September 17, 2010

Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
U.S. Department of Labor
Attention: RIN 1210-AB44

Office of Consumer Information and Insurance Oversight
U.S. Department of Health and Human Services
Attention: OCIIO-9992-IFC

Internal Revenue Service
U.S. Department of the Treasury
Attention: 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/Madam:

The National Health Council (NHC) appreciates the opportunity to submit comments 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, published in the Federal Register on June 14, 2010. The NHC strongly supports policies that encourage individuals to engage in appropriate prevention and management of their disease. As such, we write in support of the three departments’ leadership and work in developing the interim final rules to implement certain provisions relating to coverage of preventive services. We look forward to engaging with the departments in the future on the development of guidelines that focus on the use of value-based insurance designs with respect to preventive benefits.

The NHC is the only organization of its kind that brings together all segments of the health care community to provide a united voice for the more than 133 million people with chronic diseases and disabilities and their family caregivers. Made up of more than 100 national health-related organizations and businesses, its core membership includes approximately 50 of the nation’s leading patient advocacy groups, which control its governance. Other members include professional societies and membership associations, nonprofit organizations with an interest in health, and major pharmaceutical, medical device, biotechnology, and insurance companies.

For far too long, health care in the United States has focused mostly on the treatment of disease, rather than prevention and wellness. The Affordable Care Act’s provisions to increase access to some evidence-based preventive services are an important step in the right direction toward establishing a better balance between...
disease prevention and disease management. In addition, with health care costs skyrocketing, individuals have been forced to incur significant financial expense as they spend increasing amounts on their medical care. The issue of high out-of-pocket costs resonates particularly among people with chronic diseases and disabilities, who often require the support of multiple caregivers and take numerous medications to manage their conditions. The NHC believes reducing obstacles to preventive services, as put forth in the interim final rules, will improve health outcomes and lower costs.

The NHC is eager to work with the departments on the implementation of the provisions of the Affordable Care Act related to preventive services, particularly in the development of guidelines that focus on the use of value-based insurance designs (VBID). The NHC strongly endorses the adoption of innovative benefit designs, such as VBID, to reduce financial barriers as an incentive to use high-value health services. However, it will be important to consider that while many new prevention and wellness initiatives have emerged over the years, their effectiveness varies.\(^1\) The NHC believes the approach that can most effectively improve outcomes for patients will be one that is comprehensive and integrates the best available evidence, comprehensive care assessment and planning, coordinated care, and reduced cost sharing.

We would like to thank you for this opportunity to share our comments. The NHC supports your efforts to implement the provisions in the Affordable Care Act related to coverage of preventive services. We also urge the departments to give thoughtful consideration to the recommendations of our member patient advocacy organizations, who will present additional views from the perspective of their specific disease or disability. Please do not hesitate to contact Kevin Cain, our Assistant Vice President of Government Affairs, if you or your staff would like to discuss these issues in greater detail. He is reachable by phone at 202-973-0542 or via e-mail at kcain@nhcouncil.org. You may also reach me on my direct, private line at 202-973-0546 or via e-mail at mweinberg@nhcouncil.org.

Sincerely,

Myrl Weinberg, CAE
President

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