

From: [Jennifer Forbes](#)
To: [E-OHPSCA2713.EBSA](#)
Subject: Proposed Rules regarding Explanation of Benefits
Date: Wednesday, September 15, 2010 5:43:19 PM

To whom it may concern,

Section 2713 of the Affordable Care Act requires health plans offering group or individual health insurance to provide coverage for clinical preventive services (currently some plans cover chlamydia testing only when a patient has symptoms). The provisions also prohibit cost-sharing requirements, such as co-payments or deductibles, for preventive care. The preventive care covered in the law includes clinical services graded A or B by the U.S. Preventive Services Task Force, immunizations recommended by ACIP, services recommended for children and teens in Bright Futures, and additional services to be specified by HRSA. STD screening and counseling, Pap smears, and HPV immunizations are included in these recommendations.

As drafted, this rule would require insurance plans to report the medical care provided to adolescents covered by the plan. The increased focus and support for preventive services is certainly a good thing however as the rule is written, it would create a breach of confidentiality that would prevent adolescents from seeking STD treatment, family planning services, and other preventive care. Indeed, the rule contradicts existing HHS regulations regarding Title X Family Planning Services, which require that confidential services be offered to adolescents. This does not seem like a good strategy.

Surely, the proposed rule was not designed to create barriers to much-needed services for adolescents and could be amended to protect the confidentiality of adolescents seeking these important health services.

Please consider this when moving forward. Thank you for your consideration of my comments on the proposed rule.

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