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Docket: IRS-2010-0017

Requirement for Group Health Plans and Health Insurance Issuers to Provide Coverage of Preventive Services under the Patient Protection and Affordable Care Act

Comment On: IRS-2010-0017-0002

Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services; etc.

Document: IRS-2010-0017-0027

Comment on FR Doc # 2010-17242

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General Comment

Attached please find the comments of the Sargent Shriver National Center on Poverty Law on the HHS interim final rules relating to coverage of preventive services.

Thank you.

Margaret Stapleton

Attachments

IRS-2010-0017-0027.1: Comment on FR Doc # 2010-17242



SHRIVER CENTER

Sargent Shriver National Center on Poverty Law

September 17, 2010

Office of Consumer Information and Insurance Oversight
Department of Health and Human Services
Washington, DC

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
75 Federal Register, No. 137, July 19, 2010, pages 41726 et seq.

Dear Sir or Madam:

Thank you for the opportunity to comment on the above-referenced rules.

The Sargent Shriver National Center on Poverty, founded by Sargent Shriver as part of the 1960's War on Poverty, has worked for over 40 years to end poverty and advance justice and opportunity for all Americans. Expanding access to comprehensive, affordable, quality health care has been an important part of our work for decades.

Passage of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act earlier this year was a momentous step toward health care for all Americans. The increased access these laws create, the health care improvements they support, and the cost controls they foster will help all Americans lead healthier and more productive lives.

Smart, thoughtful, fair implementation policies and procedures are the next big step, and we commend the federal departments for their prompt and evidence-based implementing regulations, such as the interim rules on preventive services.

We have only one comment regarding these rules—and it is more of a suggestion than a comment. Our comment/suggestion is that HHS monitor changes in insurers', providers', and patients' behavior in response to these rules to ascertain whether the reform laws' goal of the requiring coverage for and prohibiting cost-sharing for preventive services is being achieved. Maximizing profit has been the organizing principle for many medical practices and insurance coverages for several decades. It is likely that that principle will shape the providers' and insurers' responses to the preventive services without cost-sharing rules. If HHS monitors changes in practices and learns that changes make it more time-consuming or inconvenient for patients to get no cost preventive care, HHS should issue additional and more proscriptive regulations. It is difficult to give examples of such possible practices ahead of time, but the a la carte, fee for service world of medicine and health insurance has in the past created

treatment patterns to maximize profit rather than maximize patient well-being, and there is some possibility that that may happen in response to these rules. Federal monitoring could detect such unfortunate behaviors and additional rulemaking correct them.

Thank you for your attention. If you need additional information, please contact me at 312.368.3327 or mstapleton@povertylaw.org.

Very truly yours,

Margaret Stapleton
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