



8515 GEORGIA AVENUE, SUITE 400  
SILVER SPRING, MARYLAND 20910-3492  
301 628-5000 • FAX 301 628-5001  
www.NursingWorld.org

KAREN A. DALEY, PhD, MPH, RN, FAAN  
PRESIDENT

MARLA J. WESTON, PhD, RN  
CHIEF EXECUTIVE OFFICER

February 28, 2011

Office of Health Plan Standards and Compliance Assistance  
Employee Benefits Security Administration, Room N-5653  
U.S. Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210

Office of Consumer Information and Insurance Oversight  
U.S. Department of Health & Human Services  
Attention: HHS-OS-2010-002  
Room 445-G, Hubert H. Humphrey Building  
200 Independence Avenue SW.  
Washington, DC 20201

CC:PA:LPD:PR (REG-120391-10 VBID)  
Room 5205, Internal Revenue Service  
P.O. Box 7604  
Ben Franklin Station  
Washington, DC 20044

Submitted electronically to <http://www.regulations.gov>

RE: Health and Human Services: HHS-OS-2010-002  
Internal Revenue Service: REG-120391-10 VBID  
Department of Labor: VDIB

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

Dear Reviewers:

The American Nurses Association (ANA) welcomes the opportunity to offer comments on this proposed rule. The ANA is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses (RNs), the single largest group of health care professionals in the United States. We represent RNs in all roles and practice settings, through our state and constituent nurses associations, and organizational affiliates. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and advocating before Congress and regulatory agencies on health care issues affecting nurses and the public. Our members include Advanced Practice Registered Nurses (APRNs) such as Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), Certified Nurse Midwives (CNMs), and Certified Registered Nurse Anesthetists (CRNAs).

Disease prevention and health promotion are hallmarks of nursing, dating back to the origins of professional nursing under the leadership of Florence Nightingale in the mid-19th century. ANA has long supported and emphasized the need for prevention in health care both to improve the public's health and as a cost-saving measure. ANA has adopted health promotion and disease prevention as a standard of professional performance that all RNs are expected to meet. ANA believes that the Affordable Care Act (ACA) offers a landmark opportunity for the health care system to capitalize on the competencies of RNs and APRNs to transform the healthcare system into one that prioritizes prevention. ANA would like to provide information for two questions in the Request for Information (RFI) regarding value-based insurance design in connection with preventive care benefits.

### **11. What other factors, such as ensuring adequate access to preventive services, are considered as part of a plan or issuer's VBID strategy?**

As noted in the RFI, Section 2713 of the PHS Act and the Departments' implementing regulations apply to group health plans and health insurance issuers offering group or individual health insurance coverage that is not grandfathered. These provisions require such plans and issuers to provide coverage for recommended preventive services, without imposing cost-sharing requirements when in-network providers are used. The complete list of items and services that are required to be covered under these interim final regulations is found at <http://www.HealthCare.gov/center/regulations/prevention.html>.

It is imperative that VBID recognize RNs and APRNs as providers in all health plans. This is consistent with the first key message of the 2010 Institute of Medicine's Report: *The Future of Nursing, Leading Change, Advancing Health*. This message is that nurses should practice to the full extent of their education and training. Millions more people will have insurance as a result of the Affordable Care Act. The skills of RNs and APRNs should be used to assure that preventive services are not just required by law but available and accessible.

The list contains numerous services that RNs can provide within the scope of their practice. Examples include:

- Screening and counseling to reduce alcohol misuse
- Screening for high blood pressure
- Interventions to support breastfeeding
- Screening for depression in adults and adolescents
- Counseling for a healthy diet
- Screening newborns for hearing loss
- Screening and counseling for obesity in adults and children
- Counseling for sexually transmitted infections
- Counseling for tobacco use in adults and pregnant women
- Screening for visual acuity in children.

APRNs are central to the provision of preventive services. **Every** recommended preventive service is within the scope of practice of either a nurse practitioner, clinical nurse specialist or certified nurse midwife.

**14. What consumer protections, if any, need to be in place to ensure adequate access to preventive care without cost sharing, as required under PHS Act section 2713?**

ANA identified an area of concern in §147.130 *Coverage of Preventive Health Services*, paragraph (a)(2)(iii), and recommends a change in language. In this section, it is stated that if a service “is not billed separately (or is not tracked as individual encounter data separately) from an office visit and the primary purpose of the visit is not the delivery of such an item or service, then a plan or issuer may impose cost-sharing requirements with respect to the office visit.”

While ANA understands the need to include this general stipulation, we request that an exception for immunizations be made explicit. Immunization is often not the primary reason for an office visit. However, in public health and in practice supported by the Centers for Disease Control and Prevention, any encounter with a patient is seen as an opportunity to immunize. For example, if a child comes into a provider’s office for an illness (e.g. ear infection), and the child is able to be immunized, this is an opportunity to offer vaccines. This is especially important if the child is behind in the immunization schedule. If vaccines are given in this example, under the proposed regulation, the family may be charged by their insurer for the normally-covered preventive service, since the vaccine was neither the “primary reason” for the visit, nor was it part of an annual physical/well-child visit as stipulated in Example 4(i). We bring this concern to your attention in hopes that you will provide language to avoid this situation.

We appreciate the opportunity to provide information on VBID. If we can be of further assistance or if you have any questions please feel free to contact Louise Kaplan, Ph.D., ARNP, FNP-BC, FAANP, Senior Policy Fellow in the Department of Nursing Practice and Policy, [louise.kaplan@ana.org](mailto:louise.kaplan@ana.org) or at 301-628-5044.

Sincerely,



Marla J. Weston, PhD, RN  
Chief Executive Officer  
American Nurses Association

Cc: Karen A. Daley, PhD, MPH, RN, FAAN  
President  
American Nurses Association