



September 8, 2010

Office of Consumer Information and Insurance Oversight  
Department of Health and Human Services  
Attention: OCII0-9992-IFC  
P.O. Box 8016  
Baltimore, MD 21244-1850

**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**

The American Chiropractic Association (ACA) is a professional society composed of doctors of chiropractic whose goal is to promote the highest standards of ethics and essential patient care, contributing to the health and well being of millions of patients. The ACA is the largest association in America representing the chiropractic profession.

Below are ACA's comments regarding the 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 (PPACA).

Foremost, the ACA would like to acknowledge the importance of preventive health services in improving the health of Americans and reducing unnecessary healthcare costs. Chiropractic Physicians have long been advocates of the benefits of preventive care and we appreciate the recognition in PPACA for the great need to provide preventive services to more Americans.

In the Interim Regulations, HHS indicates that the potential benefits of mandating coverage for preventive care would include: improved health, increased productivity, reduced health care costs and greater equity with regard to distribution of preventive services costs. These regulations are extremely important and any ambiguity within the regulations could negatively impact the realization of the program benefits as stated by HHS. As such, the ACA urges HHS to more directly address certain issues within the regulations.

Currently, the only information provided pertaining to appropriate provider types for covered preventive services indicate that the services "will have to be covered without cost-sharing when delivered by an in-network provider." Based upon this language, it is unclear whether any in-network healthcare provider who is acting within their scope of practice could perform these covered services to beneficiaries. The ACA is concerned that without greater guidance to insurers regarding appropriate provider types of these services, insurers may develop policies that are restrictive which would ultimately limit the patient's ability to access these services.

PPACA has already underscored the great importance of provider choice in Section 2706 which states, "A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable State law." However, this provision does not take effect until 2014, whereas the mandated coverage for preventive services will begin during policy and plans years dated September 23, 2010 or later. The ACA urges HHS to acknowledge the spirit of non-discrimination within PPACA and clearly indicate in the regulations that any healthcare provider acting within their scope of practice can provide covered preventive services.

Regarding the determination to only provide coverage for preventive services provided by in-network providers, HHS has noted that they “considered that requiring coverage by out-of-network providers at no cost sharing would result in higher premiums for these interim final regulations.” HHS also noted that “Plans and issuers negotiate allowed charges with in-network providers as a way to promote effective, efficient health care, and allowing differences in cost sharing in- and out of network enables plans to encourage use of in-network providers. Allowing zero cost sharing for out of network providers could reduce providers’ incentives to participate in insurer networks.” While ACA understands these concerns with potentially reducing incentives for using in-network providers and reducing incentives for joining provider networks, the ACA is concerned that some insurers may limit the providers they accept into their network and thereby reduce the number of providers available to perform preventive services for patients. Once Section 2706 of PPACA is implemented, this will no longer be a concern, but in years prior to 2014 this restriction to in-network providers may serve to limit the patients who can access these benefits without cost-sharing obligations. The ACA urges HHS to reconsider the potential impact of limiting coverage to only providers who are in of network at least until 2014 when other PPACA provisions will ensure that patients have adequate access to healthcare providers.

The ACA appreciates the opportunity to provide comments on these regulations.

A handwritten signature in black ink, appearing to read 'Rick McMichael', with a large, stylized flourish at the end.

Rick McMichael, DC  
ACA President