

# Essential Health Benefits Benchmark plan

## Comment Letters

March 22 – April 8, 2024

**From:** [Becca Kirian](#)  
**To:** [Bailey, Sarah S \(CED\)](#)  
**Subject:** Public Comment  
**Date:** Monday, April 1, 2024 3:57:16 PM

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Good Afternoon,

My name is Becca Kirian, and I'm the Executive Director of the Alaska Eating Disorders Alliance (AKEDA), as well as an Advanced Practice Registered Dietitian. I'm writing to provide public comment regarding the Alaska Division of Insurance seeking public input on Essential Health Benefits (EHB).

I have reviewed the documents and proposed changes to the EHB and would like to express areas of support and those that I have concerns about.

First, I am very glad to see that nutritional therapy benefits to manage covered conditions include eating disorders, as the rates of eating disorders have continued to increase after the pandemic, and nutritional therapy is a vital piece of the recovery process. However, as a dietitian who has spent their entire career working with patients, I am concerned about the frequency limits for preventative care. We know that nutrition is a strong variable in the development of many chronic conditions like cancer, heart disease, and diabetes, and preventative measures to improve diet quality with a professional could reduce the incidence, severity, and overall economic burden on our healthcare system. I strongly support removing a limit on visits and moving to unlimited, as noted on slide 19 of the Association Analysis.

In the Benchmark Plan Document, Hospice & Home Care section, nutritional supplements and nutritional guidance are noted as not covered. As a dietitian, I have concerns about this area, as I have seen patients on Hospice & Home Care in dire need of nutrition services. For example, patients with chronic wounds, like a pressure ulcer or "bed sore," have significantly increased protein demands to promote healing, and a dietitian helps to direct that nutrition guidance. These patients often have depressed appetites as part of their illnesses, and protein supplements are often necessary to support adequate protein intakes for any healing processes to happen. If these wounds are unable to heal, it can lead to an increased risk of infection and unnecessary pain and discomfort.

Also in the Hospice & Home Care section, prolonged nutrition support due to gastrointestinal dysfunction is also not covered. For individuals who may be in the end stages of life, yes, nutrition support is typically withdrawn, but I have some concern about the ambiguity of what "prolonged" means and that it also includes Home Care. Some individuals may have permanent gastrointestinal dysfunction and require prolonged, i.e., lifetime, nutrition support through a method like tube feeding. Nutritional guidance would also be vital in this case to have a dietitian guide the proper nutrition support recommendations.

Thank you for providing a space for public comment, and I look forward to hearing about how this is progressing and would appreciate information about any future meetings open to the

public.

Sincerely,



**Becca Kirian, MFN, AP-RDN**

Executive Director at Alaska Eating Disorders Alliance

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**W** <https://www.akeatingdisordersalliance.org>



AKEDA provides help and inspires hope by engaging our diverse communities in education, advocacy and support for Alaskans affected by eating disorders.





*Submitted via: [sarah.bailey@alaska.gov](mailto:sarah.bailey@alaska.gov)*

April 3, 2024

Sarah Bailey, Life and Health Supervisor  
Division of Insurance  
P.O. Box 110805  
Juneau, Alaska 99811

**RE: Alaska's Essential Health Benefits Plan**

Dear Ms. Bailey,

On behalf of the Alaska Native Tribal Health Consortium (ANTHC), I write in support of Alaska's proposed new Essential Health Benefit (EHB) benchmark plan. ANTHC appreciates the opportunity to comment on the updated plan so that we can partner with the Division of Insurance in better serving our shared beneficiaries.

ANTHC is a statewide tribal health organization serving all 229 tribes and all Alaska Native and American Indian (AN/AI) people in Alaska. ANTHC provides a wide range of statewide public health, community health, environmental health, and other programs and services for Alaska Native people and their communities. ANTHC and Southcentral Foundation operate programs at the Alaska Native Medical Center, the statewide tertiary care hospital for all AN/AI people in Alaska, under the terms of Public Law 105-83.

