitation and can shorten recovery times.

Wheelchairs in particular should be considered an essential health benefits because they are not merely mobility aids; they are essential tools that provide independence, improve quality of life, and enable individuals with disabilities to participate fully in society. Unfortunately, many health insurance policies currently do not cover the cost of wheelchairs, unfairly placing a significant financial burden on individuals and families who already face numerous challenges. Including wheelchair coverage as an essential health benefit will have profound positive impacts. It will enhance their quality of life by allowing individuals with mobility impairments to engage in daily activities, pursue education and employment opportunities, and maintain social connections, thereby enhancing their overall quality of life. Properly fitted wheelchairs will promote health and wellbeing by preventing secondary health issues such as pressure sores, respiratory problems, and musculoskeletal deformities, reducing long-term healthcare costs and improving health outcomes.

Oral enteral dietary enteral formulas are equally essential for individuals who cannot meet their nutritional needs through regular diet alone due to medical conditions such as cancer, gastrointestinal disorders, or severe allergies. Despite their importance, many health insurance policies do not cover these essential medical products, leaving individuals to bear the significant costs out-of-pocket. Including oral dietary enteral formulas as an essential health benefit is imperative for several reasons. For individuals with certain medical conditions, dietary enteral formulas are vital for maintaining adequate nutrition, preventing malnutrition, and avoiding serious health complications. These formulas can be the difference between life and death for some patients. They can reduce healthcare costs, by ensuring proper nutrition through oral enteral formulas, can prevent hospitalizations and reduce the need for more intensive medical interventions, ultimately lowering overall healthcare costs. Proper nutrition is essential for recovery from illness and surgery. Dietary enteral formulas support recovery processes, improve health outcomes, and enhance the quality of life for individuals with chronic health conditions.

Devices such as glucose monitors for diabetes, nebulizers for asthma, and blood pressure monitors for hypertension are critical for the effective management of chronic diseases and enable beneficiaries to monitor and manage their conditions at home, reducing the need for frequent doctor visits.

Home oxygen therapy for patients with chronic obstructive pulmonary disease (COPD) can help prevent complications and manage chronic conditions more effectively. Use of these items at home can prevent exacerbations that would otherwise require hospitalization.

DME and disposable supplies such as incontinence products provide essential support that enhances beneficiary mobility and independence. This allows individuals to participate more fully in daily activities and reduces the need for caregiver assistance. These supplies can significantly reduce the physical and emotional burden on caregivers by providing them with the tools needed to care for their loved ones more effectively and safely.

Relieving patients and their families of the additional financial burden due to the cost of DME and medical supplies contributes to better access to care thus improving health outcomes. No patient should skip a doctor's visit because they are postponing the out-of-pocket purchase of necessary DME and supplies.

For all these reasons, CAMPS respectfully requests that you prioritize the inclusion of durable medical equipment (e.g. wheelchairs, ventilators & oxygen), disposable medical supplies (e.g. intermittent catheters, trach tubes) and enteral nutrition products (e.g. oral and tube fed formulas) as essential health benefits. Ensuring that these necessary items and supplies are included as essential health benefits can significantly reduce the physical and emotional burden on caregivers by providing them with the tools needed to care for their loved ones more effectively and safely. Furthermore, ensuring these items and supplies are covered promotes inclusivity and equality, reflecting our society's commitment to supporting all its members, particularly the most vulnerable. Doing so will align our healthcare system with the principles of equity, inclusivity, and compassion, and demonstrate our commitment to supporting individuals with disabilities and chronic health conditions in leading dignified and independent lives.

Thank you for your attention to our request.

Sincerely,

Gloria Peterson
CA Association of Medical Product Suppliers, Executive Director

July 11, 2024

Director Mary Watanabe
Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814

Re: California's Essential Health Benefits and Updating the Benchmark Plan

Dear Director Watanabe:

Thank you for the opportunity to comment on California's Essential Health Benefits (EHBs) and the process for updating the benchmark plan. On behalf of our 27,000 member dentists, the California Dental Association writes to encourage the state to add adult dental to the state's EHB benefit to improve access to oral health care for Californians.

Earlier this year, CMS finalized a rule that allows states to add adult dental into their benchmark plans. This creates an opportunity to improve adult oral health and overall health outcomes, while reducing health disparities and advancing health equity. CDA offers comments to support adding adult dental to the benchmark plan and to provide additional information on how the state could provide the widest possible impact for patients while still creating an efficient and effective implementation.

The health care system has historically exempted the mouth from the rest of the body. However, in recent years, oral health has received growing attention and integration within the health care delivery system– including studies connecting good oral health to improved outcomes for common diseases and nearly half of the states expanding their Medicaid coverage to include adult dental services. All these actions are built on a fundamental truth –the mouth and body cannot be separated.

Oral Health Disparities: Adult oral health has historically been largely placed low on the priority list of health benefits, which has particularly affected communities of color and low-income adults. In a UCLA oral health study published in 2020, 27% of California adults reported their oral health as poor, a greater number than the 21% who reported their overall health as poor. When broken down by demographics, 30% of African Americans and 34% of Latinx reported their oral health as poor, compared to 21% of white Californians. Even among those who are at or above 250% federal poverty level, according to the study, 17% still reported poor oral health.[1]

These oral health disparities in communities of color, in socioeconomically disadvantaged populations and in older adult has effects that reach far outside the mouth. Loss of teeth

[1] UCLA Center for Health Policy Research, Income Disparities Widen the Gap in Oral Health of California Adults. November 2020. https://digirepo.nlm.nih.gov/master/borndig/101777603/OralHealth-policybrief-nov2020.pdf

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impacts the ability to chew food, which can result in nutritional deficiencies.[2] Periodontal disease (gum disease) has been linked to chronic comorbidities, such as heart disease and diabetes. Creating greater access to oral health care will have a positive impact on overall health and well-being of individuals.

Costs of Health Care: Health care costs and premiums across the country are rising, and dental care is no exception. Nationwide dental costs rose 16% in 2021 and in California's state health insurance exchange dental premiums rose 4.3% for this current plan year.[3&4] Last year, the California Health Care Foundation survey found that 38% of Californians have a family member who skipped dental care last year due to cost.[5] Not only should Advance Premium Tax Credits be available to consumers to help mitigate the cost of dental coverage, but the overall structure of cost-sharing in dental care should also be addressed.

I. Establishing Parity with Other Parts of Healthcare on ACA Reforms

The ACA established groundbreaking patient protections and transparency requirements for medical plans and furthered the goal of health care being a right for Americans – free from discrimination and accessible to *all*. However, specialty insurance plans, such as dental plans were exempted from these fundamental patient protections.

Dental Coverage and Dependents: One benefit that was added under the ACA is allowing dependents to stay on insurance through 26 years of age. However, as dental insurance does not have this requirement, **CDA requests the state to require the adult dental benefit to allow dependents to have dental coverage through age 26.**

Dental Plan Policies and Regulations: Currently there is a significant variation across the dental insurance market of services covered and plan policies, but no standard benefits or "floor" required of plans. This often leaves consumers purchasing inadequate dental coverage, coverage inappropriate to their dental needs, or simply receiving little value for their premiums.

California recognized that consumers need these basic dental plan protections and in 2023 passed AB 1048 (Wicks), which among other items prohibits dental plans from implementing waiting periods on large group products and bars preexisting condition provisions. [6] Despite these long-awaited improvements to dental insurance, small group and individual products do not benefit from the waiting period protections. **CDA urges the state to prohibit waiting periods in small group and individual products to standardize and strengthen consumer protections for all dental products.**

---

[2] Centers for Disease Control and Prevention. Tooth Loss (cdc.gov). Accessed July 2024. https://www.cdc.gov/oral-health/data-research/facts-stats/fast-facts-tooth-loss.html
[3] Health Affairs. National Health Care Spending in 2021: Decline in Federal Spending Outweighs Greater Use of Care. December 2022. https://www.healthaffairs.org/doi/10.1377/hlthaff.2022.01397
[4] Covered California. Covered California Announces Premium Change for 2024 Dental Plans. August 2023. https://www.coveredca.com/newsroom/news-releases/2023/08/30/covered-california-announces-premium-change-for-2024-dental-plans/
[5] California Health Care Foundation. The 2023 CHCF California Health Policy Survey. February 2023. https://www.chcf.org/publication/2023-chcf-california-health-policy-survey/
[6] California Health and Safety Code § 1374.194 and California Insurance Code § 10120.41

The lack of regulations in place for dental plans paired with no minimum requirements for benefits covered creates inequitable dental coverage for consumers. CDA often hears from dental providers that their patients are frustrated that medically necessary dental work is not covered or is only partially covered. Having dental insurance creates a false sense of security for consumers as they have come to expect medically necessary services to be covered, which is not the case with dental insurance. There is no guarantee that dental plans will cover necessary restorative or more complex services.

CDA urges the state to clearly define a minimum benefit design to ensure an adult dental benefit is reasonable and sets an appropriate level of care for consumers. We applaud the state's commitment to updating the benchmark plan improving access to care. However, without creating minimum standards or putting in place greater regulation and accountability for dental plans, this will not go far enough to ensure equitable dental care.

II. Separate Dental Deductible

To ensure that adding adult dental to the EHB does not inadvertently put dental care out of reach, CDA urges the state to require a separate dental deductible for embedded dental benefits. Medical plans can have deductibles reaching into the thousands, with Covered California Silver and Bronze level plans having individual deductibles over $5,000 and family deductibles over $10,000. Since deductibles must be met before coverage kicks in, this high threshold could mean patients must pay 100% of their dental costs unless they have already put significant dollars towards their medical care in a particular year or have extensive dental needs that exceed the deductible.

III. Eliminating Caps on Dental Care

Preventive and diagnostic dental services are crucial in maintaining good oral health and preventing dental disease. On the medical side, preventive care is not subject to deductibles or copays which has been vital to increasing the overall health of society. Eliminating cost barriers for preventive and diagnostic dental services is going to be significant for consumers and signal what has been reiterated for many decades that oral health is essential to general health and well-being.

Rather than capped annual out-of-pocket (OOP) maximums set in place by the ACA, dental insurance plans continue to set both annual and lifetime benefit caps, usually at an extremely low annual maximum – about $1,500 to $2,000 on average – a number that has not changed since the 1970s. When adjusted for inflation, a $2,000 annual maximum benefit in 1970 would be equivalent to $16,273 in 2024 dollars.[7] A single major procedure, like a root canal and crown, can cost over $2,000 — far exceeding a patient's annual maximum benefit.[8] Similarly, it is common practice to see lifetime limits on services, such as orthodontics, which

[7] Dollar Times. Calculate the Value of $2,000 in 1970. Accessed July 2024. www.dollartimes.com/inflation
[8] ADA Health Policy Institute. Analysis of IBM Market Scan Dental Database. 2018.

only exacerbate cost barriers for dental care. As dental costs continue to rise, consumers are faced with paying high OOP costs or foregoing much-needed dental care. An annual OOP maximum encourages consumers to seek necessary dental services without the worry of excessive costs. **CDA recommends that -- similar to the pediatric dental benefit offered on Covered CA -- there be no annual or lifetime limit on covered adult dental services and a reasonable annual out-of-pocket maximum**. The Covered California pediatric dental benefit includes an annual OOP maximum of $350 for one child or $700 for a family (two or more children), separate from the medical OOP maximum. CDA encourages the state's actuarial analysis of adult dental benefits to include an evaluation of an OOP max that strikes a balance between reasonable OOP costs and a monthly premium that does not create a financial barrier.

