



September 15, 2010

Submitted via the Federal eRulemaking Portal: <http://www.regulations.gov>

Department of Labor  
Employee Benefits Security Administration  
Office of Health Plan Standards and Compliance Assistance  
Room N-5653  
200 Constitution Avenue, NW  
Washington, DC 20210  
Attention: RIN 1210-AB44

Department of Health and Human Services  
Office of Consumer Information and Insurance Oversight  
Department of Health and Human Services  
Room 445-G  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201  
Attention: OCIO-9992-IFC

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

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

Dear Sir or Madam:

Autism Speaks is the nation's largest autism science and advocacy organization, dedicated to funding research, increasing awareness, and advocating on behalf of affected individuals and their families. We write to comment on 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, which were published on July 19, 2010, at volume 75, page 41,726 of the *Federal Register*.

Section 2713 of the Public Health Service Act, as added by the Patient Protection and Affordable Care Act, and the interim final regulations require that a group health plan and a health insurance issuer offering group or individual health insurance coverage provide benefits for and prohibit the imposition of cost-sharing requirements with respect to certain preventive services. For infants, children, and adolescents, these services include evidence-informed preventive care and screenings as provided in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA).

The HRSA-supported guidelines appear in part in the Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care. This schedule recommends the following developmental screening for all children:

- Screening for developmental delays and disabilities<sup>1</sup> during regular well-child doctor visits at
  - 9 months
  - 18 months
  - 24 or 30 months<sup>2</sup>
  - Additional necessary visits<sup>3</sup>
- Autism-specific screening during regular well-child doctor visits at
  - 18 months
  - 24 months
  - Additional necessary visits

Early identification of autism spectrum disorders (ASDs) is critical to the well-being of children and their families. The Centers for Disease Control and Prevention (CDC) estimate that 1 in 110 children in the United States have an ASD and that 36,500 children born each year will eventually be diagnosed with an ASD.<sup>4</sup> No single treatment method is best for all children with an ASD. Although response to treatment varies from child to child, children who receive intervention early in their lives often make substantial progress. Children who receive early intensive behavioral treatment show substantial, sustained gains in IQ, language, academic

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<sup>1</sup> As authority for the recommendations on general developmental screening, the schedule cites American Academy of Pediatrics [AAP] Council on Children with Disabilities, AAP Section on Developmental Behavioral Pediatrics, the AAP Bright Futures Steering Committee, AAP Medical Home Initiatives for Children with Special Needs Project Advisory Committee, Identifying Infants and Young Children with Developmental Disorders in the Medical Home: an Algorithm for Developmental Surveillance and Screening, *Pediatrics*, 2006;118;405-420 [<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;118/1/405>]. The authors of this policy statement recommend that developmental surveillance be incorporated at every well-child preventive care visit, and that concerns raised during surveillance be promptly addressed with standardized developmental screens.

<sup>2</sup> The schedule indicates that a developmental screening should be performed at the 30-month visit. Citing difficulties in performing developmental screening at the 30-month visit, the authors of the AAP policy statement on developmental screening, *supra* n.1, note that developmental screening can be conducted during the 24-month visit.

<sup>3</sup> The recommendations in the schedule “are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.” The Centers for Disease Control and Prevention provide expanded guidance on developmental screening in general and developmental screening for autism in particular. See <http://www.cdc.gov/ncbddd/autism/hcp-screening.html> (accessed September 12, 2010).

<sup>4</sup> See <http://www.cdc.gov/ncbddd/autism/data.html> (accessed September 12, 2010).

performance, and adaptive behavior as well as some measures of social behavior, and have significantly better outcomes than children in control groups.<sup>5</sup>

Autism Speaks strongly supports coverage of general developmental and autism-specific screenings as preventive health services. These services are the first step on the road to diagnosis and treatment and, for many children, substantial reduction of disability. The interim final rules will greatly help children with ASDs and their families.

If you have questions about these comments, please contact Stuart Spielman, Senior Policy Advisor and Counsel, at [sspielman@autismspeaks.org](mailto:sspielman@autismspeaks.org) or (202) 955-3312.

Sincerely,

A handwritten signature in black ink that reads "Peter Bell". The signature is fluid and cursive, with a long horizontal stroke at the end.

Peter Bell  
Executive Vice President  
Programs and Services

A handwritten signature in black ink that reads "Geraldine Dawson". The signature is cursive and somewhat stylized, with a long horizontal stroke at the end.

Geraldine Dawson, Ph.D.  
Chief Science Officer

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<sup>5</sup> Myers SM, Johnson CP, Management of Children with Autism Spectrum Disorders, *Pediatrics*, 2007;120;1162-1182 [<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;120/5/1162>].