We appreciate the consideration for hearing exam and hearing aids, increased limits for acupuncture, chiropractic services and massage therapy, services for TMJ disorder, adding weight loss drugs, increasing limits for nutritional counseling and adding bariatric surgery.

ANTHC recognizes that the benchmark plan covers preventive services consistent with the US Preventive Services Task Force recommendations. The Early, Periodic Screening, Diagnosis and Treatment service (EPSDT) under the Medicaid program is an excellent model for how preventive and wellness services should be structured (and some of the other specified categories of services), not only for children at whom it is directed in Medicaid, but also for adults. Medicaid requires States to make available and reimburse for comprehensive preventive health screenings according to a designated schedule and then to make additional diagnosis and treatment services available as needed to address health issues that are identified in the EPSDT screening. This model should be required for child health and extended to adults in order to ensure that the focus of health care stays on prevention and on focusing health services to the specific needs of the covered individuals.

Like the rest of the United States, Alaska Native and American Indian (AN/AI) people have a need to access mental health and substance use disorder (MHSUD) services, including behavioral health treatment services and it is critical an EHB package includes sufficient coverage for mental health and substance use disorders for children, youth and adults. We encourage the Division of Insurance to consider reducing limitations, or adding services in the MHSUD domain. Appropriate, accessible, and

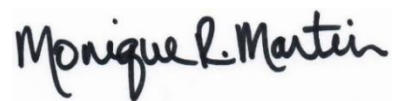
**Alaska Native Tribal Health Consortium**  
4000 Ambassador Drive, Anchorage, Alaska 99508  
Main: (907) 729-1900 | Fax: (907) 729-1901 | [anthc.org](http://anthc.org)

timely mental health, substance abuse services, and behavioral health services will decrease costs in the medical and public health system and increase the quality and length of life of Alaskans.

Lastly, because Alaska is an alignment state, the State Medicaid Plan should be opened and reviewed to ensure that the Medicaid plan aligns with the new benchmark plan once approved.

Thank you for the opportunity to comment. Please do not hesitate to contact me at [mmartin@anthc.org](mailto:mmartin@anthc.org) or 907-365-9334 with any question or if additional information can be provided.

Sincerely,

A handwritten signature in black ink that reads "Monique R. Martin". The signature is written in a cursive, flowing style.

Monique R. Martin, Vice President  
Intergovernmental Affairs



April 4, 2024

Sarah Bailey  
Alaska Division of Insurance  
PO Box 110805  
Juneau, AK, 99801

Dear Ms. Bailey:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the proposed changes to Alaska's essential health benefits (EHB) benchmark plan. ACS CAN advocates for evidence-based public policies to reduce the cancer burden for everyone. Our constituents rely on the patient protections provided by the Affordable Care Act (ACA), including a robust EHB package. We urge the Division of Insurance to include in the final EHB benchmark plan no-cost coverage for all preventive services, specifically recommended cancer screenings that include all follow up tests necessary to determine whether an individual has cancer.

Research has shown that up to half of all cancers can be prevented by not using tobacco, eating a healthy diet, being physically active, managing weight, and getting recommended cancer screenings and vaccines.<sup>1</sup> Enacting policies that increase access to preventive services will allow individuals to reduce the risk of developing cancer, but will also reduce the risk of developing other chronic diseases (such as heart disease and diabetes) as well. Preventive services are a good value because it can be less expensive to prevent cancer or detect it early, rather than to treat it when it is diagnosed at later stages.

