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October 17, 2011

Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
P.O. Box 8016
Baltimore, MD 21244-1850
Submitted electronically at www.regulations.gov

RE: Summary of Benefits and Coverage and the Uniform Glossary (**CMS-9982-P**)

Dear Sir or Madam,

National Stroke Association is the only national nonprofit healthcare organization focusing 100 percent of its resources and attention on stroke. Our mission is to reduce the incidence and impact of stroke by developing compelling education and programs focused on prevention, treatment, rehabilitation and support for all impacted by stroke. We appreciate the opportunity to offer comments on proposed rule CMS-9982-P.

Section 2715 of the Public Health Services Act was added to statute by the Affordable Care Act (ACA). It directs the U.S. Department of Health and Human Services (HHS), among other agencies, to develop standards for a summary of benefits and coverage (SBC) to be used by group health plans and insurers offering individual health policies. The stated intent of an SBC would be to:

- Describe the benefits and coverage provided by a plan or policy in a manner that can be easily understood by the average consumer; and
- Enable consumers to easily compare plans and policies available to them.

Additionally, Section 2715 "generally provides that the SBC must include... [a] coverage facts label that includes coverage examples to illustrate common benefits scenarios (including pregnancy and serious or chronic medical conditions) and related cost sharing based on recognized clinical practice guidelines."

National Stroke Association supports the development of standards for SBCs applicable to all health plans and policies as well as the inclusion of coverage examples. We recognize that the coverage facts label, especially the coverage examples, will provide valuable information to help consumers choose health coverage that best serves their needs.

The rule proposes that no more than six coverage examples be identified for inclusion in an SBC. The rule also allows some of those examples to be phased in later years. **National Stroke Association asks that HHS consider including ischemic stroke in the final list of coverage examples, and that it be included immediately (by March 23, 2012, as required by the ACA).** We believe that ischemic stroke meets the requirements established in the rule and would make an excellent coverage example for consumers as they consider their health insurance options for the following reasons:

- Stroke affects a substantial number and wide range of people. Each year, roughly 795,000 people have a stroke, and 87 percent of them are ischemic (i.e., caused by a blockage of an artery in the brain). While stroke can be fatal, there are 7 million stroke survivors living in the United States. Anyone can have a stroke. About 57 percent of strokes occur in women and 43 percent occur in men. Additionally, many of the risk factors for stroke afflict a large number of people, including high blood pressure, high cholesterol, diabetes, physical inactivity and obesity, among others.

- Stroke is a serious medical condition. It is the third leading cause of death and a leading cause of long-term disability.
- People who experience stroke often utilize services from many parts of the healthcare system. A stroke patient/survivor can require emergency services, hospitalization, in-patient rehabilitation, out-patient rehabilitation and follow-up care to maximize recovery and prevent additional strokes. Thus, using ischemic stroke as an example would provide consumers with information about multiple areas of coverage as well as provide a general sense about how a serious, long-term health event is, or is not, covered.
- There are evidence-based clinical practice guidelines available through the National Guideline Clearinghouse for ischemic stroke.

The proposed rule also requests comments about whether insurance plans and issuers should be able to provide raw information necessary to generate coverage examples to consumers instead of developing those examples themselves. **National Stroke Association asks that HHS require health plans and insurers to generate the coverage examples.** The proposed rule states that the purpose of developing an SBC is to make the decision-making process surrounding health coverage easier for consumers. It is not reasonable to expect consumers to successfully estimate these types of out-of-pocket or other costs.

Thank you for considering National Stroke Association's comments on this proposed rule.

A handwritten signature in black ink, appearing to read 'J. Baranski', enclosed in a light gray rectangular box.

Jim Baranski
Chief Executive Officer
National Stroke Association