RE: Preventive Regulations Interim Final Rules

September 10, 2010

Dear Madams/Sirs:

Our California children’s health coverage coalition, comprised of the 100% Campaign – a collaborative effort of The Children’s Partnership, Children Now, and Children’s Defense Fund-California – along with PICO California, the California Children’s Health Initiatives, and United Ways of California, is pleased to submit these 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 (hereinafter ACA).

Our coalition has a number of concerns with the preventive services parameters outlined in the Interim Final Rules. Specifically, we request changes to the Interim Rules and/or subsequent regulations to address the following issues with regard to children:

1) The failure to prohibit cost-sharing for most treatments for children that are determined necessary via screenings. The intent of this ACA provision was to “prevent” illnesses by removing the financial barriers for children and their families and to encourage them to access services and treatment early and avoid more serious conditions that can result when children do not have access to preventive care. The Interim Final Rules make it clear that treatments that can often prevent future health issues would not be subject to the cost sharing prohibitions. For children, most treatments prescribed from screenings prevent more serious problems later on (examples include corrective vision lenses, nutritional services, dental care). We believe the ACA should prohibit cost-sharing for treatments for children that result from preventive screenings. If the screening is the only service prohibited from cost-sharing, children and their families may continue to avoid the treatments prescribed as a result of the screening process because of the cost-sharing allowed for those treatments. If families avoid getting the treatments because of cost, the screening and initial preventive care covered by the ACA will be
totally ineffective in accomplishing their purpose, despite money spent by taxpayers and employers on the screening;

2) Allowing cost-sharing for some services during an office visit, but prohibiting cost-sharing for other services during the same visit, encouraging insurers to segregate billing for individual services and imposing cost-sharing for what effectively is a single office visit. Rather than discourage families from seeking preventive care for fear that their providers/insurers will impose cost-sharing for some of the services/treatments provided during a visit, we recommend that cost sharing be prohibited during a visit if any preventive screening occurs during the visit;

3) The failure to be clear that prohibitions on cost-sharing apply not only to children and their families, but also to providers. We are concerned that insurers will not cover 100% of the costs of preventive services, but instead will shift costs onto pediatricians and other providers, which could ultimately have the effect of impeding access to care for children and their families;

4) The failure to provide direction, support, and technical assistance to states with respect to oversight, appeals process, requirements for consumer communication, and outreach to families, insurers, and providers, regarding the new cost-sharing prohibitions. Additionally, we are concerned about federal oversight to ensure that states are fulfilling their responsibilities to children and families.

We hope that future versions of these Rules will effectively repair the problems we have identified above in order to protect children and ensure that they have access to preventive services, which is the ultimate intention of these provisions in the ACA.

For more information, please contact Julie Silas at 510-663-1294 or jslias@cdfca.org.

Sincerely,

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