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September 15, 2010

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

Dear Madam or Sir:

Thank you for the opportunity 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.

The Public Health Service (PHS) Act Section 2713 and the interim final regulations require insurers to provide benefits for and prohibit patient cost sharing of:

- 1) those preventive services that have in effect a rating of “A” or “B” by the U.S. Preventive Services Task Force (USPSTF);
- 2) those child, adolescent, or adult immunizations that have a recommendation from the Advisory Committee on Immunization Practices (ACIP) of the Center for Disease Control and Prevention (CDC);
- 3) those preventive services for infants, children, and adolescents provided for in the comprehensive guidelines of the Health Resources and Services Administration (HRSA); and
- 4) those preventive services for women that will be recommended by HRSA in 2011.

We commend the move towards evidence-based practices. USPSTF has rated either A and B many important chlamydia, gonorrhea, and syphilis screening, and STD counseling recommendations, as well as hepatitis B virus (HBV) screening of pregnant women and HIV testing of high risk adults. As a result, these services will be provided without patient cost sharing, in some cases for the first time. Similarly, we commend the regulations’ support for ACIP immunization guidelines, which include vaccination of at risk adults for hepatitis A and B and females for human papilloma virus.

We also commend your clarification that insurers may elect to cover services that do not meet the threshold for provision without cost sharing. However, we are concerned that the effect of this regulation will be that those preventive services not covered under PHS Act Section 2713 will be provided at a prohibitive cost or will be not covered at all.

We recommend that the following additional services be provided without patient cost sharing.

**HIV, Sexually Transmitted Diseases (STDs), Viral Hepatitis, and Tuberculosis (TB)**

In several areas, including screening for HIV, STDs, viral hepatitis, and TB, USPSTF has found insufficient evidence to recommend for or against a specific preventive service or has not given a preventive service an A or B ranking for the general population. In these areas, we would advocate that services supported by additional evidence-based guidelines, such as those developed by CDC, be provided by insurers without patient cost sharing.

USPSTF has found insufficient evidence to recommend for or against routine screening for chlamydia and/or gonorrhea infection in men. However, CDC recommends men who have sex with men (MSM) be screened for chlamydia and gonorrhea at least annually. We advocate following CDC's recommendation for screening without cost sharing.

USPSTF has rated as "C" (not recommended) screening the general population for HIV, despite CDC's 2007 recommendations advising such screening. We advocate following CDC's recommendation for screening without cost sharing.

USPSTF has rated as "D" screening the general population for HBV. While we agree that screening the general population is not cost-effective, CDC recommends that foreign-born individuals from countries where chronic HBV is at least two percent endemic be screened for HBV, along with those with behavioral risk factors, such as MSM and injection drug users. We advocate following CDC's recommendation for screening without cost sharing.

USPSTF has found insufficient evidence to recommend for or against routine screening for hepatitis C virus (HCV) in adults at high risk for infection. CDC recommends that people at high risk for HCV be screened, including anyone who received a blood transfusion prior to 1992 and anyone who has ever injected illicit drugs. We advocate following CDC's recommendation for screening without cost sharing.

USPSTF has rated as "D" screening the general population (asymptomatic adults) who are not at increased risk for HCV. We agree that screening the general population is not cost-effective. However, CDC will likely soon (2012) update its screening guidelines to recommend one-time HCV screening for all adults born during 1945-1964, who have a

higher prevalence of HCV and typically do not know they are infected. We advocate the regulations adopt these CDC guidelines when issued.

USPSTF recognizes the importance of targeted screening for tuberculosis but has not updated its 1996 recommendations on TB screening, deferring to CDC. We advocate following CDC's recommendation for TB screening for specific groups without cost sharing.

### **Disease Management**

USPSTF recommendations included in the Interim Final Rules detail preventive services that can be offered in a clinical setting, such as screening, counseling, and prescribing preventive medications. The rules should also include programs that help to deter complications from an already present disease, as long as they have proven to generate better health outcomes. Screening for diabetes, graded "B" within the USPSTF, will help to diagnose almost 6 million people living with the disease. However, the 23.6 million people already diagnosed with diabetes in the United States should receive no-cost clinical services shown to prevent complications from this disease. Disease management programs, specifically for diabetes, identify patients with the disease and determine the most effective method for treatment through the integration of the health care delivery system. Diabetes management programs have been shown to improve glycemic control, provider monitoring of glycosylated hemoglobin and screening for diabetic retinopathy.<sup>1</sup> These programs, within community clinics or managed care settings, help integrate the delivery of treatment from diagnosis to the possible onset of complications or co-morbid conditions. The Task Force on Community Preventive Services has evaluated evidence for this recommendation and found that coordinated, multi-disciplinary clinical services provide better health outcomes for patients already diagnosed with diabetes.

Thank you for considering these recommendations.

Sincerely,

Mark B Horton, MD, MSPH  
Director

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<sup>1</sup> Guide to Community Preventive Services. Guide to Community Preventive Services. Diabetes prevention and control: disease management  
[www.thecommunityguide.org/diabetes/diseasemgmt.html](http://www.thecommunityguide.org/diabetes/diseasemgmt.html). Last updated: 2002.