We urge Alaska to carefully safeguard access to preventive services, particularly those services that receive an "A" or "B" designation from the United States Preventive Services Task Force (USPSTF). In addition to their critical role in early detection, diagnosis, and treatment of medical conditions, many preventive services comprise some of the more cost-effective and cost-saving medical care available to consumers.<sup>2</sup> Research has also shown that coverage for preventive services can help to close racial and ethnic inequities in care access.<sup>3</sup>

In addition, while ACS CAN recognizes that Alaska's benchmark plan covers some cancer screenings, implementation of these provisions has not been fully realized. The American Cancer Society states that "cancer screening should be understood as a continuum of testing rather than a single recommended screening test, and that irrespective of individual risk, screening is a process that includes a recommended screening test and all follow-up tests described as diagnostic and judged to be integral

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<sup>1</sup> Doll R, Peto R. The causes of cancer: quantitative estimates of avoidable risks of cancer in the United States today. *J Natl Cancer Inst* 1981 Jun;66(6):1191-308; Calle EE, Rodriguez C, Walter-Thurmond K, Tun MJ. Overweight, Obesity, and Mortality from Cancer in a Prospectively Studied Cohort of U.S. Adults. *N Engl J Med* 2003; 348:1625-1638; Hu FB, Willett WC, Li T, Stampfer MJ, Colditz GA, Manson JE. Adiposity as Compared with Physical Activity in Predicting Mortality among Women. *N Engl J Med* 2004; 351:2694-2703; Danaei G, Vander Hoorn S, Lopez AD, Murray CJL, Ezzati M. Causes of cancer in the world: comparative risk assessment of nine behavioral and environmental risk factors. *Lancet* 2005; 366:1784-93.

<sup>2</sup> Preventive Services Covered by Private Health Plans under the Affordable Care Act. KFF: May 2023. Available at: <https://www.kff.org/womens-health-policy/fact-sheet/preventive-services-covered-by-private-health-plans>

<sup>3</sup> S. Dehkordy *et al.* Breast Screening Utilization and Cost Sharing Among Employed Insured Women Following the Affordable Care Act: Impact of Race and Income. *Journal of Women's Health*: November 2019. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6862944>

and necessary to resolve the question of whether an adult undergoing screening has cancer.” We urge Alaska to specifically include requirements in its revised benchmark plan that ensure that follow up testing is considered part of the screening continuum and therefore provided at no cost to the enrollee. In the absence of clear direction specifically defining insurance benefits for cancer screening, payers are determining what does or does not constitute a free preventive service. This has led to individuals being charged when additional tests are recommended after an abnormal screening or if supplemental screening is recommended, such as when they are above average risk.

Unexpected and unaffordable costs may cause individuals to delay or forego additional imaging and other follow-up tests to rule out or confirm a cancer diagnosis. Delayed follow-up is associated with later stage disease at diagnosis. We urge you to consider enhanced coverage of evidence-based and guideline-recommended cancer screenings that will more broadly prevent cancer and detect it early whenever possible. This should include no-cost coverage for the complete continuum of screening, including all follow-up testing for an asymptomatic person recommended for regular cancer screening, regardless of risk.

Thank you for the opportunity to comment on the proposed changes to Alaska’s EHB benchmark plan. If you have any questions, please feel free to contact me at [Emily.Nenon@cancer.org](mailto:Emily.Nenon@cancer.org) or 907-917-5743.

Sincerely,

A handwritten signature in black ink, appearing to read "Emily S. Nenon", with a long horizontal line extending to the right.

Emily Nenon, MPA  
Alaska Government Relations Director  
American Cancer Society Cancer Action Network

**From:** [Addy Binkley](#)  
**To:** [Bailey, Sarah S \(CED\)](#)  
**Cc:** [Theresa Barney](#); [Toni Ostrom](#); [Jayne Knutson](#); [Scott White](#)  
**Subject:** Alaska Essential Health Benefits (EHB) - Round One Submission Comment  
**Date:** Monday, April 8, 2024 1:50:10 PM

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Dear Sarah,

Please find our comments addressing each respective Essential Health Benefits (EHB) benchmark plan revision (Moda's comments in **blue** ink):

**We meet the minimum standard of the proposed Essential Health Benefits (EHB) for the following:**

- Add coverage for hearing tests and hearing aids.
- Expand the number of covered acupuncture and chiropractic services.
- Add coverage for massage therapy.

- Add coverage for Temporomandibular Joint services.

**Moda's position is that we do not add this to the EHB offering due to cost implications.**

- Expand the number of covered nutritional counseling services.