IV. Dental Loss Ratio

The ACA medical loss ratio (MLR) is set at 85% for medical plans, yet there is no minimum on what dental plans must spend on patient care. If a dental plan is a low-quality product and lacks other basic standards, a standalone dental medical loss ratio, also known as a DLR, requirement does not add value for patients. This is evident from the past nine years of DLR reporting requirements, as many of the largest dental plans already have a high DLR, at or above 85%. These dental plans continue to provide subpar coverage to patients through lifetime limits on certain services, low annual maximums, and inadequate patient protections. **Only after establishing meaningful dental coverage as discussed above does CDA recommend the implementation of a required DLR to apply to adult dental benefits included in a QHP as well as any SADPs.**

V. EHB Defrayal Policy

Under current regulations, unless otherwise stated, states must defray the cost of any state-mandated benefits that are above the scope of benefits provided by plans consistent with the state's EHB benchmark plan. This defrayal requirement can create a costly hurdle for state's ability to implement any additional benefit. However, in the final rule, CMS clarified that states may update their benchmark plans to add adult dental services without having to defray the costs. California should not leave any federal funding on the table and the CMS defrayal policy for adult dental services will reduce the cost to the state of adding this important benefit.

We encourage the state to add adult dental into the state's benchmark plan beginning in 2027. **CDA strongly believes that in conjunction with adding an adult dental benefit, this EHB benchmark is an opportunity to create a meaningful standard for dental care and add important consumer protections that are currently lacking in dental insurance.** The current system of dental insurance is a "wild west" that often leaves patients without affordable access to necessary dental care. Simply adding this benefit as an essential health benefit in the wild west of dental insurance would fall short of the potential impact this addition could have on creating a meaningful oral health benefit.

CDA believes there is significant opportunity for an adult dental EHB to improve patient health outcomes and increase health equity. We appreciate your consideration of our comments above. Please contact Monica Montano at monica.montano@cda.org if you have any questions about the above comments, or if we can provide any further information.

Sincerely,

Monica Montano
Regulatory and Legislative Advocate

RICARDO LARA
CALIFORNIA INSURANCE COMMISSIONER

June 26, 2024

Ms. Mary Watanabe
Director
California Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814

Re: Updating California's Essential Health Benefits Benchmark Plan

Dear Director Watanabe:

The California Department of Insurance (CDI) would like to take this opportunity to provide input on any proposed changes to California's Essential Health Benefits (EHB) benchmark plan, which affects the individual and small employer health insurance markets in California.

CDI is pleased that the Newsom Administration and the Legislature are reviewing California's benchmark plan now that the federal government has eased federal requirements on states for adding EHBs. CDI has long been concerned that the lack of coverage for durable medical equipment (DME) and external prosthetic devices disproportionately and inequitably burdens people with disabilities and chronic illnesses who have individual or small group market coverage.

As you are aware, the current benchmark plan, the 2014 Kaiser small employer HMO "30 plan," was chosen in 2015 and codified by SB 43 (Hernandez, Ch. 648, 2015). During the legislative process, CDI provided analysis to the legislature regarding the benefits covered by the choices available for a new benchmark plan, especially regarding choices that would best benefit Californians with disabilities and chronic illnesses.

It is with those previous comments in mind that CDI offers the following recommendations when the Department of Managed Health Care (DMHC) considers adding benefits to the existing benchmark plan or choosing a new benchmark plan:

1. The current benchmark plan's coverage of durable medical equipment (DME) is extremely limited.[1] CDI recommends that at a minimum, manual and power wheelchairs, walkers, hospital beds, respiratory equipment such as oxygen systems, and power operated scooters should be added to EHBs. These items have long been known to be essential to daily living for people with disabilities and are included in Medi-Cal coverage. California's previous failure to choose a benchmark plan that covered these items in 2015 when it had a clear opportunity to do so can be rectified this year by adding a comprehensive DME benefit to the benchmark plan. DMHC can choose not to deprive Californians of the basic

[1] A list of the limited DME that is EHB can be found in 10 Cal. Code Regs. § 2594.3(a)(4).

right to leave their homes, access employment, and live full lives in their communities, and CDI strongly supports this choice.
2. The current benchmark plan's coverage of external prosthetic and orthotic devices is also meagre. CDI recommends that you consider adding external prosthetic and orthotic devices required to replace the function of all or part of an organ or extremity, rigid and semi-rigid orthotic devices required to support or correct a defective body part, and special footwear for foot disfigurement, to EHBs.
3. CDI recommends coverage of hearing aids and related services for insured people of all ages.
4. CDI recommends coverage of the diagnosis and treatment of infertility, including but not limited to services such as artificial insemination, in vitro fertilization, and fresh and frozen embryo transfer.
5. CDI recommends coverage eyeglasses or contact lenses following cataract surgery.
6. The current benchmark plan limits coverage of home health visits to 100 per year. CDI recommends the removal of this treatment limitation and instead cover all home health visits that are medically necessary.

Finally, the 2025 Notice of Benefit and Payment Parameters, finalized on April 3, 2024 by the Centers for Medicare & Medicaid Services, removed the regulatory prohibition on providing routine non-pediatric dental services. I strongly support including routine dental services for insured people of all ages in the next benchmark plan.

Good oral health is an essential component of an individual's overall health and well-being. Unfortunately, long-standing systemic inequities in our health care system have resulted in members of historically disadvantaged communities receiving inadequate access to dental care due to lack of coverage. Specifically, Black and Latino/x adults are more likely to have tooth decay, and moderate to severe periodontal disease than White adults.[2] A lack of access to dental care can have serious consequences for all aspects of overall health. Untreated periodontal disease and tooth loss are associated with cardiovascular disease, including atrial fibrillation and heart failure.[3] Moreover, studies have demonstrated that individuals who receive comprehensive oral care during substance use disorder treatment have improved treatment outcomes at discharge.[4]

Including routine dental care in the benchmark plan is critical to advancing overall health equity and increasing access to dental care. It will rectify long-standing disparities in this area and help address the mental health and substance use disorder crisis that the state is working so hard to alleviate.

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[2] Borrell, Luisa, *Racism and oral health equity in the United States: Identifying its effects and providing future directions* (Spring 2022) Journal of Public Health Dentistry.
[3] Webb, Dietrich, et. al., *Evidence summary: the relationship between oral and cardiovascular disease* (March 2017) British Dental Journal; Woo, Chang, et. al., *improved oral hygiene care is associated with decreased risk for atrial fibrillation and heart failure: a nationwide population-based cohort study* (2020) European Journal of Preventive Cardiology.
[4] Hanson, G.R., et. al., *Comprehensive oral care improves treatment outcomes in male and female patients with high-severity and chronic substance abuse disorders* (2019) Journal of the American Dental Association.

The ACA and state law forbid health insurers and plans from employing benefit designs that discriminate based upon an individual's health status. Unfortunately, the current benchmark allows carriers to do just that. The current benchmark is based largely on pre-ACA era mandates and documents that were written prior to the ACA's prohibition on discriminatory plan design. We must do our part to eliminate the inequities in health coverage, especially those faced by historically disadvantaged communities. This is our chance to address the coverage gaps that promote inequities, to backfill gaps, and to incorporate advances in medical and behavioral health treatment.

We are pleased to be able to provide further input as you move through the process of examining and making recommendations on California's benchmark plan. Please contact me or Josephine Figueroa, Deputy Commissioner and Legislative Director, at (916) 492-3550 if you have any questions.

RICARDO LARA
Insurance Commissioner

cc: Angela Pontes, Deputy Legislative Secretary, Office of the Governor

From: Mike Odeh
To: DMHC Public Comments
Cc: michelle.m.marciniak@gmail.com; Colleen Corrigan; Nora Lynn
Subject: California's Essential Health Benefits and Hearing Aids
Date: Thursday, July 11, 2024 6:14:59 AM
Attachments: Outlook-wqyn1qjk.png

Thank you for the opportunity to provide comments on the benefits that should be considered for inclusion in the state's new Essential Health Benefits benchmark plan. **Children Now and Let California Kids Hear are writing to express our support of updating the California benchmark plan to include hearing aids and durable medical equipment**, which offers a policy solution that could permanently close coverage gaps and ensure that all children in California have access to affordable and comprehensive health insurance that meets the full range of their health needs.

Since the original Essential Health Benefits (EHB) benchmark was determined by California lawmakers over a decade ago during the implementation of the historic Affordable Care Act (ACA), there have been numerous attempts to close the coverage gap that has been baked into California's insurance markets. Specifically, there have been sustained efforts with strong legislative support to close the coverage gap for over 20,000 children and youth who need hearing aids, which are not included in their health coverage packages. According to pediatric experts, failure to provide appropriate intervention to deaf and hard-of-hearing children by three to six months of age leads to speech, language, cognitive, educational, and social-emotional deficits and permanent delays.

Thirty-two states already require private individual and group health insurance plans to include coverage for children's hearing aids & services through a state insurance benefit mandate and/ or by way of the state's EHB benchmark selection, but California is not one of them. California families with children who are deaf and hard of hearing are eager for solutions that will ensure they can access services for their children and be protected from the financial risk of uncovered benefits. The Wakely Analysis includes estimates for an annual hearing exam and hearing aids every three years, which aligns with what experts recommend and what enrollees need.

Over the past decade, there have been several advocacy attempts to close the hearing aid coverage gap for children. Last year, our organizations were the proud co-sponsors of SB 635 (Menjivar), the Let California Kids Hear Act, which passed out of the legislature with bipartisan support but was vetoed by Governor Newsom, who was concerned it

would “set a new precedent by adding requirements that exceed the benchmark plan.” The veto message also referred to the existing Hearing Aid Coverage for Children Program (HACCP), which has been subject to legislative budget oversight hearings for the past three years given low enrollment of children and limited participation by providers.

With early access to hearing aids, deaf and hard-of-hearing children who are aided within six months can develop at the same rate as their hearing peers and attend mainstream schools, reducing the state’s long-term costs of supporting these children. This presents an opportunity to address the cost of untreated newborn hearing loss and special education while maintaining care in a child’s medical home by including hearing aids in the rehabilitative and habilitative services category. Researchers estimate that the cost for untreated newborn hearing loss is $1.8 million per child in 2023, without factoring in the cost of special education, other medical complications, and loss of productivity when a child who is deaf or hard of hearing does not receive early intervention. In 2016, the Legislative Analyst Office estimated that California spends more than $400 million a year to educate approximately 14,000 students who are deaf or hard of hearing (DHH).

It is also crucial that children and families have access to durable medical equipment. Many Californians do not have access to the wheelchairs, augmentation communication devices, hearing aids, oxygen equipment, and other DME that they need. Private health plans offered in California’s individual and small group markets regularly exclude or severely limit coverage of this equipment. Faced with out-of-pocket costs up to $50,000, many people go without medically necessary devices or obtain inferior ones that put their health and safety at risk.

Under the EHB benchmarking approach, California will not have to defray any additional premium costs associated with new required benefits. According to the National Health Law Program1, seven states have recently added/improved benefits with minimal actuarial impact and minimal effect on premiums.

It is critical that the Department and Administration move quickly on this, as hearing loss is a developmental emergency that has preventable and permanent consequences, and California’s kids have waited long enough for affordable and accessible care and devices.

Thank you, and we look forward to future conversations about updating the state’s benchmark.

Mike Odeh
Senior Director of Health
Pronouns: he/him/his

Children Now
On a mission to build power for kids.

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CROHN'S & COLITIS FOUNDATION

July 10, 2024

Ms. Mary Watanabe, Director
California Department of Managed Health Care
980 9th St #500
Sacramento, CA 95814

RE: ***CA Essential Health Benefits: Updating the Benchmark Plan***
Oral Dietary Enteral Nutritional Formulas (including polymeric) to Treat Patients of Crohn's Disease

Dear Director Watanabe:

On behalf of the Crohn's & Colitis Foundation, I am writing to request that the update to the Essential Health Benefit Benchmark Plan include coverage of dietary enteral formulas (including polymeric formulas taken orally) for patients diagnosed with regional enteritis (Crohn's Disease).

