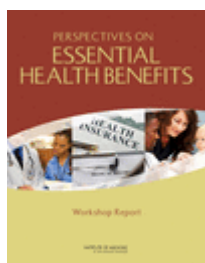




## Report



### Perspectives on Essential Health Benefits – Workshop Report

Released: August 29, 2011

Type: Workshop Report

Topic: Health Services, Coverage, and Access

Activity: Determination of Essential Health Benefits

Board: Board on Health Care Services

**Note:** Workshop Summaries contain the opinion of the presenters, but do NOT reflect the conclusions of the IOM. [Learn more about the differences between Workshop Summaries and Consensus Reports.](#)

The Patient Protection and Affordable Care Act (ACA) requires that everyone in the United States have health insurance beginning in 2014. Health insurance may be purchased through state-based health insurance exchanges designed to provide enrollees with a selection of health insurance plans from which to choose, many of whom will be eligible for Federal subsidies. Plans for individuals and small businesses, both in the exchange and outside of the exchange, will include essential health benefits (EHB), which fall under 10 general categories including emergency services, behavioral health treatment, and preventive services and chronic disease management. The exchanges will have to determine whether health plans developed by insurers are qualified health plans, covering the EHB and meeting other ACA requirements.

The Department of Health and Human Services (HHS) requested that the IOM recommend the criteria and methods for determining and regularly updating the EHB package. The IOM will release a final report with recommendations on these processes in the early fall of 2011. The public had an opportunity to submit comments online or to present their opinions at public workshops held in Washington, DC (January 13–14, 2011), and in Costa Mesa, CA (March 2, 2011). The workshops brought together experts from federal and state governments, employers, insurers, healthcare providers, consumers, and healthcare researchers. Speakers discussed topics such as the need to balance the generosity of EHB with affordability of insurance products, in consideration of how insurers design benefits, and incorporating evidence into benefit priority decisions, among other issues. This document summarizes the workshops.