

June 30, 2009

The Honorable Edward Kennedy, Chairman
U.S. Senate Committee on Health, Education, Labor and Pensions
428 Senate Dirksen Office Building
Washington, D.C., 20510

Dear Senator Kennedy,

We, the undersigned organizations, are writing to commend you on your leadership in coalescing diverse stakeholders around health care reform and in authoring the *Affordable Health Choices Act* (Act), which is currently under consideration by the Committee.

We respectfully request a modification to §143 of the Act, which adds §3101(l)(6)(A) to the *Public Health Service Act* and establishes the requirement that health plans be accredited in order to be certified as a qualified health plan by the Secretary of Health and Human Services. Currently, §3101(l)(6)(A) singles out a specific accreditation entity (i.e., National Committee for Quality Assurance) as meeting the Act's criteria for accreditation. We ask that this reference be expanded to include other appropriate accreditation entities already recognized as serving in this role by the federal government (e.g., URAC). As written, the Act creates an unlevel playing field for accreditation and unintentionally narrows rather than fully recognizes the choices health plans currently have of accrediting bodies.

The undersigned organizations support the goal of ensuring that health plans strive to meet established quality benchmarks, and we believe strongly that plans should have a meaningful choice of accreditation organizations to meet the requirements of §3101(l)(6)(A). URAC has the ability to immediately serve in the role described, and its accreditation program meets the criteria for reviewing health plan certification elements delineated in §3101 of the *Public Health Service Act*, as added by §143 of the Act. URAC was founded 19 years ago by representatives of provider groups, insurers, health care purchasers, consumers, and regulators to develop and enforce industry standards for proper utilization management of health care services. As the health care industry evolves, URAC continues to address emerging issues and now offers over 25 accreditation and certification programs across the health care spectrum. URAC currently accredits over 500 health care programs operating in all 50 states and the District of Columbia.

Four federal agencies (i.e., the Centers for Medicare and Medicaid/Medicare Advantage Program; the Office of Personnel Management/Federal Employees Health Benefits Program; the Department of Defense/TRICARE Military Health System; and the Department of Veterans' Affairs) recognize URAC accreditation and many states have found URAC accreditation standards helpful in meeting regulatory requirements for managed care plans and other health care organizations and functions. Consistent with the Act's call for accreditation of health plans on a national scale, forty-one states and the District of Columbia currently reference URAC accreditation through statute, regulation, agency publication, Request for Proposal or contract language.

As stakeholder organizations representative of the diversity of the health care sector (i.e., regulators, consumers, employers, health care providers, health insurers, purchasers and workers' compensation carriers), we appreciate this opportunity to provide comment on §3101(l)(6)(A). We hope that the Committee on Health, Education, Labor and Pensions will honor our request and amend §3101(l)(6)(A) to include other managed care accreditors such as URAC.

Thank you for your consideration.

Sincerely,

American Association of Preferred Provider Organizations
American College of Physicians
American Federation of State County and Municipal Employees
American Insurance Association
American Medical Association
American Psychiatric Association
Blue Cross Blue Shield Association
Case Management Society of America
National Association of Independent Review Organizations
National Business Coalition on Health
National Education Association
URAC

Cc: Members, Senate Committee on Health, Education, Labor and Pensions