Inflammatory Bowel Disease (IBD), which includes Crohn's Disease and Ulcerative Colitis, causes chronic inflammation in the gastrointestinal (GI) tract, the area of the body where digestion and absorption of nutrients take place. Normally, the immune system helps to protect the body from harmful infections and irritants. In IBD, however, the immune system reacts inappropriately, causing inflammation, which leads to symptoms such as abdominal pain and cramping, diarrhea, bleeding, weight loss, and/or fatigue. If left untreated, or when a patient is nonresponsive to treatment, complications can occur, which include malabsorption of nutrients, growth delays, and low bone mass. Some complications could lead to infection and then surgery, including removal of parts of the colon.

Despite significant advances in medical care, complications are common, and ultimately occur in about 70% of Crohn's Disease patients. Oral enteral nutrition (EN) is an important part of managing Crohn's disease, as it reduces the inflammatory process of the gut, leading to bowel rest and improving postoperative prognosis for those who require surgery.

EN is a liquid dietary regimen, which is administered orally, as a drink, powder, dessert-like snack, or via a feeding tube, with similar efficacy. EN may be recommended as a maintenance diet during the remission phases of Crohn's Disease combined with the usual diet. A maintenance enteral diet has been shown to increase the positive effects of biological therapies, thus preventing the relapse of the disease after surgical-induced remission.

EN can also be administered as a a primary treatment with use of exclusive enteral nutrition (EEN). EEN excludes solid food, providing the full amount of necessary calories. The use of this type of diet is particularly recommended during relapse of the disease, when it is applied for 6–8 weeks to induce remission. EEN is recognized as a first-line therapy for mild-to-moderate

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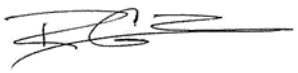
Crohn's Disease resulting in remission in about 70% of patients. EEN provides other beneficial effects, such as improving the nutritional status and bone metabolism/turnover in children and reduced steroid use, which is known to impair growth.

For pediatric patients, over the counter formulas, recommended and prescribed by their provider, could delay a child's need to begin a more aggressive or more expensive biologic drug to achieve or maintain remission. **Avoiding more expensive biologics and using dietary oral enteral formulas instead will reduce overall cost to the health care system.**

Additionally, while the current benchmark may exclude "oral nutrition" from coverage, it does include certain exceptions to this exclusion and one of them is "elemental dietary enteral formulas" for the treatment of enteritis. While promising, the inclusion of "elemental" has caused confusion whether coverage exists for other forms of dietary enteral formulas to be taken orally. Furthermore, in an analysis of recent legislation on this issue, the California Health Benefits Review Program, or CHBRP, stated enteral formulas "do not exceed the definition of essential health benefits (EHBs) in California because formula and special food products are considered durable medical equipment and would be encompassed within the "rehabilitative and habilitative services and devices." To avoid confusion and to ensure coverage of a treatment that may be best for the patient, the new benchmark should specifically authorize dietary enteral formulas for treatment of enteritis without any qualifiers on the type of formula.

For all these reasons and to ensure access to this important treatment option, the Crohn's & Colitis Foundation requests the inclusion of dietary enteral formulas (including polymeric formulas taken orally) for patients diagnosed with regional enteritis, also known as Crohn's Disease. Thank you for your attention.

Sincerely,



Ryan G. Spencer
Legislative Advocate

July 10, 2024

Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814

RE: Comments on Updates to the Benchmark Plan of California's Essential Health Benefits

To Whom It May Concern:

The U.S. Pain Foundation (U.S. Pain) and its volunteer California Advocacy Team (CAT) are pleased to provide comments on the benefits that should be included in California's benchmark plan for Essential Health Benefits (EHBs).

U.S. Pain is a national non-profit 501(c)(3) organization created by people with pain for people with pain from various diseases, conditions, and serious injuries. The mission of the organization is to connect, support, educate, and advocate for those living with chronic pain, as well as their caregivers and healthcare providers.

Impact of Chronic Pain

Pain is the most common reason Americans access the health care system.

A study in the Centers for Disease Control and Prevention (CDC) *Morbidity and Mortality Weekly Report* dated April 14, 2023 reported that 51 million U.S. adults experienced chronic pain in 2021 and 17 million experienced high-impact chronic pain that interferes with a person's ability to function daily.[1] **In California, this translates to approximately 5.06 million California residents with chronic pain and 1.67 million with high-impact chronic pain.** High-impact chronic pain devastates a person's quality of life, negatively affecting all aspects of daily functioning, including sleep, work, social activities, and relationships.

Recommendations for Expansion of Essential Health Benefits

In 2018, the Secretary of the U.S. Department of Health and Human Services (HHS), Alex Azar, appointed a panel of the nation's foremost pain experts to serve on the HHS Pain Management Best Practices Inter-Agency Task Force mandated by Congress. U.S. Pain Foundation's Director of Policy and Advocacy, Cindy Steinberg, was the only patient and pain advocate appointed to the panel. A national leader in pain policy accomplishments, Steinberg is an advisor to CAT.

On May 9, 2019, the HHS released the Pain Management Best Practices Inter-Agency Task Force Report (HHS Task Force Report). Written by the 29 pain experts appointed by the Secretary with input from a broad group of representatives and stakeholders including 9,000 letters from the public, the report provided recommendations for best practices for managing acute and chronic pain for the nation. This final report was endorsed by more than 160 healthcare-related organizations.

Using the HHS Task Force Report findings as a guide, CAT presents the following recommendations for services to be included as EHBs in the updated benchmark plan. **These therapies should be made available to all pain patients as**

[1] Rikard, S. Michaela, et al. "Chronic Pain among Adults - United States, 2019–2021." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 14 Apr. 2023, https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7215-H.pdf

medically prescribed and as part of a multidisciplinary treatment plan. There should be no arbitrary limits imposed on the number of treatments nor the types of therapeutic applications.

- **Complementary and Integrative Health**: "Clinical best practices may recommend a collaborative, multimodal, multidisciplinary patient-centered approach to treatment for various acute and chronic pain conditions to achieve optimal patient outcomes. For improved functionality, activities of daily living, and quality of life, clinicians are encouraged to consider and prioritize, when clinically indicated, nonpharmacologic approaches to pain management."[2]
    - Therefore, we request coverage for:
        - Acupuncture
        - Massage therapy
        - Chiropractic care
- **Restorative Therapies**: "Restorative therapies play a significant role in acute and chronic pain management, and positive clinical outcomes are more likely if restorative therapy is part of a multidisciplinary treatment plan following a comprehensive assessment. Use of restorative therapies is often challenged by incomplete or inconsistent reimbursement policies. Patient outcomes related to restorative and physical therapies tend to emphasize improvement in outcomes, but there is value in restorative therapies to help maintain functionality."[3]
    - Therefore, we request coverage for physical and occupational therapy for the ongoing treatment and stabilization of chronic pain. While these services are current EHBs, these treatments are often limited in number and application in health insurance plans.
- **Interventional Procedures**: These treatments "diagnose and treat pain with minimally invasive interventions that can eliminate pain and minimize the use of oral medications. These procedures include, but are not limited to: trigger point injections, joint injections, epidural steroid injections, radio-frequency ablation, cryo-neuroablation, neuromodulation, pain pumps, spinal cord stimulators, and others."[4]
    - It appears that the current EHB plan provides no information about insurance coverage of interventional procedures for spine, myofascial, and other conditions.
    - These treatments are standards of care for clinical pain management and should be available with coverage identified in health plans.
- **Behavioral Health Approaches**: "In recent decades, pain management experts have recognized the important relationship between pain and psychological health. Psychological factors can play an important role in an individual's experience and response to pain and can affect treatment adherence, pain chronicity, and disability status."[5]
    - Therefore, we request coverage for these treatments, including but not limited to, these common and effective therapies: Behavioral Therapy, Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, Mindfulness based Stress Reduction, Emotional Awareness and Expression Therapy, Self Regulatory or Psychophysiological Approaches, such as biofeedback, relaxation training, or hypnotherapy.[6]
- **Durable Medical Equipment** : At a minimum, we request coverage of wheelchairs, walkers, canes, neuromodulators, TENS, and other medically necessary equipment.

For additional context and rationale, please review the information below which addresses chronic pain as a national

[2] U.S. Department of Health and Human Services (2019, May). Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Retrieved from U. S. Department of Health and Human Services website: https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf, Page 41
[3] Ibid., Page 31
[4] Ibid. Page 33
[5] Ibid., Page 37
[6] Ibid. Page 36

public health emergency as well as recent legislation emphasizing the critical need for comprehensive, multidisciplinary pain treatment plans.

A Public Health Emergency and Devastating Guidelines for Treatment

The opioid crisis began in 1990 when patient overdose deaths increased significantly. In 2016, the CDC published guidelines that recommended limits on the amount of opioid medication that could be prescribed to pain patients. The California Medical Board (the Board) followed with similar limitations. Physicians suddenly became fearful of scrutiny and began force-tapering pain patients off of their opioid medication, leaving many undertreated, experiencing serious withdrawal, worsening pain outcomes, overdosing on illegal drugs, and increasing the number of suicides. The Board also began a "death certificate" project in which death records were reviewed to investigate physicians who may have overprescribed opioids leading to death.

As a result, many California physicians became unwilling to treat chronic pain patients. In 2017, while the President of the United States declared the opioid crisis a public health emergency, he did not release funds to support effective solutions to this health emergency affecting millions of patients living with chronic pain.

Safer Treatment for Chronic Pain Patients Was Imperative

Recognizing the need for national advice regarding pain management, the U.S. Congress, in the Comprehensive Addiction and Recovery Act (CARA), directed the HHS Secretary to appoint a task force of the nation's foremost pain experts to report on the best way to manage pain, as noted above.

The HHS Task Force Report advised combining many different therapies from five broad areas called a multimodal integrative approach as best practice. The particular combination of treatments is different for each person with pain, so practitioners working with patients must develop individualized treatment plans. Consequently, individuals with pain need access to a broad range of treatments to see what works best for them.

California "Patients Bill of Rights"

In the 2021-2022 California legislative session, AB 2585 "Nonpharmacological Pain Management Treatment" was introduced and signed into law as CA Health & Safety Code (H&S) section 124962. The law promoted therapies for pain management treatment. Section 124962(b)[7] of the H&S Code refers to the HHS Task Force Report and identifies barriers to patient access to pain management treatment, including limited health insurance coverage. While this addition to California law encouraged the same treatment modalities recommended in the HHS Task Force Report, there was no mandate for insurance plans to cover these treatments. Physical therapy and acupuncture are EHBs, yet, patients have reported they experience strict limitations and exclusions from their insurance plans that are designed for acute pain recovery instead of chronic pain treatment.

California 2023 Revision of "Guidelines for Prescribing Controlled Substances for Pain"

In 2023, the California Medical Board (CMB) revised its guidelines for prescribing opiates to pain patients. The Board recognized that a change of tone was needed and physicians needed more autonomy in treating patients to provide individualized care. Indeed, in California alone, 29 pain management centers have closed, leaving 20,000 patients without care.[8] The Board recommended the following:

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[7] Cal. Health & Safety Code § 124960-124962.
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=124962.&lawCode=HSC
[8] Medical Board of California (2023). Guidelines for Prescribing Controlled Substances for Pain.
https://www.mbc.ca.gov/Download/Publications/pain-guidelines.pdf

> "Opioid medications should not be the first line of treatment for a patient with chronic pain. Other measures, including non-opioid therapeutic options, such as medications, restorative therapies, interventional approaches, behavioral health approaches, and complementary and integrative health approaches should be tried, and the outcomes of those therapies documented first. "

One of the CMB's goals was to provide resources to clinicians who treat chronic pain conditions. They identified the HHS Task Force Report as a resource for clinicians.[9] Yet, insurance coverage of a wide range of treatments remains limited.

