



April 22, 2024

Response to Public Comment received from the Alaska Division of Insurance (DOI) Seeking Input on Essential Health Benefits.

Alaska Division of Insurance (DOI) held a public comment period from March 22, 2024 – April 8, 2024 at 5:00 pm on revisions to Alaska's essential health benefits (EHB) benchmark plan. DOI reviewed and considered all received public comments, and offers the following responses by category of comments received:

Weight Loss Drug Response

- The added benefit is more general than just a brand name injection benefit and we do not expect all or even most members eligible for the benefit will receive a brand name drug. The benefit is a more holistic weight loss medical benefit. Lifestyle changes, weight loss management adherence, oral prescription solutions, and generic alternatives are all facets of the benefit.
- Plans may impose utilization management, such as pre-authorization and step therapy.
- We anticipate a high-cost brand name drug prescription to be infrequent and not the initial treatment option.
- FDA and clinical best practices note users of weight loss drugs should also have lifestyle changes including diet and physical activity. There are additionally alternative drugs and processes that are cheaper that are likely to be used (e.g., statins for cardiovascular risks).
- The cost estimate is the long-term run rate. It's possible that costs will be higher in short term but expect that longer term the cost will come down with more competition, rebates, etc.

Mental Health

- The Mental Health Parity and Addiction Equity Act (MHPAEA) ensures mental health coverage and limits are available and equal for covered benefits.
- Services such as office visits, urgent & emergent care, and other benefits are covered for mental health conditions assuming the underlying benefit is covered.
- Members should refer to their plan document and sponsor on availability of resources such as crisis hotlines.
- Psychiatric crisis services are covered by the MHPAEA and the No Surprises Act, and therefore already covered by existing EHB categories.
- DOI has existing authority to enforce EHB coverage and address concerns. DOI is monitoring current and ongoing needs as it relates to MHPAEA and mental health services in general.

Preventive Services

- The preventative services EHB category is defined by federal processes, including the United States Preventive Services Task Force (USPSTF) recommendations that receive an "A" or "B" designations (HRSA and ACIP can also make changes to preventative services).
- The State or the EHB benchmark plan cannot add, remove, or define preventive services within the EHB category.

- Similarly, EHBs represent benefit coverage and not cost sharing.

Zero Cost Cancer Diagnostics and Screening

- The preventive services EHB category is defined by federal processes, primarily by the USPSTF recommendations that receive an "A" or "B" designations.
- The State or the EHB benchmark plan cannot add, remove, or define preventive services within the EHB category.
- Similarly, EHBs represent benefit coverage and not cost sharing, and any changes to cost sharing like this would have to be done statutorily by the Legislature.
- It is our understanding cancer screening and diagnostics are already covered. Cost sharing may exist for certain services and may vary by plan (i.e., not set by EHBs).

Adult Dental – adult dental is not eligible to be an EHB in the 2026 benefit year for which this application is being submitted.

Nutritional Counseling – We intend to keep the current nutritional counseling terminology and description as-is with the addition of the weight loss language. We received comment addressing terminology used under the nutritional counseling benefit, but the division didn't want to inadvertently limit coverage by using a more narrowly defined service.