**We currently meet the minimum standard of preventive benefits. However, we are unclear as to which additional services and quantities are being considered under the recommended EHB program. Please elaborate.**

- Add requirement for coverage of weight loss drugs.

**It is Moda's recommendation that this not become an EHB at this time. The estimated impacts to our book of business are:**

- **\$1.4 to \$2.7 million cost.**
- **1.0% to 2.0% increase in combined medical/pharmacy claims (and resulting premiums).**

**The impacts listed above reflect the immediate/short-term costs. Long-term costs could be higher or lower depending on multiple fluctuating factors (utilization, longer-term care, side effects, counseling, etc.).**

**Thank you for allowing Moda the opportunity to provide feedback on the recommended Essential Health Benefits (EHB) potential changes that impact all Alaskans.**

Your Regulatory Partner



**Adelina Binkley, MA, MBA, MLS – Healthcare Law  
(Addy)**

**Manager Regulatory Affairs, Legal**

work 503-265-2915 cell 214-235-4696 | [modahealth.com](http://modahealth.com)

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April 8, 2024

Sarah Bailey  
Life and Health Supervisor  
Alaska Division of Insurance  
Via email: [Sarah.Bailey@alaska.gov](mailto:Sarah.Bailey@alaska.gov)

RE: Alaska's Reconsideration of Essential Health Benefits – Request for Public Comment

Dear Mrs. Bailey

Premera Blue Cross Blue Shield of Alaska ("Premera") appreciates the opportunity to comment on Alaska's reconsideration of Essential Health Benefits ("EHBs"). The feedback below is informed by Premera's 70+ years of providing high-quality health insurance in Alaska. Premera's longstanding presence in Alaska provides important perspectives on how to increase access while managing the rising costs of healthcare.

Premera is committed to ensuring Alaskans in every borough have access to high-quality and affordable health insurance coverage. Many of the EHBs included in the proposed updated benchmark plan speak directly to generally accepted best practices and pertinent health care concerns for Alaskans. As such, Premera generally supports the DOI's reconsideration of EHBs as currently proposed, but we urge the DOI to consider the per member per month premium impact of mandating coverage for weight loss medications as an EHB.

Premera remains deeply concerned with mandating coverage of weight loss medications (GLP-1s) as part of the new EHB benchmark plan for three reasons: affordability, effectiveness, and appropriateness.

**Affordability:**

Affordability is, and always has been, a primary concern for the inclusion of any benefit as an EHB. This is especially true for prescription weight loss medications. GLP-1s, such as Wegovy (semaglutide), are high cost. The novelty, relative newness, and high-demand of such medications drives the price up. A monthly prescription of Wegovy costs an average of \$1,300. When covered by insurance, this cost is then included in the claims experience used to develop rates for future years, and will undoubtedly increase premiums for all Alaskans.

Alaskans already face some of the highest healthcare costs in the country. There are significant and long-term actuarial impacts with including certain high-cost benefits, such as weight loss medications, as EHBs. These high-cost benefits have a ripple effect on the costs all members face when they're incorporated into health plans. Premera estimates that including coverage for GLP-1s as an EHB will increase premiums by approximately \$20-\$40 per member per month. This is a significant increase that will be further exacerbated

the current affordability crisis. Premera is especially concerned with the impact this premium increase will have on the small group market. We believe many small groups will not be able to support such an impact on premiums and will be forced to cease offering health insurance coverage to their employees. The downstream effect will undoubtedly be reduced access to care for many Alaskans.

### **Effectiveness**

While studies have shown GLP-1s to be extremely effective for weight loss, there is little evidence on the long-term safety and efficacy. Studies have shown that GLP-1s are only effective while being actively taken. This means many individuals who utilize GLP-1s for weight loss do so on a long-term basis. Premera is concerned about codifying a benefit in the state's EHB Benchmark plan without first understanding the long-term effectiveness of the medication, especially given the projected cost impact on premiums.

