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General Comment

September 17, 2010
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 Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act

To Whom It May Concern:

The California Chiropractic Association (CCA) respectfully offers its comments on the Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act (PPACA).

CCA believes that greater guidance to insurers is needed regarding appropriate provider types for the covered preventive services. Without such guidance, insurers may develop policies that are so restrictive that they would ultimately limit the patient's ability to access preventive services and therefore compromise a primary goal of health care reform. Additionally, CCA is concerned that limiting the waiver for cost-sharing to in-network providers may encourage insurers to limit their provider network, again resulting in limited access to providers able to perform needed and cost-effective preventive services. CCA urges HHS to allow both in- and out-of-network providers to perform the covered preventive services at least until 2014 when PPACA Section 2706 takes effect. This section prohibits insurers from discriminating against providers with regard to participation. Once this provision is implemented, concerns regarding access to providers will be eliminated. Ultimately, greater direction to insurers is needed in the regulations to ensure that greater access to preventive services is a reality for both the intention of health care reform and, most importantly, the public seeking these services.

Thank you in advance for consideration of our views.

Bill Howe
California Chiropractic Association