September 13, 2010

Jay Angoff, JD, Director
Office of Consumer Information and Insurance Oversight
Department of Health and Human Services
Attention: OCIIO-9992-IFC
P.O. Box 8016
Baltimore, MD 21244-1850

RE: Interim Final Rule for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act, 75 Federal Register 137 (July 19, 2010)

Dear Mr. Anghoff:

The HIV Medicine Association (HIVMA) appreciates the opportunity to comment on the above-referenced interim final rule. HIVMA represents more than 3,800 HIV clinicians and researchers working on the frontlines of the HIV epidemic in communities across the country.

We strongly support expanded coverage of preventive services by group health plans and private insurers as outlined in the Interim Final Rule. We agree that individual and societal benefits of such coverage far outweigh the costs and will help our patients live longer, healthier lives.

The Patient Protection and Affordable Care Act (the Affordable Care Act) requires group and individual health plans that are not grandfathered plans to provide coverage and prohibit cost-sharing of evidence-based items or services that have a grade A or B rating by the United States Preventive Services Task Force (USPSTF).

Under current USPSTF ratings, required coverage of HIV testing will be limited to screening for HIV for adolescents and adults who are at an increased risk of HIV, pregnant women, and in high prevalence settings and clinics. However, we hope to see such coverage expanded to include routine opt-out HIV screening if and when the Task Force revises its rating for routine HIV testing to a grade A or B. Coverage of routine HIV testing would allow broader implementation of the Centers for Disease Control and Prevention’s (CDC’s) 2006 recommendation that all patients aged 13 to 64 be routinely offered a voluntary HIV test. In addition, the expansion of routine HIV testing in clinical settings would be in keeping with the National HIV/AIDS Strategy goal of diagnosing individuals with HIV infection early in the course of the disease so that they can be linked to the highly effective treatment that is widely available today.

We note that expanded coverage of other USPSTF-recommended preventive services will also benefit our patients with HIV/AIDS, including screening for Hepatitis B for pregnant women; counseling for sexually transmitted infections for those who are at increased risk; and screenings for syphilis for those at an increased risk and for all pregnant women.
Thank you for your consideration of our views, and please let us know if we can provide further information. We can be reached through our Executive Director, Andrea Weddle (aweddle@hivma.org or 703-299-0915).

Sincerely,

Michael S. Saag, MD, FIDSA
Chair, HIV Medicine Association