### **Appropriateness:**

The novelty of GLP-1s for weight loss provides limited evidence for the appropriateness of covering GLP-1s as an essential health benefit. EHBs are meant to serve as a minimum standard to ensure access for critical healthcare needs. Premera believes mandating coverage of weight loss medications as an EHB goes further than the original intent of EHBs.

Further, the codification of the benefit in the state benchmark plan as an "anti-diabetic agent" concerns Premera. Some GLP-1s, like Ozempic, are approved by the US Food and Drug Administration (FDA) for diabetes. Other GLP-1s, like Wegovy, are FDA approved for weight loss. While these drugs share the same active ingredient, they are not interchangeable and have different dosing. Premera's formularies currently cover Ozempic for diabetes based on medical necessity. Coverage of Ozempic for weight loss by a member who is not diabetic, would not meet Premera's evidence-based, peer-reviewed medical necessity criteria.

If the DOI moves forward with including coverage of GLP-1s for weight loss despite the significant premium cost impact, Premera encourages the DOI to do so in a way that follows FDA approved uses and standard prescribing practices. Currently there are unique Rx CUIs for GLP-1s depending on their approved uses. Additionally, the USP Category/Class is different as well. GLP-1s approved for weight loss fall into the CNS Agents/CND-Other whereas those for diabetes fall into Blood Glucose Regulators/Antidiabetic Agents. Requiring coverage of a GLP-1 in the "anti-diabetic" class for weight loss does not follow generally accepted standards and should not be required as part of a state EHB benchmark plan.

Again, Premera thanks the Alaska Division of Insurance for the opportunity to share our concerns and actively participate in this conversation. Our members are at the center of everything we do. Premera looks forward to continuing the strong partnership we have with Alaska and being part of this important conversation with the Division of Insurance on how to improve health care for all Alaskans while maintaining affordable premiums.

Sincerely,

*Megan M. Hartman*

Megan Hartman  
Manager, Regulatory & Compliance  
Premera Blue Cross  
Email: [megan.hartman@premera.com](mailto:megan.hartman@premera.com)



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| Igiugig                   | Newhalen        |
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**Tribal Authority**

Cook Inlet Region, Inc.

April 8, 2024

Sarah Bailey

Division of Insurance

Department of Commerce, Community, and Economic Development

PO Box 110805

Juneau, AK 99811

Via email: [sarah.bailey@alaska.gov](mailto:sarah.bailey@alaska.gov)

Re: Essential Health Benefits Public Comment

Dear Ms. Bailey,

Thank you for the opportunity to provide comments related to the essential health benefits (EHB) of the benchmark insurance plan. Southcentral Foundation (SCF) is one of the largest health organizations providing health care services in Alaska, and partners with over 70,000 customer-owners on their journey toward health and wellness. The EHBs outlined in the benchmark plan help stabilize the financial sustainability of many organizational services, but more importantly it provides peace of mind to Alaskans seeking preventative care, or other health care services. Expanding what is considered an EHB will help Alaskans get the care they need and deserve.

To begin, SCF supports the Divisions of Insurance's proposals to include hearing tests and hearing aids in the EHB classification. These services are increasingly important as Alaska's population of Elders continues to grow. SCF also supports the expansions and additions of coverage for acupuncture, chiropractic, and massage therapy services. The coverage for Temporomandibular Joint services will provide comfort for Alaskans who need help with this aspect of their health. Finally, coverage for nutritional counseling services and weight loss drugs will help Alaskans currently living with, or at risk of developing diabetes. Thank you for your consideration of these services in the next edition of the EHBs.

In addition to all the proposed services, it would be appropriate for the state to consider including adult dental care as an essential benefit. Oral health care is not just an optional, nice-to-have service. It is imperative that the health insurance plans in this state begin to treat oral health care with the importance that Alaskans need, because lack of good oral health treatments can lead to infections, inflammation, and potentially impact other bodily functions.

