

December 10, 2024

Gail Koziara Boudreaux
Chief Executive Officer
Elevance
220 Virginia Ave
Indianapolis, Indiana 46203

Dear Ms. Boudreaux,

We write with deep concern over recently published reports of a new draconian policy adopted by Anthem in several states, including Connecticut and Missouri, which would limit beneficiary coverage for anesthesiology services during surgical procedures if such surgery goes beyond time limits that are unilaterally set by Anthem. Since this policy was announced – and only because of public outrage – Anthem claims it will not move forward with the policy. In the interest of patients’ health and safety nationwide, we demand answers regarding this ill-conceived policy and clear, direct assurances that a policy cutting off full anesthesia coverage mid-procedure will not be re-considered or re-imposed.

Last week, it was reported that Anthem planned to enact a one-size-fits-all approach to anesthesia care in states like Connecticut and Missouri that would cut off coverage if anesthesia was needed for longer than Anthem deemed necessary. This policy led to outrage from patients and their providers, who could now be on the hook for increased medical costs simply because medical professionals provided appropriate care. As you are well aware, health care providers are sworn to act in the best interest of their patient and are the only individuals in an operating room singularly focused on providing quality, sometimes life-saving medical care. Therefore, without strong documentation to the contrary, it was absurd for Anthem to presume that the anesthesia care being provided to patients needed to be restricted through Anthem-imposed time caps.

After significant public outrage, Anthem said it would not move forward with the new policy, claiming there was “significant widespread misinformation.”¹ Still, patients and providers have pressing questions about the policy and its potential impact. In an effort to correct the alleged “significant widespread misinformation,” and to put patients and providers at ease, we are demanding that Anthem immediately commit, in writing, to covering any medically necessary anesthesia services and provide an immediate response to the direct questions below:

- Can you confirm that all Anthem policies proposing to cap anesthesia coverage times have been rescinded?

¹ Katy Golvala, *Amid fury, Anthem reverses plan to limit anesthesia coverage in CT*, CT MIRROR (Dec. 5, 2024), <https://ctmirror.org/2024/12/05/ct-anthem-blue-cross-blue-shield-anesthesia/>.

- Can you confirm that no Anthem policies are currently in effect that cap anesthesia coverage times?
- Can you confirm that Anthem will not again consider imposing a policy that limits anesthesia coverage times?

Further, please answer the more detailed questions below to provide transparency to the public, your beneficiaries, and providers by December 20, 2024:

- Why did Anthem propose a policy capping anesthesia coverage times? Please provide any documentation finding such a policy was necessary to protect patient care.
- Anthem stated that “it never was and never will be the policy of Anthem Blue Cross Blue Shield to not pay for medically necessary anesthesia services.”²
 - Under the proposed (and now rescinded) policy, what would happen if a procedure using anesthesia went over Anthem’s approved time limit?
 - How does Anthem define “medically necessary anesthesia services”?
 - Would it be possible under Anthem’s policy for “medically necessary anesthesia services” to only be deemed “medically necessary” for a set amount of time?
- Anthem stated that the “proposed update to the policy was only designed to clarify the appropriateness of anesthesia consistent with well-established clinical guidelines.”³
 - Please explain why clarification was necessary.
 - If it was never Anthem’s policy to not pay for medically necessary anesthesia services, what was the goal – and intended outcome – of the clarification?
 - What well-established clinical guidelines Anthem was seeking to follow?
 - Did these clinical guidelines recommend cutting off beneficiary coverage after a certain time limit was reached?
- Did Anthem consider how this policy could adversely impact beneficiaries, either medically or financially? If so, please provide detailed information as to how you considered the medical and financial impacts and what you found. If not, please explain why not.
- How did Anthem decide which states to impose this policy in, and why were Connecticut and Missouri included?

We look forward to your response.

Sincerely,



RICHARD BLUMENTHAL
United States Senate



JOSH HAWLEY
United States Senate

² *Id.*

³ *Id.*