



AMERICAN OSTEOPATHIC ASSOCIATION

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September 16, 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

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 Secretary Sebelius:

Thank you for the opportunity to comment on the Interim Final Rule for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services under the Patient Protection and Affordable Care Act, which was published in the 7/19/10 Federal Register.

The American Osteopathic Association (AOA), which represents more than 74,000 osteopathic physicians nationwide, supports the Administration's efforts to strengthen primary care and prevention services. Prevention and wellness are cornerstones of the osteopathic philosophy and are important to our members.

According to the Partnership to Fight Chronic Disease (PFCD) 2009 Almanac of Chronic Disease, the total cost burden in 2003 for seven common chronic diseases (stroke, diabetes, pulmonary conditions, heart disease, mental disorders, hypertension, and cancers) accounted for \$1 trillion in lost productivity. Additionally, treatment of patients with one or more chronic diseases is responsible for 75 percent of total health spending in the U.S. The PFCD estimates that in 2007 health care costs associated with patients with one or more chronic diseases amounted to approximately \$1.7 trillion.

We believe that the elimination of co-pays for preventive services will increase access to preventive care and encourage beneficiaries' engagement in their health care. Sometimes, even a modest co-payment is enough to dissuade people from seeking preventive services for themselves or family members. Removing barriers from preventive services encourages individual patients to actively engage in their health care, discuss their overall health with a physician, and create a health care plan that best meets their needs.

The AOA believes a personalized prevention plan along with a routine wellness visit not only encourages individuals to adopt healthier lifestyles, but also reinforces the continuous physician patient relationship. Primary care physicians play a vital role in interventions to improve nutrition, increase physical activity levels, reduce alcohol intake, and stop tobacco use among their patients.

The Interim Final Rule requires 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 evidence-based items or services that have in effect a rating of A or B in the current recommendations of the U.S. Preventive Services Task Force (USPSTF); immunizations for routine use in children, adolescents, and adults that have a recommendation from the Advisory Committee on Immunization Practices of the CDC; evidence-informed preventive care and screening provided for in guidelines supported by HRSA for infants, children and adolescents; and evidence-informed preventive care and screening provided for in HRSA-supported guidelines for women.

The AOA supports the use of evidence-based guidelines and information to help physicians make judgments based on scientific factual information to ensure sound clinical reasoning. In addition, the AOA is a partner of the USPSTF. We believe that the development of recommendations by the task force, advisory committee, or federal health agency should be an open and transparent process that allows input from the physician community and specialty societies to ensure that the highest quality of care is provided to the patient community.

The AOA recognizes that there are private insurance plans that cover a number of preventive services rated A or B by the USPSTF. We recommend that HHS provide guidance where necessary so that insurers and clinicians have a clear understanding of how the services will be delivered. For example, the USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. The Task Force also recommends that clinicians screen children for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status. What would “intensive counseling” include?

We realize that the USPSTF recommendations are meant to guide physician practices. However, these recommendations will be translated into coverage policy and the results of that will determine how physicians will provide these services. These services must be covered appropriately in order for patients to receive the full benefit of preventive care.

According to the IFR, if a recommended preventive service is billed separately (or is tracked as individual encounter data separately) from an office visit, then a plan or issuer may impose cost-sharing requirements with respect to the office visit. Second, if a recommended preventive service is not billed separately (or is not tracked as individual encounter data separately) from an office visit and the primary purpose of the office visit is the delivery of such an item or service, then a plan or issuer may not impose cost-sharing requirements with respect to the office visit. Finally, if a recommended preventive service is not billed separately (or is not tracked as individual encounter data separately) from an office visit and the primary purpose of the office visit is not the delivery of such an item or service, then a plan or issuer may impose cost-sharing requirements with respect to the office visit.

The AOA encourages the establishment of clear and concise rules with respect to when cost-sharing is waived and when it is applicable. The goal is to provide preventive services to beneficiaries and we believe the rules should be accommodating, regardless of how the patient encounter is billed.

Whether or not increasing access to preventive care services will save money in the long term remains debatable. Providing more preventive services will increase the volume of services within a

physician's practice. Under Medicare, physicians are penalized for increased volume under the current payment formula. Overall, we do not believe physicians and other health professionals should be penalized for any spending over the target, particularly when spending is focused on preventive care services to reduce future hospitalizations.

While we are hopeful that the elimination of co-payments for preventive services will increase access, we remain concerned about the shortage of primary care physicians who would most likely provide those services.

Workforce Experts across the political spectrum have reached a consensus that the United States will face a shortfall in its physician supply over the next twenty years. The 1997 Balanced Budget Act froze the number of residents that a hospital could claim Medicare payment for based on the number of residents that each hospital trained in 1996. Because it takes 10 years to train a physician, the nation will have a shortage of 85,000 to 200,000 physicians in 2020 unless action is taken soon. Overall, the AOA supports proposals to provide more flexibility in the laws and regulations governing graduate medical education to help sustain the physician workforce.

In addition, the AOA strongly supports an expansion of the Patient Centered Medical Home (PCMH) through public and private programs and believes this model can serve as an effective vehicle for the delivery of transitional care and care management for patients with multiple chronic conditions.

Under the Patient-Centered Medical Home, each patient has an ongoing relationship with a personal physician. The physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients. The personal physician is responsible for providing for all the patient's health care needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life; acute care; chronic care; preventive services; and end of life care. The AOA believes the Patient-Center Medical Home will advance preventive care.

As stated in our opening paragraph, prevention and wellness are cornerstones of the osteopathic philosophy. We are extremely pleased to see an increased emphasis on these types of services. We urge you to ensure that rules and guidelines are not overly restrictive and that the core intent of ensuring access to preventive health care services is achieved. This represents a fundamental shift in the Medicare program and private insurance market that will empower patients, improve health, and save our health care system millions of dollars if implemented appropriately. The AOA and our members stand ready to assist you in the implementation of this important policy.

Respectfully,



Karen J. Nichols, DO
AOA President

C: The Honorable Donald Berwick, MD, Administrator, Centers for Medicare and Medicaid Services