

Elevance Health’s April 17, 2026 Responses to House Energy & Commerce Committee Questions for the Record issued on February 26, 2026, hearing entitled, *Lowering Health Care Costs for All Americans: An Examination of Health Insurance Affordability*, on January 22, 2026

The Honorable Diana Harshbarger (R-TN)

1. I have recently heard from many OBGYNs across the country regarding your company’s decision to stop covering pelvic exam code 99459, which includes pelvic exam packs and chaperones that are not included in the annual well-woman visit and certain E&M visits. These services are essential to these types of visits, and as noted by ACOG, should be covered separately from the visit codes themselves. If they are not covered by the health plan, the physician’s patients and the health plan’s subscribers will unreasonably have to bear the burden for this non-covered service.
 - a. Please explain why your companies would have a policy like this in place. Can you explain the rationale for restricting this care?

Elevance Health’s Response to Question 1:

Elevance Health is committed to ensuring access to women’s health services, including pelvic exams, consistent with clinical standards and coverage requirements. We do not restrict access to pelvic exams. These services are covered when performed as part of an Evaluation and Management visit or preventive service.

The Honorable Earl L. “Buddy” Carter (R-GA)

1. In ERISA self-funded dental plans you administer, who sets or controls: (a) coverage rules, (b) claim edits and payment policies, (c) downcoding and bundling logic, and (d) appeal outcomes, the plan sponsor or your organization? Can you provide the Committee with the contractual language that allocates authority and responsibility.

Elevance Health’s Response to Question 1:

Elevance Health is committed to administering ERISA self-funded dental plans in a manner that reflects clear governance, transparency, and compliance with applicable requirements. For these plans, roles and responsibilities are defined by governing plan documents and administrative agreements. In general, plan sponsors retain authority over plan design and core coverage terms, while Elevance Health administers claims in accordance with those terms.

Claims administration functions—including claim edits, payment policies, and coding logic—are performed as delegated, consistent with governing documents and industry standards. Appeals are handled by the entity designated as fiduciary for the applicable level of review, in compliance with ERISA requirements.

This structure ensures a clear separation between plan design authority and administrative execution, while maintaining compliance and consistency in claims processing.

The Honorable Diana DeGette (D-CO)

5. FDA has approved an increasing number of cell and gene therapies in recent years and many more are expected in the coming years. Many of these therapies will treat and potentially cure chronic illnesses for which there was previously no cure. Some of these illnesses, such as type 1 diabetes, may be appropriate for larger patient populations than previous high-cost curative therapies.
 - a. Please describe your company's current coverage of cell and gene therapies.
 - b. Please describe any financial mechanism that your company has instituted to manage the risk associated with coverage of cell and gene therapies.
 - c. Please describe how your company is planning for a future environment in which more curative but high-cost cell and gene therapies are available and indicated for a broader population.
 - d. Please discuss whether legislation or any other U.S. Government policy change is needed to address access to cell and gene therapies as more are approved by FDA, and any recommendations you might have for such legislation.

Elevance Health's Response to Question 5:

Elevance Health is committed to ensuring patient access to innovative, high-cost therapies while maintaining affordability and clinical rigor. We cover FDA-approved cell and gene therapies (CGTs) when they are medically necessary and supported by clinical evidence. Coverage decisions are guided by independent clinical review committees composed of physicians, pharmacists, and other experts to ensure an evidence-based, patient-centered approach. Given the complexity of these therapies, we also implement care management protocols to support our members and ensure appropriate patient selection, site of care, and treatment planning.

To manage the financial risks associated with high-cost therapies, we employ a range of strategies, including reinsurance, stop-loss coverage, outcomes-based contracting where feasible, and utilization management aligned with clinical criteria.

As the pipeline of CGTs expands, we are continuing to evolve payment and coverage approaches, including advancing value-based arrangements that better align costs with long-term outcomes. We believe policymakers can further support sustainable access by enabling flexibility in value-based purchasing, addressing regulatory barriers, supporting risk-pooling mechanisms, and advancing transparency and long-term evidence development. At the same time, it is important to avoid policies that shift disproportionate financial risk without corresponding tools to manage it.

For therapies approved under accelerated pathways, we support balancing innovation with evidence and affordability through stronger clinical standards, clear expectations for confirmatory

trials, and pricing approaches that reflect the level of evidence at launch and evolve as additional data emerge.

The Honorable Troy A. Carter (D-LA)

1. Can you share your company's step therapy policy?
2. How are your companies ensuring that coverage decisions for HIV prevention drugs, including long acting agents like lenacapavir, do not undermine the President initiated Ending the HIV Epidemic in the U.S. (EHE) by 2030 goal—particularly for communities that have historically faced barriers to access like Louisiana’s 2nd congressional district?
 - a. If the answer is yes, please explain how your coverage policies will ensure timely, affordable, and equitable access to long acting HIV prevention therapies like lenacapavir.
 - b. If the answer is no, please explain how that position aligns with the national goal of ending the HIV/AIDS epidemic by 2030.

Elevance Health’s Response to Question 1:

Elevance Health is committed to promoting safe, effective, and affordable care through clinically grounded tools such as step therapy. Step therapy supports the use of clinically superior or comparable treatments with the strongest evidence base, beginning with therapies that are well-established for safety and effectiveness.

When clinically appropriate, step therapy may also encourage the use of lower-cost alternatives, such as generics or biosimilars, when they provide comparable outcomes. These protocols are informed by an independent Pharmacy & Therapeutics committee composed of independent and external clinical experts and aligned with evidence and established standards of care.

Importantly, exceptions processes are in place to ensure patients can access alternative treatments when medically necessary, and Elevance Health complies with applicable continuity-of-care and transition-of-care requirements to support members already stabilized on therapy. Absent tools like step therapy and prior authorization, the use of less appropriate or lower-value therapies could increase, potentially affecting patient safety and overall healthcare costs.

Elevance Health’s Response to Question 2:

Elevance Health is committed to supporting access to HIV prevention therapies in alignment with public health goals and regulatory requirements. Our coverage of HIV prevention therapies, including long-acting agents, is designed to align with applicable federal and state requirements, including the Affordable Care Act (ACA) and U.S. Preventive Services Task Force (USPSTF) recommendations.

Within this framework, we cover FDA-approved prevention therapies and may apply reasonable medical management consistent with regulatory requirements. This approach supports access to prevention therapies while maintaining alignment with broader public health goals, including efforts to reduce HIV transmission and improve outcomes in underserved communities.