Despite section 124962 to the CA H&S Code's "encouragement" of multimodal treatment for chronic pain and the CMB's 2023 Guidelines, chronic pain patients continue to lack appropriate coverage for the treatment of chronic pain conditions. Because insurance providers could, but were not required to cover recommended treatments, there is no evidence of expanded insurance coverage.

U.S. Pain Foundation and CAT thank the Department of Managed Health Care for considering our recommendations as the agency moves forward with this important work. We would be delighted to provide additional information and assist the Department's efforts in any way. Please contact Shelley Conger at sconger123@gmail.com or 747-248-9588 or any other members of the team listed below.

Sincerely,

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[9] Ibid, Page 7

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June 25, 2024

Mary Watanabe, Director
Department of Managed Health Care
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Via electronic submission: Mary.Watanabe@dmhc.ca.gov

Dear Director Watanabe:

On behalf of the California Association of Health Plans (CAHP), which represents 42 public, non-profit and for-profit organizations in public programs and commercial markets please accept this initial comment letter as you embark on the crucial task of updating California's Essential Health Benefits (EHBs) and benchmark plan.

Embarking on an open and transparent process to evaluate and update California's EHBs will be challenging yet vitally important. It offers the opportunity to be thoughtful about the relationship between cost and access. Revaluating the EHBs as a package is certainly preferrable to the current approach of haphazardly considering one-off benefit mandate bills that inflate health care premiums for all Californians.

It is important to note that the benefits provided by health care coverage are directly connected to the cost of health care premiums. Increasing benefits results in increasing premiums. California's health plans are committed to providing affordable health care coverage for those purchasing their own coverage and any consideration of increasing the benefit package must be carefully analyzed, priced, reviewed for efficacy, and cost effective.

California's Health Plans: Covering California's Essential Benefits
California's health plans are dedicated to ensuring that everyone has access to high-quality, affordable health care services. Our members offer comprehensive coverage to more than 28 million people under the state's Essential Health Benefits (EHBs) package.

The Affordable Care Act requires that all health insurance plans offered in the individual and small-group markets must provide a comprehensive package of items and services, known as essential health benefits. The EHBs were determined by California lawmakers after robust discussion, research, and analysis with the goal of creating a comprehensive package of health care services that benefit the greatest number of people while keeping healthcare affordable.

Legislative Health Care Mandates: The Wrong Approach
As lawmakers, health plans, and many others are working to make health care more affordable, other interest groups continue to propose a slew of individual coverage mandate bills that collectively significantly increase the cost of health plan premiums. While relatively few consumers benefit from most health care mandates, ALL Californians (employers, consumers, and the state of California) would pay higher premiums.

In 2023, for example, California lawmakers considered many new mandates that, as proposed, would have driven up premiums by nearly $1 billion in the first year alone. We were pleased when Governor Newsom vetoed most of these mandates due to the increased health care costs they would have imposed on Californians.

Additionally, mandated benefits that exceed the EHBs selected by California not only increase health premiums for Californians, but they can also expose the state's general fund to increased costs. This is because the federal government could require states to cover the cost of mandates that exceed the state selected EHBs.

A More Thoughtful, Open and Transparent Approach is Welcome

While reopening California's EHB package is not without its challenges, it allows policymakers the opportunity to engage in a more thoughtful and comprehensive analysis of affordability and accessibility to health care coverage.

It is our understanding that the retained consultant will be analyzing and pricing potential changes to the EHB benchmark. It will be vital for health plans, and our actuaries, to have the opportunity to validate or raise issues with those cost estimates. In addition, if benefits and premiums are substantially impacted, our member plans will need time to plan and prepare. Therefore, we hope for an open and transparent process that will allow our member health plans the opportunity to provide critical feedback.

Consider the Work of the Office of Health Care Affordability

If California goes down the path of reopening the EHB package, it must keep in mind the work being done at the Office of Health Care Affordability (OHCA) within the Department of Health Care Access and Information (HCAI). OHCA's enabling statute emphasizes that it is in the public interest that all Californians receive health care that is accessible, affordable, equitable, high-quality, and universal.

In April, the Office of Health Care Affordability Board approved a statewide health care spending target intended to help slow the growth of health care costs for consumers. The target, which applies to payers and providers, will start at 3.5% in 2025 and phase down to 3% by 2029. CAHP supported the multi-year spending target because it holds incredible potential to positively impact the affordability of coverage.

The adoption of a new benchmark plan and a new set of EHBs will likely impact costs and premiums in some capacity. As such, any discussion around EHBs should factor in and not conflict with the work that is being done by OHCA and its underlying mission of consumer affordability.

Reexamining the EHB package will allow policymakers to look at the bigger picture by cumulatively reviewing how changing coverage will impact the affordability of health care premiums for Californians.

Working together, we can ensure access to high quality, affordable health care for all Californians. Health plans look forward to being an integral part of this conversation.

Sincerely,

Charles Bacchi
President & CEO

July 11, 2024 Via email: publiccomments@dmhc.ca.gov

California Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814

Re: California's Essential Health Benefits and Updating the Benchmark Plan

To whom it may concern,

Thank you for the opportunity to provide comments regarding potential changes to California's Essential Health Benefits (EHB) base-benchmark plan and the process that the Department of Managed Health Care (DMHC), in partnership with the Legislature and the California Health and Human Services Agency (CalHHS), will be undertaking in the next weeks and months towards achieving that goal. The undersigned represent a coalition of statewide organizations focused on advancing the rights of millions of Californians to access high-quality and affordable health care services. Collectively, we have decades of experience fighting for access to essential health services and have

worked closely with California and other states in the implementation of the Affordable Care Act (ACA), including selection of benchmark plans to define coverage of EHBs.

The EHBs are the main tool that the ACA created to ensure that individuals and families had access to comprehensive and high-quality coverage going forward. Prior to the ACA, nationally and for products regulated under the California Insurance Code, many private plans excluded from coverage key services, such as maternal and newborn care, mental health and substance use disorder (SUD) services, and prescription drugs for complex medical needs. Such gaps in coverage had a disproportionate effect on individuals with significant health needs and members of underserved populations, including Black, Indigenous, and People of Color (BIPOC) individuals, LGBTQIA+ individuals, and individuals with disabilities. The EHB coverage requirement significantly expanded access to a wide array of services that are instrumental in addressing these health inequities.

While the benchmark approach, which allows states to select a model plan for all other non-grandfathered individual and small group market plans to follow, helped states address some gaps in coverage, it has also led to persisting gaps in discrete areas of care. For that reason, the U.S. Department of Health and Human Services (HHS) in recent years has significantly expanded the authority that states have to modify their benchmark plans in order to expand the services or benefits plans are required to cover as EHBs and, in so doing, address remaining gaps. To date, nine states have already taken advantage of this new flexibility. Most of these states had originally selected benchmark plans that were not the most comprehensive or generous of the options available to states.

California selected the Kaiser Small Group HMO 30 as the State's benchmark plan in 2012 and that selection has been in place without significant changes since then. The State has made improvements on access to certain services through changes to medical necessity criteria and better enforcement of coverage requirements. Nonetheless, because states are limited in their ability to adopt new state coverage mandates without defraying the costs of those services, some of the services that the Kaiser plan excludes from coverage have remained as gaps in coverage in other plans and have resulted in access difficulties for underserved groups. Further, we believe states, like HHS, have an obligation to periodically evaluate coverage gaps and address them as necessary through adoption of changes in their EHB benchmark plans. Given that scenario, it is appropriate and timely for California to evaluate current gaps in coverage in the individual and small group markets in order to propose changes to the State's EHB benchmark plan. Below we offer various recommendations regarding the process for adoption of the new plan and we discuss specific areas of care where

coverage gaps persist and that we hope will be addressed through this benchmarking process.

1. **The benchmarking process should be transparent and provide sufficient and meaningful opportunity for public and stakeholder comment.**

We commend legislators, DMHC, and CalHHS for beginning the process with sufficient time in advance of the deadline to submit the proposal to the Center for Consumer Information and Insurance Oversight (CCIIO) in order for the new benchmark plan to take effect on January 1, 2027. We also appreciate the opportunities DMHC has provided during the current open comment period for verbal and written comments. We support a timely update to our EHB, and want to ensure the state's ambitious process provides sufficient opportunity for stakeholders to provide input along the way.

The federal rules governing the EHB benchmarking process establish that all states seeking changes to their benchmark plans "must provide reasonable public notice and an opportunity for public comment … that includes posting a notice on its opportunity for public comment with *associated information* on a relevant State website."[1] While CCIIO has not explicitly defined what would satisfy the requirement for public notice or what constitutes associated information, we believe that, at a minimum, stakeholders should have an opportunity to comment on the final proposed benchmark after having an opportunity to review the actuarial analysis certifying that the proposal meets the actuarial limitations outlined in the rule and any other resource DMHC and the Legislature use to arrive at the proposed benchmark plan.

While we understand that stakeholders and the public will be able to provide written and verbal testimony to the Legislature at a hearing in August, we believe that additional opportunities prior to the Legislature finalizing the plan are needed in order to satisfy the requirement of an opportunity for comment with associated information. Part of the reasoning behind a public comment period is to enable a dialogue between the public and agencies involved with development of the new benchmark plan. Because the California legislature has the final word in the selection of the benchmark, it is essential that the Legislature holds additional legislative hearings that are accessible to Limited English Proficient (LEP) and persons with disabilities, before approving the new plan. After that point, feedback from the public may only inform whether or not to approve the proposed benchmark with little opportunity for amendments that may require further actuarial evaluations.

[1] 45 C.F.R. § 156.111(c) (emphasis added).

To avoid that scenario, we recommend that DMHC provides further opportunities for comment at the agency level where stakeholders are able to provide feedback after carefully evaluating the actuarial analysis and with a better understanding of which services can be added without running afoul of federal actuarial limitations. For the benchmarking process and the corresponding public comment opportunity to be successful, DMHC should provide updates and related information to stakeholders and the public at all stages of the process, including making information available, and accepting comments, in accessible formats and in non-English threshold languages. While opportunities for written comment would likely suffice, stakeholder feedback becomes meaningless if DMHC does not actively engage in responding to all comments. Therefore, we recommend holding additional in-person or virtual meetings that are accessible to LEP and persons with disabilities, where DMHC can address concerns from the public and can answer specific requests from stakeholders, even if that requires postponing the legislative hearings on the final proposal.

2. **DMHC should engage in a holistic evaluation of current coverage requirements and plan practices in order to identify coverage gaps that are contributing to health inequities.**

It is encouraging that DMHC has already identified potential services that could be added through the benchmarking process. Nonetheless, we believe it is important for the Department to engage in a holistic evaluation of current coverage requirements and gaps that utilizes data to select the benefits that would ultimately be added to the benchmark. Because of the actuarial constraints, California will not be able to add every single benefit that stakeholders and others identify. Therefore, the process of selecting benefits should be a data-driven one that centers health equity in order to prioritize those benefits where gaps are disproportionately harming underserved populations.

We urge DMHC to work with the California Health Benefits Review Program (CHBRP) and Covered California to produce an analysis of the coverage practices and gaps among a representative sample of individual and small group market plans in the State. That analysis should identify gaps that are present across multiple plans, with particular emphasis on services that are highly utilized by BIPOC individuals, LGBTQIA+ individuals, and individuals with disabilities. This analysis will provide concrete data that supports subsequent changes to the EHB benchmark plan. The analysis could be used as a starting point for the feedback provided to DMHC during the present opportunity for comment period. When completed, the analysis should also be presented to the public for further feedback, which would in turn help inform the Department's subsequent course of action.

3. DMHC should assess compliance with federal nondiscrimination requirements applying the correct legal standard.

The EHB benchmarking process does not relieve state agencies from their responsibility of enforcing federal requirements related to nondiscrimination. That is, while states can address discriminatory benefit designs through the addition of specific benefits, they also have tools to address discrimination in benefit design that do not require opening up the benchmark plan for changes that are subject to actuarial limits. To that end, we are pleased to hear that DMHC will be evaluating potential discriminatory benefit designs in the current benchmark plan. However, we are concerned about the legal standard for discriminatory benefit design that DMHC will use in making these determinations.