Finally, psychiatric crisis services may need to be explicitly called out in the EHB. While in-patient and out-patient behavioral health services are covered, along with

emergency care, these specific kinds of services for those with emergent and urgent behavioral health needs may not be covered in those classifications. The State of Alaska has done good work in establishing the policy and reimbursement framework for the crisis continuum of care. Ensuring private insurance that is subject to EHB requirements also covers these crisis services, will help both Alaskans who need the service and the organizations providing it.

Thank you for your consideration of these comments. If you have any questions, please contact me at [akyle@southcentralfoundation.com](mailto:akyle@southcentralfoundation.com).

Sincerely,  
SOUTHCENTRAL FOUNDATION

 April Kyle, MBA  
President and CEO



ALASKA ACADEMY OF NUTRITION  
AND DIETETICS  
PO Box 241522  
Anchorage, AK 99524  
[www.eatrightAK.org](http://www.eatrightAK.org)

April 8, 2024

Dear Alaska Division of Insurance:

The Alaska Academy of Nutrition and Dietetics (the Alaska Academy), which represents Registered Dietitians (RDs) practicing in Alaska, appreciates the opportunity to provide comment on the Alaska Division of Insurance (AKDOI) proposed changes to Essential Health Benefits (EHB) plan. Preventive nutritional care is a fundamental component of general health and wellness, as well as managing existing conditions. We appreciate the AKDOI's efforts to strengthen the EHB plan to ensure access to care for both preventive and existing conditions and the proactive steps taken to improve the health and wellness of Alaskans. However, the Alaska Academy encourages review of the proposed coverage of outpatient nutritional therapy services to ensure the EHB plan reflects crucial recognition of the preventive role that Medical Nutrition Therapy (MNT) plays in managing various health conditions.

### **Medical Nutrition Therapy and Nutrition Counseling**

Nutrition education (providing information) and nutrition counseling (offering guidance for behavior change) are services provided by RDs, as well as other healthcare professionals, with the goal of assisting individuals in making informed decisions about food and their eating habits. However, these services are frequently mistaken for Medical Nutrition Therapy, or MNT. While both nutrition education and nutrition counseling can be elements of MNT, MNT is an evidence-based, comprehensive treatment offered by RDs in collaboration with a healthcare team.

#### *Medical Nutrition Therapy:*

According to the Commission on Dietetic Registration, Medical Nutrition Therapy (MNT) is an evidence-based application of the Nutrition Care Process.<sup>1</sup> MNT involves in-depth individualized nutrition

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<sup>1</sup> Commission on Dietetic Registration (CDR) [Definition of Terms](#), accessed April 8, 2024. Here, Nutrition Care Process is defined as:

The Nutrition Care Process is a systematic problem-solving method that credentialed nutrition and dietetics practitioners use to critically think and make decisions when providing medical nutrition therapy or to address nutrition-related problems and provide safe and effective quality nutrition care. The NCP consists of four distinct, interrelated steps: Nutrition Assessment and Reassessment, Nutrition Diagnosis, Nutrition Intervention, and Nutrition Monitoring and Evaluation.

assessment/reassessment, determination of the patient/client nutrition status by identifying the nutrition diagnosis(es), determination of patient/client goals, application of a nutrition intervention personalized for the individual or group, and periodic monitoring and evaluation to assess the patient/client progress toward their goals and the effectiveness of the nutrition intervention to manage the disease, injury, or condition. Nutrition counseling, as a component of MNT, has shown to be widely effective, resulting in the comprehensive management of conditions that led to future illness such as diabetes.<sup>2</sup> Creating access to nutritional care empowers individuals to make informed dietary choices and lifestyle-modifications to support their health and well-being.

As demonstrated by various state licensing laws, MNT is a medical treatment and is an appropriate service when aimed at preventive care or when treating a specific medical condition.

### **Coverage of USPSTF Grade A and B Recommendations**

It is essential to clearly differentiate between the scope of Medical Nutrition Therapy provided via the nutrition care process and the broader, more general, wellness-focused approach to nutrition counseling and nutrition education.

