

September 17, 2010

The Honorable Kathleen Sebelius
Secretary
Department of Health and Human Services
Attention: OCIO-9992-IFC,
P.O. Box 8016,
Baltimore, MD 21244-1850

File Code: OCIO-9992-IFC

RE: Comments on Interim Final Rules for Preventive Services: Group Health Plans and Health Insurance Issuers under the Patient Protection and Affordable Care Act

Dear Secretary Sebelius:

Trust for America's Health (TFAH), a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority, welcomes the opportunity to comment 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*. TFAH applauds the efforts of the Department of Health and Human Services (HHS) to expand coverage for crucial preventive services as authorized by the Patient Protection and Affordable Care Act (the Affordable Care Act). The focus on accessibility and affordability of preventive care will help to ensure that every American has the opportunity to live a healthy lifestyle. The Affordable Care Act's preventive services provisions for private plans are a major step forward in our nation's commitment to prevention and reducing health care costs.

We applaud the efforts outlined in the interim final regulations to cover recommended preventive services for health plan enrollees. Increased access to prevention is a critical component to keeping Americans healthy and reducing overall health care utilization, thereby reducing the health care costs incurred for treating preventable chronic diseases. It is long overdue for all Americans to have improved access to preventive services. We also strongly support the rules' elimination of cost-sharing for recommended preventive services. Studies show that cost-sharing is a deterrent for most people, who will forego preventive services if they are required to pay partial cost.¹ Removing these costs, such as copayments or coinsurance, will expand access to preventive services for millions of Americans.

¹ Kaiser Family Foundation. "The Role of Consumer Copayments for Health Care: Lessons from the RAND Health Insurance Experiment and Beyond." Jonathan Gruber, Ph.D., Massachusetts Institute of Technology, National Bureau of Economic Research, October 2006. <http://www.kff.org/insurance/upload/7566.pdf> (accessed September 14, 2010).

We urge you to consider the following recommendations in finalizing these rules:

- CDC develops and disseminates prevention guidelines for a range of public health issues. At various points, the USPSTF has considered CDC guidelines in the development of its recommendations. In at least one instance (tuberculosis), USPSTF has not updated its recommendation in more than a decade because it has not wished to duplicate CDC's work in developing guidelines. To better coordinate the federal government's approach to prevention and to ensure appropriate coverage of public health prevention benefits, TFAH recommends that a small portion of the Prevention & Public Health Fund be set aside to help the USPSTF, in a systematic and expedited way, conduct a thorough review of the most recent CDC prevention guidelines and make appropriate updates to the USPSTF's recommendations.
- Although Medicaid managed care is federally-financed, the medical care provided by these plans is organized, delivered, and coordinated by private plans. Therefore we ask that the Final Rule clarify that Section 2713 of the Affordable Care Act apply to all Medicaid managed care contracts.
- TFAH strongly supports extending preventive benefits without cost-sharing to all Americans. Unfortunately, individuals covered by grandfathered plans will not have guaranteed access to these benefits. However, we believe that the Secretary should set strict criteria for allowing plans to maintain their grandfathered status (e.g., revoking grandfathered status for premium or benefit cost-sharing increases that exceed reasonable inflation adjustments, significant changes in benefit structure, changes in carrier, etc.). With appropriate limits on grandfathering, more Americans will enjoy the benefit of expanded access to prevention without cost-sharing.
- Given the staggering rates of American residents who have hepatitis B (HBV) or C (HCV) but are not aware of their status, we urge HHS to consider an interim recommendation to cover HBV and HCV screening until USPSTF reconsiders this option. The Centers for Disease Control and Prevention (CDC) have already recommended that screening be routine. The failure to adequately screen at-risk populations means that thousands of individuals needlessly develop chronic hepatitis, liver cancer or end-stage liver disease each year.
- TFAH urges HHS to clarify which services will be covered in instances when USPSTF guidelines differ from CDC's Advisory Committee on Immunization Practices (ACIP) guidelines.
- Given the rule's allowance that issuers can determine the appropriate setting for provision preventive services, we urge the Secretary to ensure that plans recognize public health departments and other community-based locations as appropriate settings in which preventive services can be accessed without cost-sharing.
- Although the Affordable Care Act will eliminate cost-sharing for recommended preventive services, we are concerned about how aware providers are of the availability and billing practices for the recommended preventive services. As HHS implements the rule, we feel it is imperative that emphasis be placed on outreach to provider groups about newly available coverage and removal of cost-sharing for recommended preventive services. This outreach should engage provider groups such as medical and nursing associations, insurers, and healthcare facilities.

- Further, we urge HHS to begin educating patients and consumers on accessing preventive services, including the newly available coverage requirements. Additional outreach should focus specifically on populations for whom English is not a first language.

Conclusion

Thank you for the opportunity to comment on the interim final rules for preventive services, which can, with the modest improvements outlined above, represent a renewed focus and commitment to public health and prevention. We hope our input is beneficial and will be considered as the Department implements the Affordable Care Act. If you have any questions, please do not hesitate to contact our Director of Government Relations, Annie Toro at (202) 223-9870 ext. 25 or via email at atoro@tfah.org.

Sincerely,

A handwritten signature in black ink that reads "Jeffrey Levi". The signature is written in a cursive style with a large initial "J" and "L".

Jeffrey Levi, PhD
Executive Director