We remind DMHC that Section 1557 of the ACA, which applies to all plans receiving direct or indirect federal assistance from HHS (including all Covered California plans), prohibits discrimination on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, gender identity, and sex characteristics).[2] In addition, the ACA requires that health benefits established as EHB not be subject to denial 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.[3] Together, these provisions provide strong protections for BIPOC individuals, LGBTQIA+ individuals, individuals with disabilities, and other populations traditionally subject to discrimination in benefit design.

Those protections extend not only to bans on explicit facial discrimination, such as when plans exclude a specific population from coverage of an otherwise covered benefit, but also to other forms of discrimination that are actionable in California. This includes proxy discrimination, which applies when a plan excludes a benefit that is so closely associated with a particular protected group that it serves as a "proxy" for that group and thus constitutes discrimination against them. Actionable discrimination also includes benefit designs that have a disproportionately negative result or "disparate impact" on a protected group; as well as benefits designs that function to segregate or unjustifiably limit people from living and participating in their communities within the meaning of *Olmstead v. L.C.*, 527 U.S. 581 (1999).

Legal experts within or working with DMHC should carefully assess California's current benchmark plan in order to identify benefit designs that lead to discrimination against protected populations. In that vein, we caution about commissioning evaluations from

[2] 42 U.S.C. § 18116.
[3] 42 U.S.C. § 18022(b)(4)(D).

outside experts without the appropriate legal training. While actuarial and policy evaluations are essential, we urge DMHC to allow legal experts to evaluate compliance with non-discrimination requirements as well as others related to the EHB benchmarking process. Following this compliance review, DMHC should evaluate whether to address those discriminatory practices through administrative action or whether the practice requires adding a specific benefit through the benchmark plan.

We also urge DMHC to not only evaluate discriminatory practices in the EHB benchmark plan, but to also implement a standard process to evaluate potential discriminatory practices among all plans that are required to comply with the EHB coverage mandate. While addressing discriminatory benefit designs in the benchmark plan will likely result in less discriminatory practices from plans, the reality is that the benchmark coverage does not excuse individual plans from compliance with non-discrimination requirements. That is, insurers must ensure that their plans' benefit designs do not discriminate against protected groups regardless of what the benchmark plan provides.[4]

As such, while we commend DMHC for evaluating discriminatory practices contained in the benchmark plan, we also urge the Department to adopt a standard monitoring mechanism that allows enrollees to submit complaints related to discrimination in coverage. In addition, DHCS should periodically evaluate individual plans to assess whether their benefit designs present potential violations of federal non-discrimination requirements and work with Covered California, the California Department of Insurance, and other potential partners to correct those violations. These tools would enable DMHC to better enforce federal nondiscrimination requirements, including by compelling plans to change their coverage to avoid violations of Section 1557 or the EHB nondiscrimination provision.

4. **The resulting proposed benchmark plan should improve upon current benchmark coverage without cutting or reducing benefits.**

Theoretically, the current federal rules allow states to both add or eliminate benefits, as well as to expand or limit the scope of covered benefits, within actuarial limits. In practice, it is possible for states to eliminate or reduce certain benefits in order to ensure that the addition of new benefits does not exceed the actuarial maximum (or generosity test). However, DMHC should only consider changes to the EHB benchmark plan that add benefits without cutting or reducing the scope of existing covered benefits. Any additional benefits or expansions in scope should be able to meet the generosity requirements without the need to reduce other benefits and should not be adopted at

[4] *Schmitt v. Kaiser Found. Health Plan of WA*. 965 F.3d 945, 955 (9th Cir. 2020).

the expense of other currently covered services. The current benchmark plan and all services it extends to must be the baseline for any potential new benchmark plan. Importantly, given that states now have the option to create a new benchmark plan altogether (without having to rely on other states' benchmark plans or any specific plan within the state), a resulting benchmark that is equal to the current coverage plus additional benefits would be permissible under the federal rules and we urge the Department to stay within those parameters.

5. **DMHC should evaluate (and commission an actuarial report on) the addition of durable medical equipment, doula services, adult dental care, infertility treatment, behavioral health support services, over-the-counter naloxone, and community health workers.**

    a. Durable Medical Equipment (DME)

While we believe DMHC should engage in a holistic evaluation of current coverage before commissioning an actuarial report on the various options, several services that are currently excluded from coverage stand out. First, the current benchmark plan is notorious for its lack of coverage for durable medical equipment (DME). The plan limits DME to a list of ten low-cost benefits and further limits coverage of DME to only equipment that an individual needs in their home, to the exclusion of equipment they may need to move even 10 feet outside their home. Following this benchmark, many plans in California have failed to cover essential DME items such as wheelchairs, hearing aids, and ventilators, or have placed strict dollar limitations (e.g., $2,000 annually) and/or high-cost sharing (e.g., 100% co-insurance) on the equipment they will cover, in addition to restrictions to in-home use only. Because DME is uniquely used by individuals with disabilities, coverage restrictions have a severe discriminatory impact on this population. Without adequate coverage, the lives of adults and children with disabilities are severely impacted—many are unable to attend school, work, or participate in community life. Others face institutionalization because they cannot function in their own homes without needed equipment.

Furthermore, California's benchmark plan appears to be an outlier when it comes to coverage of DME. Research into benchmark plans from other states confirms that plans typically do not limit DME coverage to a small number of equipment and that application of the in-home use rule is rare. In addition, previous analyses have shown that the cost of adding coverage of medically necessary DME is minimal because the population that would utilize the services is small. For that reason, DMHC should evaluate the possibility of adding mandatory coverage of all DME subject to medical necessity determinations. We particularly emphasize the significant need that currently exists for

coverage of manual and power wheelchairs as well as hearing aids.[5] These services are widely available in Medi-Cal and Medicare Advantage plans and, therefore, public programs bear the brunt of costs associated with their provision. In fact, many consumers have been forced to quit their jobs or take reduced salaries in order to qualify for these public programs, which offer essential DME items that their employer-sponsored plans do not. The EHB benchmark process presents a timely opportunity to address coverage practices regarding wheelchairs, hearing aids, and other DME that leads to health disparities affecting people with disabilities.

b. Doula Services

Second, DMHC should also consider requiring coverage of full spectrum doula care services as EHB. Doulas are individuals trained to provide non-clinical emotional, physical and informational support for people before, during, and after labor and birth. Doula care is among the most promising approaches to combating disparities in maternal health. Pregnant individuals receiving doula care, including people with disabilities who are increasingly choosing to have children, have been found to have improved health outcomes for both themselves and their infants, including higher breastfeeding initiation rates, fewer low-birth weight babies, and lower rates of cesarean sections.[6] Doulas can also help reduce the impacts of racism and racial bias in health care on pregnant women of color by providing individually tailored, culturally appropriate, and patient centered care and advocacy. DMHC should consider the impact of adding coverage of at least three prenatal doula visits and three postpartum doula visits, as well as coverage that is inclusive of the wide variety of doula training models, traditions, and practices, including those by community-based doula groups and by doula trainers of color. Given the infrastructure that has been developed as part of the new Medi-Cal doula benefit, California is in a unique position to also extend this service to enrollees in the individual and small group markets.

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[5] We are mindful of the need for hearing aid for children, but also acknowledge that EHB coverage requirements must extend to both adults and children in order to comply with age non-discrimination requirements based on age.

[6] *See* Asteir Bey et al., *Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities* (Mar. 25, 2019), https://everymothercounts.org/wp-content/uploads/2019/03/Advancing-Birth-Justice-CBDModels-as-Std-of-Care-3-25-19.pdf; Christian Horton & Susan Hall, *Enhanced Doula Support to Improve Pregnancy Outcomes Among African American Women with Disabilities*, 29 J. PERINATAL EDUC. 188–196 (Oct. 2020), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7662161/; Alison McGarry, Biza Stenfert Kroese, & Rachel Cox, *How do Women with an Intellectual Disability Experience the Support of a Doula During their Pregnancy, Childbirth and After the Birth of their Child?*, 29 J. APPLIED RESEARCH IN INTELLECTUAL DISABILITIES 21–33 (Jan. 2016), https://pubmed.ncbi.nlm.nih.gov/25953324/

c. Adult Dental Care

We further support an evaluation of the possibility of adding adult dental care as EHB. For many years, HHS prohibited states from including routine adult dental services as EHB. HHS rescinded that rule this year and California now has an opportunity to incorporate this important benefit as part of its EHB package, just as pediatric dental care is already covered. For years, public health officials have been calling for the end of outmoded and incongruous segregation of oral health care. In 2009, the World Health Organization (WHO) Global Conference on Health Promotion issued a call for the integration of oral health services and primary care.[7] Evidence overwhelmingly demonstrates that oral health care is a critical, essential part of health care.

Adding routine adult dental care as a covered EHB has the potential to improve health outcomes and improve quality of life for many. In 2000, a report titled *Oral Health in America: Advances and Challenges* concluded, "[t]he mouth is the center of vital tissues and functions that are critical to total health and well-being across the lifespan."[8] Now, more than twenty years later, we know even more about the importance of oral health to whole body health. Yet, routine dental care remains unreachable for many in California and across the U.S. This leads to unnecessary physical and mental suffering, loss of productivity, and higher health care costs.

The state of oral health in the U.S. clearly indicates the need for access to routine dental care. Dental caries, also known as cavities, are a prevalent condition among adults. According to the Centers for Disease and Prevention (CDC) between 2015 and 2018, 25.9% of adults ages 20-44 had untreated dental cavities and 25.3% of adults ages 45-64 had untreated dental cavities.[9] On average, adults have about 9 permanent teeth decayed, missing, or filled due to dental disease.[10] About half of all adults ages 30 and older showed signs of periodontal disease, and severe periodontal disease affects

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[7] Kwan S Petersen, *The 7th WHO Global Conference on Health Promotion-towards integration of oral health* (Nairobi, Kenya 2009), Community Dental Health 2010; 27(Suppl 1):129–36, https://www.cdhjournal.org/issues/27-3-june-2010-supplement1/274-the-7th-who-global-conference-on-health-promotion-towards-integration-of-oralhealth-nairobi-kenya-2009?downloadarticle=download.

[8] Nat'l Insts. of Health, Oral Health in America: Advances and Challenges. Bethesda, MD: US Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research 3A-2 (2021), https://www.nidcr.nih.gov/sites/default/files/2021-12/Oral-Health-in-America-Advancesand-Challenges.pdf#page=313.

[9] Ctrs. for Disease Control and Prevention, Oral and Dental Health, FastStats https://www.cdc.gov/nchs/fastats/dental.htm.

[10] Nat'l Insts. of Health, *supra* note 7 at 3A-2.

about 9% of adults.[11] Periodontitis, in turn, may link to chronic diseases like cardiovascular disease, diabetes, respiratory disease, and some cancers and may also exacerbate other health conditions like Alzheimer's disease.[12]

Oral health conditions affect an individual's physical health and affects mental well-being and ability to interact socially. Oral health is not just the physical state of teeth and gums but also includes the ability to speak, eat, smile, and more.[13] These fall into the category of quality-of-life metrics like functional factors, psychological factors, social factors, and the existence of discomfort or pain. Dental conditions are responsible for decreasing these quality-of-life metrics as they cause pain, functional, aesthetic, nutritional, and psychological issues.