Nutrition guidance put forward in USPSTF Grade A and B recommendations focuses on addressing and mitigating many of the nutrition-related factors that negatively impact an individual's health and development of a chronic disease or condition. While MNT may not be explicitly mentioned in the literature and established guidelines, the principles and practices associated with MNT are integral to the treatment of many chronic conditions.

MNT provided by RDs is a widely recognized component of medical guidelines for the prevention and treatment of many chronic diseases and conditions including heart disease, pre-diabetes and diabetes, and obesity. MNT is also effective in reducing risk factors associated with these conditions.

MNT is proven to reduce chronic disease risk, delay disease progression, enhance the efficacy of medical/surgical treatment, reduce medication use and improve patient outcomes including quality of life.<sup>3</sup> By way of example, data from the US Preventative Services Task Force suggests that behavioral counseling interventions are effective in not only promoting a healthful diet and physical activity (hallmarks of preventative health), but also, as it relates to adults with obesity, behavioral counseling "can lead to clinically significant improvements in weight status and reduced incidence of type 2 diabetes among adults with obesity and elevated plasma glucose levels."<sup>4</sup> It is also noted, MNT, separate from other educational nutrition services, is billed under Current Procedural Terminology (CPT) codes 97802, 97803, and 97804.

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<sup>2</sup> Marion J. Franz et al., "Effectiveness of Medical Nutrition Therapy Provided by Dietitians in the Management of Non-Insulin-Dependent Diabetes Mellitus: A Randomized, Controlled Clinical Trial," *Diabetes Care* 16, no. 10 (1993): 1456-1466.

<sup>3</sup> Grade 1 data. Academy Evidence Analysis Library, <http://andevidencelibrary.com/mnt>. [Grade Definitions: Strength of the Evidence for a Conclusion/Recommendation Grade I, "Good evidence is defined as: "The evidence consists of results from studies of strong design for answering the questions addressed. The results are both clinically important and consistent with minor exceptions at most. The results are free of serious doubts about generalizability, bias and flaws in research design. Studies with negative results have sufficiently large sample sizes to have adequate statistical power."

<sup>4</sup> US Preventative Services Task Force. Final Recommendation Statement: Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions.

(Grade B) <https://uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-adults-interventions>. Accessed April 8, 2024.

**Clarification of language to accurately describe nutrition care.**

We recommend that the AKDOI revise its terminology by replacing the term “Nutritional Therapy” with the term “Medical Nutrition Therapy.” This ensures the use of the most accurate language to describe the intended service and intended billing, encompassing both preventive nutrition care and nutrition care utilized to assist in treating numerous chronic conditions and disease states.

*Medical Necessity and Frequency Limits*

The Alaska Academy supports AKDOI’s proposal to align preventive care with medical necessity as quantifying the ideal duration of treatment is complex. One of the most challenging aspects of MNT is determining the optimal length of care for each patient. This is because numerous factors influence an individual's readiness to receive and ability to implement nutrition treatment effectively. The Alaska Academy advocates for policies that prioritize patient care by empowering medical providers to determine medical necessity and duration of MNT according to each patient's needs. This personalized approach prioritizes patient-centered care and progress toward patient/client desired nutrition outcomes. Failing to consider medical condition severity and relying on arbitrary visit limits can disrupt patient-centered care, potentially leading to setbacks and hindering overall health outcomes.

MNT is not a one-size-fits-all approach, and individuals with complex medical needs may require ongoing support and guidance from qualified healthcare professionals.

We believe these proposed changes underscore the critical role of MNT in disease management and prevention, emphasizing the importance of early intervention and ongoing support in promoting healthier lifestyles and reducing the burden of chronic diseases. By prioritizing access to comprehensive nutritional care services and removing barriers to treatment, the suggested policy revisions aim to ensure equitable access to essential health care, empower individuals to take proactive steps towards better health and quality of life.

Thank you for the opportunity to comment.

Sincerely,

Ashley Funk  
Alaska Academy of Nutrition &  
Dietetics President  
akand@eatrightak.org