Re: Section 2713 of the Public Health Service Act as amended by the Affordable Care Act

My comment is on the requirement to provide EOB’s for USPTF services graded A or B.

Many such services are confidential. The USPTF and this Act require that such services be provided to recipients free of charge. Providing a EOB removes the ability to provide this service confidentially.

As per the American Academy Of Pediatrics and the Society for Adolescent Medicine and Health, both of which I am a member, I would suggest the following:

Options for addressing the EOB barrier to confidential services for adolescents and young adults include:

- **Eliminating the requirement to issue EOBs for all USPTF recommended A and B preventive services.** Given the provision in the health reform law that requires USPTF A and B clinical preventive services to be offered at no cost to the patient or policy holder, EOBs for the provision of these services are unnecessary.

- **Excluding chlamydia screening and other sensitive preventive services from EOB documents.** Health plans can inform policy holders in their annual policy statement that in an effort to uphold confidentiality, information about certain sensitive services will not be included in an EOB.

- **Providing a simple procedure for healthcare providers to request that no EOB is issued to policy holders for sensitive services.** Health plans can allow health care providers to request an exemption from the requirement to send an EOB to the policy holder when billing for sensitive services.

- **Providing an EOB stating general medical services were rendered, but not providing specific details and thereby helping protect confidentiality.**

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