Moreover, racial and ethnic disparities persist in adult access to dental care. Recent national data shows that African American and Mexican American adults are more likely to have untreated tooth decay and moderate to severe periodontitis compared to white adults.[14] According to the California Health Interview Survey, in 2020, adults of color were less likely than white adults to report the condition of their teeth as good, very good, or excellent. Researchers have investigated the effects of Medicaid adult dental coverage expansions and found that racial and ethnic disparities decreased after the Medicaid expansion of extensive dental care. Expansion in coverage led to an 8% increase in the likelihood of receiving dental care.[15] This represents a reduction in pre-expansion disparities by 75% for non-Hispanic Black adults and 50% for Hispanic Adults. While no similar studies exist in Marketplace coverage, it is likely that Covered California enrollees would experience similar reductions in racial and ethnic disparities if California were to adopt coverage of routine adult dental care as an EHB.

Lack of access to dental care also disproportionately affects low-income individuals. About 35% of low-income adults reported feeling embarrassment and 30% reported anxiety either very often or occasionally.[16] Almost 18% of working-age adults reported

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[11] Ctrs. for Disease Control and Prevention, *supra* note 8.
[12] Am. Acad. of Periodontology, Gum Disease and Other Diseases, https://www.perio.org/for-patients/gum-disease-information/gum-disease-and-otherdiseases/.
[13] Nat'l Insts. of Health, *supra* note 7.
[14] L.N. Borrell & D.R. Williams, *Racism and oral health equity in the United States: Identifying its effects and providing future directions*, 82 J. PUBLIC HEALTH DENT. 8–11 (2022).
[15] G.L. Wehby, W. Lyu, D. Shane, *Racial and Ethnic Disparities In Dental Services Use Declined After Medicaid Adult Dental Coverage Expansions*, 41 HEALTH AFF. 44–52 (2022), https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.01191.
[16] Am. Dental Assoc., Health Policy Inst., *Oral Health and Well-Being in the United States*, https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/us-oral-health-well-being.pdf.

that the appearance of their mouth and teeth affects their ability to interview for a job.[17] One study researched the association between untreated cavities and missing anterior teeth on employment. They constructed a dental problem index using tooth count and tooth surface condition. The researchers found that a one-point increase in the dental problem index resulted in a decrease in the odds of being employed by 7.7% and having a routine dental visit significantly impacted the dental problem index.[18] In terms of dental care utilization among adults ages 18-64, the CDC found that between 2019 and 2020, the percentage of adults who received a dental visit decreased across income levels, sex, and racial groups.[19] Previous research also indicates that income and health insurance status are important predictors of unmet dental needs that result in losing teeth and gum disease.[20] This research demonstrated that unmet dental needs are effected by the oral health care policies in their state and that improvements to state oral health programs could greatly improve oral health.[21]

d. Infertility Treatment

Our organizations also support the addition of infertility treatment services, including in-vitro fertilization (IVF), into the benchmark plan. Private plans in California often exclude coverage for these services and individuals and families are left to bear the high cost of the treatment. These high costs not only have a disproportionate effect on low-income Californians, but also disproportionately impact underserved individuals, such as LGBTQIA+ individuals, BIPOC populations, and individuals with disabilities, who depend on IVF or other infertility treatment to have children. Coverage exclusions of the broad range of infertility treatment options represent a barrier to California's commitment to health equity and the protection of reproductive and sexual health rights across the State.

In addition, private plan coverage of infertility treatment in California compares unfavorably to coverage in other states. 17 states currently have laws requiring

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[17] *Id.*
[18] Yara A. Halasa-Rappel et al., *Broken Smiles: The impact of untreated dental caries and missing anterior teeth on employment*, 79 J. PUBLIC HEALTH DENT. 231–237 (2019), https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/us-oral-health-well-being.pdf.
[19] Ctrs. for Disease Control and Prevention, *supra* note 9.
[20] D.J. Gaskin et al., *Predictors of Unmet Dental; Health Needs in US Adults in 2018: A Cross-Sectional Analysis*, 7 JDR CLINICAL & TRANSLATIONAL RESEARCH 398–406 (2022), https://journals.sagepub.com/doi/10.1177/23800844211035669.
[21] *Id.* J.S. Feine, *Oral Health Care Access, Inequity, and Inequality*, 7 JDR CLINICAL TRANSLATIONAL RESEARCH 332–333 (2022).

coverage of infertility treatment broadly.[22] Most states have state laws mandating coverage of infertility treatment, but some of these laws exempt plans from compliance if HHS determines that the mandate is subject to defrayal under the ACA. To avoid defrayal altogether, California should evaluate the potential of adding these services to the State's benchmark plan.

e. Behavioral Health Support Services and Over-the-Counter Naloxone

DMHC should consider using the EHB benchmarking process to address remaining gaps in coverage of behavioral health services. Governor Newsom's Behavioral Health Modernization initiative has emphasized the importance of aligning Medi-Cal coverage of behavioral health services with coverage among private plans. Such efforts must account for the need to incorporate new coverage requirements into the EHB benchmark plan. While the recently enacted SB 855 and implementing regulations significantly expanded the number of services that private plans are required to cover under California's mental health and SUD parity law, a recent crosswalk by the National Health Law Program comparing requirements regarding Medi-Cal and private coverage of behavioral health services showed that explicit mandates still fell short in one key area: coverage of support services.[23] Behavioral health support services include, but are not limited to, peer support services, care coordination, recovery services, intensive community-based treatment options, dyadic services, targeted case management, transitional rent, and individual placement and supported employment. These services, many of which are covered by Medi-Cal, are essential for ensuring that individuals with behavioral health conditions get the social supports they need to be successful in recovery.

Similarly, the FDA recently approved two versions of naloxone, the opioid overdose reversal medication, to be sold as an over-the-counter (OTC) medication, a move that expanded the availability of the medication, but opened the door to questions about affordability and insurance coverage.[24] Last year, Governor Newsom vetoed a bill that would have required private plan coverage of OTC naloxone, reasoning that the bill risked exceeding the EHB requirement and potentially subjecting the State to defrayal

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[22] Resolve, Insurance Coverage by State, https://resolve.org/learn/financial-resources-for-family-building/insurance-coverage/insurance-coverage-by-state/ (last accessed July 10, 2024).
[23] Héctor Hernández-Delgado & Kim Lewis, Nat'l Health Law Prog., *Crosswalk Between Coverage of Behavioral Health Services in Medi-Cal and Private Plans in California* (May 2022), https://healthlaw.org/resource/crosswalk-between-coverage-of-behavioral-health-services-in-medi-cal-and-private-plans-in-california/.
[24] FDA, FDA Approves First Over-the-Counter Naloxone Nasal Spray (March 29, 2023), https://www.fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray.

requirements.[25] Questions regarding coverage of OTC naloxone have persisted. Therefore, the benchmarking process presents an opportunity for California to clarify that all naloxone formulations, including those available OTC, must be covered as an EHB by all non-grandfathered individual and small-group market plans.

f. Community Health Workers (CHW)

We urge DMHC to explore the potential of strengthening coverage requirements related to chronic disease management by including Community Health Worker, Promotoras, and Representative (CHWPR) services. CHWPR are frontline public health workers who serve as liaisons to build bridges between community members and essential health and social services. Often employed by grassroot community-based organizations, social service agencies, clinics, other health care systems, CHWPRs help improve access to health services and improve the quality and cultural competence of service delivery. In addition, CHWPRs are critical allies to People of Color, immigrants, and other underserved and under-resourced communities, who may not have access to the knowledge or resources needed to adequately obtain the health services they need to navigate and manage chronic diseases.

CHWPRs should be included within chronic disease management services because they provide a wide range of essential services that would benefit individuals navigating their chronic diseases. CHWPR services include providing health education and promotion, health system navigation, screening and assessment, and individual and community support, which are all necessary services needed to control, manage, and prevent chronic conditions or infectious diseases. For example, CHWPRs can provide information or instruction on health topics connected to the specific chronic disease that the individual may be experiencing, which can include coaching and goal setting to improve health or ability to self-manage health conditions. In addition, CHWPRs can provide referrals or training that can assist beneficiaries access to understanding the health care system, ways on how they can engage in their own care, or wats to address health care barriers, such as medical translation/interpretation or transportation services. Moreover, CHWPRs can conduct health screenings and assessments (that do not require a license) to help the beneficiary connect to appropriate services or improve their health condition.

Because our health care system is overly saturated, it can be difficult for other health care providers to provide the care coordination, navigation, and coaching that people experiencing chronic health diseases may need. Therefore, by including CHWPRs

[25] AB 1060 (2023), Governor Newsom's Veto Message (Oct. 7, 2023), https://www.gov.ca.gov/wp-content/uploads/2023/10/AB-1060-Veto.pdf.

services as an EHB, beneficiaries can access the additional support and resources they need to further enhance the management of their chronic disease.

Conclusion

Thank you for your consideration to our comments. We are excited about the opportunity to expand access to essential health services in California's individual and small group markets and we look forward to providing additional input in the upcoming weeks and months as the Department works with other agencies and the Legislature to approve a new benchmark plan. If you have questions about our comments, please contact Héctor Hernández-Delgado (hernandez-delgado@healthlaw.org).

Sincerely,

Héctor Hernández-Delgado
National Health Law Program

Selena Liu-Raphael
California Alliance of Child and Family Services

Cary Sanders
California Pan-Ethnic Health Network

Mike Odeh
Children Now

Silvia Yee
Disability Rights Education & Defense Fund

Beth Capell
Health Access

Sandra Poole
Western Center on Law and Poverty

Cc: Jessica Altman, Executive Director, Covered California
Ricardo Lara, Insurance Commissioner, California Department of Insurance
Members of the California Assembly Health Committee
Members of the California Senate Health Committee

July 11, 2024

Ms. Mary Watanabe
Director, Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814

Dear Director Watanabe,

On behalf of the Association of California Life and Health Insurance Companies (ACLHIC), a state trade association representing many of the largest life and health insurers doing business in California, we are grateful for the opportunity to provide our initial comments on the pivotal task of establishing a new benchmark plan and updating California's Essential Health Benefits.

ACLHIC's member companies remain dedicated to ensuring that everyone has access to high-quality, affordable health care services. The current benchmark plan was selected by California lawmakers with the goal of providing a comprehensive package of health care services while keeping health care affordable. While we begin the extremely important and challenging process of updating California's EHBs, it is important to note that the benefits provided by health care coverage are directly related to health care premiums. Striking the delicate balance between benefits and cost/access can be challenging, but we are appreciative of the opportunity to engage in a thoughtful and transparent process where potential changes to the benchmark plan will be priced and thoroughly analyzed.

Recognizing How a New EHB Package Could Impact the Work Being Done at The Office of Health Care Affordability (OHCA)

On April 24, 2024, the Office of Health Care Affordability Board approved a statewide health care spending target of 3 percent that will be phased in over time, initially starting at 3.5% for 2025 and 2026, down to 3.2 percent in 2027 and 2028, and ultimately reaching 3 percent for 2029 and future years. The spending target, which applies to both payers and providers, is part of a broader effort at OHCA to make health care more affordable, accessible, and improve the quality of care for Californians.

Selecting new EHBs will impact health costs and premiums in some manner. Our hope is that if a new EHB package is ultimately selected, that affordability and access are carefully contemplated and sufficiently take into account the extremely important work OHCA is doing to address consumer affordability.

Selecting a New Benchmark Plan is a Superior Approach to Legislative Mandates

California lawmakers have and continue to consider many different new mandates annually that significantly increase the cost of premiums for all Californians. In 2023, the proposed mandates would have increased premiums by a whopping $1 billion in the first year alone. Thankfully,

Governor Newsom vetoed most of these mandates due in large part to the significant costs that would have been imposed on Californians.

Selecting a new EHB package, although challenging, is a far superior approach to yearly mandate bills that significantly increase premiums. We hope that the comprehensive and detailed actuarily analysis that takes place when exploring a new benchmark plan will help inform and shape future conversations regarding health care access and affordability.

Health plans and insurers remain ready to offer solutions that will expand access and improve affordability to high quality health care. We look forward to being engaged in this process and appreciate the opportunity to be part of this extremely important conversation.

