PUBLIC SUBMISSION

Docket: IRS-2010-0010
Group Health Plans and Health Insurance Coverage Rules Relating to Status as a Grandfathered Health Plan Under the Patient Protection and Affordable Care Act

Comment On: IRS-2010-0010-0001
Group Health Plans and Health Insurance Coverage: Interim Final Rules for Relating to Status as a Grandfathered Health Plan under the Patient Protection and Affordable Care Act

Document: IRS-2010-0010-0922
Comment on FR Doc # 2010-14488

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General Comment

August 16, 2010

To Whom it May Concern
Re: PPACA

Dear Sir:

As a small business owner one of my main concerns is the fact that recently the president's own experts at CMS found that the healthcare bill fails to lower health care costs as was promised. The president's own analysts concluded that the country would spend $311 billion more under the new law than would be spent otherwise. This flies in the face of promises of deficit neutrality and fiscal responsibility. This is a real concern and a slippery slope as the populace is force-fed the new healthcare reform bill.

In order to be equitable and fair, if not pragmatic, it is imperative all insurance plans are "grandfathered" into the present healthcare law. It is obvious that Congress should take action to ensure that the Affordable Care Act places a greater emphasis on wellness and disease prevention rather than only on disease-care for those that have already progressed to illness, and, given the scientific evidence, chiropractic must not be discriminated against.

If the government is serious about cost-effective care, chiropractic care must be a vital component of any health care reform act, allowing the population direct access to chiropractic services as a guaranteed, covered benefit. A wellness and prevention based-system cannot be achieved without guaranteed access to essential services delivered by a Doctor of Chiropractic.

Members of Congress and the president’s administration officials should seek to fully integrate chiropractic care into a delivery system newly oriented and prioritized towards the delivery of wellness care, with a goal of fully maximizing the potential of chiropractic, to wit:

a) Increase the quality of health care offered;
b) Improve patient outcomes and levels of patient satisfaction;
c) Expand patient treatment options and choice of provider;
d) Improve the overall health status and quality of life of the public by providing an effective, holistic wellness approach to health care;
e) Reduce medical errors and improve patient safety (chiropractic care is inherently safer and less complicated in comparison to the use of surgical intervention, hospital stays, and the use of pharmaceuticals);
f) Expand the nation’s capacity to deal with a major healthcare emergency.
g) Avoid the preemption of state laws that help ensure a patient’s right to seek care from the provider of his or her choice, unless such laws are replaced by federal standards, which are clearly superior;
h) Ensure that any federally defined package of “minimum benefits” that may be established specifically includes chiropractic care provided by doctors of chiropractic;
i) Adopt a comprehensive set of patient and provider protections (Patients Bill of Rights provisions) that will be made applicable to ERISA regulated plans;
j) Ensure that the availability of chiropractic is equal to the availability of traditional medical care in all federally established or regulated plans, including managed care plans, and that any discriminatory policies adverse to chiropractic patients and providers are eliminated;
k) In pursuit of “Medical Home” or "coordination of care concepts", avoid the creation of a gatekeeper scenario that would serve as an impediment to accessing chiropractic care.

In brief summary, all insurance healthcare plans must be “grandfathered” into the Affordable Care Act, and measures must be instigated that will ensure non-discrimination against chiropractic care.

Respectfully,

Peter G. Furno, D.C.