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# PUBLIC SUBMISSION

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**Docket:** HHS-OS-2010-0018

Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services; etc.

**Comment On:** HHS-OS-2010-0018-0001

Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services; etc.

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Comment on FR Doc # 2010-17242

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## Submitter Information

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## General Comment

The following comments are submitted on behalf of the NYS Insurance Department:

1. Section 2713 of the Patient Protection and Affordable Care Act and the Interim Final Rules require that coverage be provided for evidence based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force (USPSTF). The use of aspirin to prevent cardiovascular disease received an "A" rating by the USPSTF for men and women in certain age groups. New York has not previously required insurers to cover the cost of over-the-counter drugs. As a result of the aspirin regimen recommended above, would insurers now be required to cover the cost of over-the-counter aspirin?
  2. The Interim Final Rules state that nothing prevents a plan or issuer from using reasonable medical management techniques to determine the frequency, method, treatment, or setting for an item or service described in Section 147.130(a)(1). May a plan or issuer include a benefit limit in the insurance contract for the required screenings with a rating of A or B in the current recommendations of the USPSTF (for example stating that coverage will only be provided for 1 cervical cytology screening a year regardless of whether additional screenings are medically necessary) or must a plan provide coverage for all medically necessary screenings and not limit the contractual coverage to 1 screening?
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