Sincerely,

Steffanie Watkins
Vice-President, Health Policy
ACLHIC

July 11, 2024

Ms. Mary Watanabe
Director, Department of Managed Health Care
980 9th St., Suite 500
Sacramento, CA 95814

Sent via email: publiccomments@dmhc.ca.gov

Re: Addition of Adult Dental Benefits as an Essential Health Benefit

Dear Director Watanabe,

On behalf of the California Association of Dental Plans ("CADP")[1], Association of California Life and Health Insurance Companies ("ACLHIC")[2], National Association of Dental Plans ("NADP")[3] and the American Council of Life Insurers ("ACLI")[4], we are writing to provide comments on the process for establishing a new benchmark plan and the proposal to add adult dental benefits to California's definition of "essential health benefit" ("EHB"). We are supportive of efforts to expand dental coverage. Californians who are covered by dental insurance are far more likely to receive oral care, which is critical to overall health. Our member companies have spent decades developing affordable and innovative plans that provide value to customers. We applaud the Department of Managed Health Care ("DHMC") for its consideration of expanding access to dental coverage. However, we are concerned that embedding adult dental benefits will result in less access to affordable dental coverage and render some dental benefits largely illusory and recommend that DHMC preserve the standalone dental plan ("SADP") market.

In April, the Centers for Medicare & Medicaid Services ("CMS") published a regulation that created the flexibility for states to add adult dental care as an EHB.[5] Through legislative or regulatory action, states may now voluntarily add routine adult dental treatment to their state definition of "EHB" and include adult

[1] The California Association of Dental Plans (CADP) is comprised of 20 member companies who provide coverage and dental care for 93% of the 36+ million Californians with dental benefits.
[2] Association of California Life and Health Insurance Companies (ACLHIC), a state trade association representing many of the largest life and health insurers doing business in California.
[3] NADP is the largest non-profit trade association focused exclusively on the dental benefits industry. NADP's members provide dental HMO, dental PPO, dental indemnity and discount dental products to more than 200 million Americans with dental benefits. Our members include the entire spectrum of dental carriers: companies that provide both medical and dental coverage, companies that provide only dental coverage, major national carriers, regional, and single state companies, as well as companies organized as non-profit plans.
[4] The American Council of Life Insurers (ACLI) is the leading trade association driving public policy and advocacy on behalf of the life insurance industry. 90 million American families rely on the life insurance industry for financial protection and retirement security. ACLI's member companies are dedicated to protecting consumers' financial wellbeing through life insurance, annuities, retirement plans, long- term care insurance, disability income insurance, reinsurance, and dental, vision and other supplemental benefits. ACLI's 280 member companies represent 94 percent of industry assets in the United States.
[5] 89 CFR 26218, 26425 (April 15, 2024).

dental within an updated benchmark plan. The Affordable Care Act provides that a qualified health plan ("QHP") may omit pediatric dental coverage and still be treated as a QHP if standalone pediatric dental coverage is available on the Exchange.[6] In the preamble to the final regulation, CMS stated its belief that it does not have statutory authority to permit a QHP to omit coverage of non-pediatric dental services if an SADP is available. We fundamentally disagree with this interpretation.

Congress sought to ensure participation of SADPs in the ACA Exchanges to allow competition in the marketplace for dental benefits.[7] Congress recognized SADP as the primary model for delivering dental benefits, and that failure to incorporate SADPs could result in serious disruptions in the dental coverage families receive. Congress further recognized that SADPs comply with relevant consumer protections required for participation in the Exchanges. While adult dental was not included as an EHB, SADP expertise developing dental networks, complying with consumer protections, paying claims and offering affordable coverage have made SADPs a valuable option for the millions of Americans enrolled in adult dental coverage on exchange platforms and in the small group market through exchange certified plans.[8] States should follow Congressional intent and utilize the well-established expertise of SADPs to provide value for consumers in offering any adult dental EHB in the same manner as with pediatric dental EHB.

To extend this exception would be in line with Congressional intent. Congress made clear that it understood the value of SADPs and utilizing existing structures to administer dental plans and develop dental networks for the Exchanges. The ACA enumerates that the exception applies to pediatric services because adult services were not included in the final legislation. However, there was no intent to treat adult and pediatric services differently. Therefore, if CMS has the authority to add adult dental services as an EHB, it has the authority to ensure that it is treated the same as pediatric services.

We recognize that California currently requires medical carriers to offer all ten EHBs under Health and Safety Code Section 1367.005, which currently includes the offer of pediatric dental services. However, the expansion of EHB to include non-pediatric dental services will have a greater impact on the affordability of medical QHPs.

If California were to require adult dental to be embedded in a medical QHP, not only would administrative costs increase for medical carriers, but SADP enrollment would decline resulting in significant disruption in the certified on and off exchange market, as well as the non-certified dental market. It is highly unlikely that an individual with the adult dental EHB covered through their medical plan will purchase duplicative SADP coverage. As a result, many SADP plans which currently cover the pediatric EHB could face rapid declines in enrollment and be forced to leave the exchange platforms, small group market, or both.

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[6] 42 U.S.C. §18022(b)(4)(F).
[7] Congressional Record. September 26, 2011. *Statements of Sens. Baucus, Bingaman, and Stabenow*. 112th Congress, S5973.
[8] Center for Medicare and Medicaid Services. 2023. *2023 OEP State-Level Public Use File.* https://www.cms.gov/data-research/statistics-trends-and-reports/marketplace-products/2023-marketplace-open-enrollment-period-public-use-files

Similarly, non-certified dental carriers could experience rapid contraction of the off-exchange commercial dental insurance market, forcing carriers to weigh their likelihood of success competing for a limited pool of mid- to large-group clients.

If adult dental services are mandated to be embedded in medical coverage, consumers could experience significant disruptions in coverage. As stated above, Congress emphasized the importance of utilizing existing structures related to dental coverage rather than requiring medical plans to develop their own systems and networks to include dental coverage. Medical carriers would have to develop or acquire dental provider networks as well as processes for administering a different set of codes for dental claims. This will cause consumer harm because:

- doing so would be costly and would likely force carriers to raise premiums to effectively administer the dental coverage;

- choice of provider will be impacted because the consumer will have to settle with the dental plan that the medical plan offers, and an individual's provider may not participate in that particular network;

- it is highly unlikely consumers will purchase SADP coverage if consumers have adult dental services covered as an EHB in their medical plans, causing SADPs to leave the Exchange. This would in turn make pediatric dental services unavailable via SADPs, requiring medical plans to include pediatric dental services as an EHB, which, again, is contrary to Congress's intent;

- the cost of an adult dental EHB benefit, with no annual maximum, means health plans will only embed DHMO products, forcing hundreds of thousands of Californians from the PPO SADP they are in currently into a restricted small panel product that will not include their current dentist; and

- it is unlikely that out-of-pocket maximums will be amended to accommodate dental services, so the benefits will be less accessible.

These concerns could cause consumers to drop coverage, which would not only negatively affect their oral health, but overall health as well.

We appreciate the opportunity to begin the discussion about updating California's benchmark plan to potentially include adult dental benefits. We look forward to working with DHMC to ensure that any unintended consequences are considered and mitigated. Further discussion would be welcomed, and we would be glad to answer any questions.

Sincerely,

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CALCHIRO
CALIFORNIA CHIROPRACTIC ASSOCIATION

July 10, 2024

Mary Watanabe, Director
DMHC
980 9th Street, Suite 500
Sacramento, CA 95814-2725

Re: California Essential Health Benefits Benchmark Hearing: June 27, 2024

Dear Director Watanabe:

The California Chiropractic Association (CalChiro) respectfully submits written comments in support of our oral testimony during the Department of Managed Health Care's (DMHC) June 27 public hearing regarding California's Essential Health Benefits (EHB). CalChiro supports the legislative and regulatory efforts to review and update California's EHB benchmark plan and respectfully requests that chiropractic services be included in the updated plan.

Current EHB Benchmark Plan

California first selected as its benchmark plan the Kaiser Foundation Health Plan Small Group HMO 30 plan in 2014. This plan specifically excludes "chiropractic care" as a category of services and providers. California is one of four states (Georgia, Hawaii and Utah) that do not include services provided by Doctors of Chiropractic in their benchmark plans. The remaining states include annual benefits that range from 12 visits to unlimited visits in a benefit year.

Services categorized under the state benchmark plan as EHBs fall within the chiropractic scope of practice under California law, including but not limited to physical examination, diagnostic radiology services, and physical medicine/rehabilitation services (including "manual therapy techniques"). Other categories of providers for that matter, are authorized within their respective scope of practice to perform various EHB services equally.

Non-Compliance with Section 2706(a) of the Public Health Service Act

Section 2706(a) of the federal Public Health Service Act prohibits health plans and insurers from discriminating in plan participation and coverage based on type of health care provider. The statute reads, in full:

> *A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health provider who is acting within the scope of that provider's license or certification under applicable State law. This section does not require that a group health plan or health insurance issuer contract with any health care provider willing to abide by the terms and conditions for participation established by the plan or issuer. Nothing in this section shall be construed as preventing a group health plan, a health insurance issuer, or the Secretary from establishing varying reimbursement rates based on quality or performance measures.*

Thus, the statute requires health plans and insurers to treat equally all "health providers…acting within the scope of their license or certification," and prohibits health plans and insurers from treating a provider differently on the basis of the provider's license or certification. Essentially, the Section's broad prohibition of discrimination means that health plans and insurers cannot favor one class of health care providers over another on the basis of licensure or certification.

The nondiscriminatory protection contained in Section 2706(a) operates to allow Doctors of Chiropractic to provide services included in the categories as EHB's under California law that are within the authorized scope of practice of Doctors of Chiropractic. As noted previously, the Kaiser plan does not include Doctor of Chiropractic as a category of providers and therefore, violates the provision of 2706(a) – it excludes Doctor of Chiropractic – and therefore, is not in compliance with this provision.

California's Dual Regulatory Oversight

California's unique regulatory oversight requires DMHC to primarily regulate the HMO market, while the Department of Insurance (DOI) primarily regulates traditional insurance, and most preferred provider organizations. Section 10112.27(j) requires DOI to implement the California EHB law consistent with the ACA requirements, including Section 2706(a). Section 1367.005(j) instructs DMHC in the same way: "Nothing in this section shall be implemented in a manner that conflicts with a requirement of the PPACA."

Commercial Health Benefit Plans v. Kaiser Small Group 30 HMO

Section 1302(b) of the Affordable Care Act requires that plans offer a core package of services, known as "essential health benefits," which reflect the "benefits provided under a typical employer plan." The EHB benchmark plan must provide a scope of benefits that is as or more generous than the scope of benefits in the state's least generous typical employer plan, and as or less generous than the scope of benefits in the state's most generous typical employer plan – within the context of the Typicality Test Standard. Within the state of California, the majority of commercial plans (employer-sponsored) include the services provided by Doctors of Chiropractic within the employee's health benefits.

Scientific Journal Support of the Inclusion of Services Provided by Doctors of Chiropractic

The scope of practice authorized by the Board of Chiropractic Examiners allows Doctors of Chiropractic to evaluate and manage, refer, and/or co-manage various illnesses and diseases. Doctors of Chiropractic do not provide surgical procedures or dispense prescription medication. Therefore, the opportunity for reduced substance abuse (as for example, fentanyl, or opioids), as well as reduction in disability in performing normal activities of daily living, including work activities is an important consideration. Further, studies reflect that services provided by Doctors of Chiropractic – specifically Chiropractic Manipulative Therapy – is the primary treatment intervention for the conservative management of neck pain, low back pain, and headaches. Studies demonstrate the benefit plans that include services provided by Doctors of Chiropractic can reduce health costs in hospitalization, surgical intervention, advanced diagnostic testing, and reduced prescription requirements.

