

April 23, 2014

Submitted online at: <https://ftcpublic.commentworks.com/ftc/healthcareworkshop>

Donald S. Clark, Secretary of the Commission
Federal Trade Commission
Office of the Secretary
Room H-113 (Annex X)
600 Pennsylvania Avenue NW
Washington, DC 20580

Re: Health Care Workshop, Project No. P131207

Dear Secretary Clark:

The American Occupational Therapy Association (AOTA) is the national professional association representing the interests of more than 150,000 occupational therapists, students of occupational therapy, and occupational therapy assistants. The practice of occupational therapy is science-driven, evidence-based, and enables people of all ages to live life to its fullest by promoting health and minimizing the functional effects of illness, injury, disability, and other conditions.

AOTA appreciates the opportunity the Federal Trade Commission (FTC) has provided to comment on an array of issues related to health care competition. However, we wish to focus our comments on the issue of price transparency, and encourage the FTC to adopt a broader conception of price transparency of health care services that includes more than the price health care providers charge to health care payers. Although provider price transparency may enhance competition and promote efficiencies, most consumers still pay for a majority of health care services through the benefits of private and/or public insurance, which acts as a third-party payer. As a result, ensuring consumers have adequate information about the insurance coverage they are purchasing also has the potential to enhance competition and encourage efficiencies. AOTA believes this is a critical component of price transparency, and transparency in general within our health care system, and requests that the FTC include it when considering how to maximize competition to the benefit of consumers.

Examples of inadequate information being available for consumers have appeared in the summaries of benefits and coverage (SBCs) that must be made available by insurance carriers to consumers pursuant to the Affordable Care Act. Taking the rehabilitation and habilitation services categories as examples, different plans' SBCs provide varying levels of information that may prevent consumers from making informed choices. One plan's SBC may indicate whether the services are subject to the deductible, another may specify the types of therapies covered, while a third may state the number of covered visits or other limitations. Unfortunately, many others plans' SBCs fail to include some or all of

this information. The SBCs were designed to enable consumers to compare plans by providing a standardized document specifying cost-sharing and coverage limitations for the plan's benefits. However, in certain respects the SBCs are not achieving their intended purpose, because insurance carriers are populating them with disparate information. As a result, instead of empowering consumers to compare plans with comparable information, and therefore incentivizing carriers to compete for business by identifying efficiencies that lead to lower costs, carriers may obtain market advantages by obscuring or excluding information that other carriers are providing.

A similar situation exists for qualified health plans sold on state and federal insurance marketplaces. Because the interfaces through which consumers shop for and compare plans varies between the federal and state marketplaces, and between different state-run marketplaces, consumers have varying access to information that would enable them to compare plans using a standard set of information. Although the marketplace interface issue should not create disparities within states in and of itself, it could to the extent that the marketplaces provide consumers with additional information about plans' benefits by linking to plans' SBCs, as many marketplaces do.

AOTA encourages the FTC to consider the need for increased standardization of information made available to consumers about health insurance plans, whether through SBCs, insurance marketplace interfaces, or other means of communication about plans' benefits. With more comparable and complete information, consumers will be empowered to make more informed choices about the value of different plans, which in turn should incentivize carriers to compete with one another to identify efficiencies that lower costs. AOTA views this as a critical step towards increasing the transparency and efficiency of our health care system.

AOTA respectfully requests that careful consideration be given to these comments. Should you have any questions or require additional information, please contact us at (240) 482-4137 or dbrown@aota.org.

Respectfully submitted,

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