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Request for Information Regarding Value-Based Insurance Design in Connection With Preventive Care Benefits

Comment On: EBSA-2010-0054-0001

Value-Based Insurance Design in Connection with Preventive Care Benefits; Information Requests

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General Comment

We are very concerned that VBID can inadvertently be used to block consumer's access to preventive care without cost sharing (as required under PHS Act section 2713) if not accompanied by the following important safeguards.

1) The relevant evidence-base for frequency, method, treatment, or setting under VBID should first and foremost be the Supporting Documents published in conjunction with the release of a United States Preventive Services Task Force (USPSTF) recommendation. Although the final Recommendation may be very succinct, there is generally a strong body of evidence supporting that recommendation. In many cases there are more detailed graded recommendations incorporated into the body of evidence supporting the macro recommendation. For example, The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. The AHRQ Supporting Documents include: 15 A or B recommendations specific to Screening and Counseling, 12 A or B recommendations specific to Medication and 3 A or B recommendations specific to Systems.

2) Medical management must not permit the absolute exclusion of any A or B recommendation. For example, plans must still offer all A recommended FDA-approved pharmacotherapies even if limitations based on medical management techniques are permitted. If supported by the evidence, medical management may incorporate annual limitations, but should not be permitted to include lifetime limitations. Lifetime limitations run counter to Patient Protection Affordable Care Act's prohibition on lifetime benefit maximums and should not be permitted unless the USPSTF recommendation explicitly incorporates such a limitation. Although several A and B recommendations include age limits or annual limits, only abdominal aortic aneurysm screening for men recommends a one-time screening.