Conclusion

CalChiro supports the review of the California's EHB benchmark plan, and specifically that the new plan identified to be implemented include Doctors of Chiropractic as a category of provider, and the lawful full scope of services authorized for Doctors of Chiropractic be available for access by those beneficiaries who apply for the EHB benchmark coverage. Currently, the EHB benchmark plan discriminates against the profession as a category and as a result essentially eliminates patient access to those services. This is particularly noteworthy given the workforce issues facing California, substance abuse issues, and disability from work and performance of normal activities of daily life.

As noted previously, categories of providers delivering services in the current EHB benchmark plan provide the full array of services within their scope of practice. CalChiro urges your support for the inclusion of Doctors of Chiropractic in the newly identified EHB benchmark plan.

Respectfully Submitted,

Dawn Benton, EVP/CEO
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(1) Commonly known as the "Harkin Amendment," Section 2706(a) was passed as part of section 1201 of the Patient Protection and Affordable Care Act, Pub.L. No. 111-148, 124 Stat. 119, 160 (2010) and is codified at 42 U.S.C Section 300gg-5(a).

July 11, 2024

SUBMITTED ELECTRONICALLY
Ms. Mary Watanabe, Director
Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814.
Via electronic submission: publiccomments@dmhc.ca.gov

Re: California's Essential Health Benefits and Updating the Benchmark Plan

Dear Ms. Watanabe:

On behalf of Delta Dental of California ("Delta Dental"), which provides over 11.2 million Californians with quality dental coverage, thank you for the opportunity to provide input on California's Essential Health Benefits (EHBs) and the potential updates to the benchmark plan.

The California Department of Managed Health Care (DMHC), the Administration, and the Legislature are undergoing a joint effort in the review of California's EHBs Benchmark Plan, which establishes how small group and individual insurance plans can be offered both on and off the state's health exchange, Covered California. Upon completion, that process could result in recommendations for the California legislature to amend the current benchmark plans identified under H&S Code 1367.005, potentially impacting the markets in Plan Year 2027.

Due to recent changes to federal rules relating to a state's adoption of EHBs under the Affordable Care Act, the allowance for states to designate non-pediatric dental benefits as EHB could result in unintended consequences unless carefully implemented. The risks can be mitigated, but first, they must be recognized.

How Congress protected pediatric dental, adult dental and why

When Congress passed the ACA in 2010, pediatric dental benefits were included as essential health benefits. Congress was careful, however, to ensure these benefits could be provided by standalone dental plans rather than force the embedding of these benefits by medical carriers, many of which could not independently provide dental. To avoid unnecessary market disruption, Congress was also careful to exempt all non-pediatric dental benefits from a myriad of ACA regulations and provisions.

Under the most recent rule change, CMS will now allow states to incorporate "routine" adult dental benefits as an essential health benefit. Regrettably, from an administrative standpoint, they did so in

a manner that threatens to make the new benefits illusory, disrupt existing markets, diminish competition, and interrupt current dentist-patient relationships.

How mandatory embedding of adult dental could lead to illusory dental, disrupt the off-exchange small group marketplace and interrupt existing patient-dentist relationships

First, were California to force all health plans in the individual and small group marketplace to embed adult dental benefits, health carriers even able to compete would try to minimize premium impacts by requiring enrollees to meet a high combined medical-dental deductible before non-preventive services become eligible for coverage. Enrollees in such plans would believe they have complete medical-dental coverage, only to learn they are responsible for 100% of all non-preventive dental services until they have met their combined $2,000 to $3,000 (or higher) annual deductible. Covered California could avoid such "illusory" dental benefits by following how they handled pediatric dental benefits, establishing a low, separate deductible for dental.

Another consideration is the potential that mandated embedded adult dental EHB would sever existing dentist-patient relationships that are currently facilitated by standalone preferred provider organizations (PPOs). Consider that as EHB, adult dental benefits will no longer be subject to annual limits, and this will result in significant premium increases for PPO products. Seeking to minimize premium impacts, health plans would be incentivized to embed dental HMO designs, and not PPOs, which grant enrollees the ability to choose their own dentist, in or out of a preferred network. In contrast, HMO dental requires the enrollee to designate a primary care dentist from a much smaller network. Thousands of California consumer in this scenario will be forced to find a new dentist.

To avoid forcing existing PPO dental enrollees into a more restrictive dental plan, California could allow QHPs to bundle with SADPs to provide the adult dental benefits on/off exchange. Bundling means the dental policy for the required dental benefits is issued under a separate policy – including by a separate dental carrier working together with a specific health plan. Bundled dental policies carry a separate, lower deductible and separate pediatric out-of-pocket maximum, thereby ensuring that members receive more meaningful dental coverage, as well as the increased opportunity to keep their existing dentist.

Outside the exchange, we recognize that California currently requires medical carriers to offer all ten EHBs under Health and Safety Code Section 1367.005, which currently includes the offer of pediatric dental services. However, the expansion of EHB to include non-pediatric dental services will have a greater impact on the affordability of medical QHPs. As such, we believe California should reexamine the concept of "reasonable assurance" that HHS allowed states to institute for pediatric dental benefits off-exchange. This approach allows the state to issue guidance to health plans that, as long as the health plan is "reasonably assured" that a purchaser has or will purchase EHB benefits from a SADP, then the health plan may omit those benefits.

Finally, the stakes for independent purchase are even stronger with this new policy direction. The way for SADPs to remain relevant on-exchange (where all adults who need medical coverage would receive dental as an embedded or bundled benefit) would be by further expanding access to oral health coverage by allowing Californians who already have medical coverage (e.g. Medicare beneficiaries) to shop for and purchase a stand-alone dental plan that already exists on Covered California. This policy has resulted in increased dental coverage in numerous states that have adopted independent purchase, and it is time for California to join in this proven expansion of dental coverage.

Conclusion

The DMHC, the Administration, and the Legislature should carefully consider how any change to California's EHB benchmark could impact today's dental markets both on and off Covered California. Should the recommendation be to adopt adult dental EHB under the new CMS rules, there must be a recommendation to initiate measures to mitigate any unintended impacts such as illusory benefits, market disruption, diminished competition, and fewer patients with the freedom to choose their own provider.

Delta Dental appreciates this opportunity to provide comments on the proposed rule. Please contact me at (415) 972-8418 or jalbum@delta.org should you have any questions or concerns.

Sincerely,

Jeff Album
Vice-President, Public and Government Affairs

HEALTH ACCESS CALIFORNIA

July 11, 2024

Mary Watanabe, Director
California Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814

Re: California's Essential Health Benefits and Updating the Benchmark Plan

Dear Ms. Watanabe,

Health Access California, the statewide health care consumer advocacy coalition committed to quality, affordable health care for all Californians offers comments on Essential Health Benefits (EHBs) to be offered by health plans and insurers in the individual and small group markets in California.

In 2012, Health Access was involved in the development of the current standard for EHBs. We also recognize the many consumer protections that were included in the Knox-Keene Act prior to the enactment of the Affordable Care Act (ACA) such as the requirement to cover all medically necessary basic health services which included maternity care and newborn care as well as other requirements that if prescription drugs were covered, all medically necessary drugs would be covered. All these standards offer important consumer protections, some of which consumers won decades ago.

1. Existing Law is the Floor

Existing California law in Health and Safety Code 1367.005, and the parallel section in the Insurance Code, incorporates all of the benefit mandates and the important standards requiring coverage of all medically necessary basic health services and prescription drugs that predated the ACA. These are important consumer protections. Health Access will oppose any alternative EHB plan that does not incorporate all of these protections.

Health Access opposes use of self-insured public employee health plans offered by CalPERS or other state and local public employers because state law does not require these plans to meet the current floor for Essential Health Benefits. Health and Safety Code 1349.2 requires self-insured plans covering state or local public employees to provide basic health care services but exempts these plans from all other benefit mandates, including the requirement to cover medically necessary prescription drugs consistent with the Knox-Keene Act. Whether such benefit mandates are included in those plans is subject to the discretion of the CalPERS Board or the respective governing boards of the other self-insured plans. Current federal guidance permits use of such plans as the basis of a state's EHB: a CalPERS self-insured plan is likely to be one of the five largest large group plans. Again, Health Access opposes any proposal to use a plan governed by Health and Safety

Code 1349.2 because such a product is not required by law to meet current benefit mandates and standards.

2. Adult Dental, Infertility Treatment, Durable Medical Equipment and More

Health Access supports inclusion of additional specific benefits to assure Californians have the benefits we need to get the care we need. We also recognize that federal rules limit the "generosity" of such benefits and that an actuarial analysis of the rate impacts of additional benefits is currently underway. With that recognition of what may be limits on possible additional benefits, we support the following:

- *Adult dental benefits:* From the moment, the ACA in 2010 passed the most frequent question we have received is whether the ACA required coverage of adult dental benefits as well as pediatric benefits. It did not. It should. We recognize that current dental benefits are often severely limited by a low annual limit and that current law for the individual and small group markets for specialized plans do not provide the same consumer protections as for EHBs. In the long term, these defects in existing law should be corrected. In the short term, we seek to move as far as possible toward comprehensive dental benefits with the same consumer protections against pre-existing conditions, non-renewal, rescission, and other important ACA protections required of full-service plans. We also note that we continue to support "embedded" dental benefits precisely because such benefits offered by full service plans are subject to all of the consumer protections added in ACA implementation, from outlawing pre-existing condition exclusions to requiring guaranteed issue and guaranteed renewal, providing benefits without annual or lifetime limits and more.
- *Infertility Treatment, including IVF:* As a matter of equity, the broad range of infertility treatment should be covered. Equity impacts include the impact on the LGBTQ community as well as other persons seeking to be parents but facing challenges to conceiving. Like basic health services or medically necessary care, such benefits should be defined in a manner that allows evolution in what drugs, procedures or other interventions are most effective in achieving pregnancies that can be brought to term. California as a state is committed to reproductive rights: infertility treatment is as much part of that commitment as abortion.
- *Durable Medical Equipment, including Hearing Aids*: Health Access supports the inclusion of durable medical equipment for use in the home and outside the home. The acronym "RELD-SOGI" means race, ethnicity, language, *disability,* and sexual orientation gender identity. Failing to include durable medical equipment fails to include persons with disabilities as those facing discrimination. This includes hearing aids, regardless of age. We have been moved by the families with young children who need hearing aids who have testified. We also recognize the federal nondiscrimination requirements require that hearing aids be offered regardless of age. We support hearing aids for consumers in their 50s and early 60s just as much as hearing aids for kids.
- *Other benefits*: Health Access also supports inclusion of doulas, community health workers, naloxone and the full range of behavioral health services. Whether these benefits could be included through other changes in law in place of the definition of essential health benefits is worth consideration. Inclusion of these benefits should occur however it is accomplished.

3. Small Business Coverage: A Voluntary Market

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The Affordable Care Act requires large employers to offer coverage to employees or face a penalty. Both the ACA and state law impose an individual mandate on individuals to obtain health coverage. Small employers face no such requirements. In this sense, the small group market is a voluntary market in which small employers voluntarily offer health coverage to their workers. Such employers are often cost-sensitive but eager to offer their employers benefits comparable to those offered by large employers.

We look forward to the actuarial analysis of the likely rate impacts, as well as any analysis by the California Health Benefits Review Program of additional benefits. The federal generosity standard provides an important limit, particularly for small employers.

In conclusion, we look forward to working with the Department and the Legislature in reconsidering the existing EHB standards which date to the initial implementation of the ACA. Much has changed in the dozen years since the EHB standard was initially adopted in California law: it is time and past time to update that standard.

Sincerely,

Beth Capell, Ph.D.
Policy Advocate

Amanda McAllister-Wallner
Acting Executive Director

CC: Ricardo Lara, Insurance Commissioner, Department of Insurance
Senator Richard Roth, Chair, Senate Health Committee
Assemblymember Mia Bonta, Chair, Assembly Health Committee
Jessica Altman, Director, Covered California

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