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Sept. 17, 2010

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

The Honorable Hilda Solis
Secretary
U.S. Department of Labor
200 Constitution Ave, NW
Washington, DC 20210

The Honorable Timothy Geithner
Secretary
U.S. Department of the Treasury
1500 Pennsylvania Ave, NW
Washington, DC 20220

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, Request for Comments

Dear Secretaries Sebelius, Solis, and Geithner

On behalf of the more than 140 children's hospitals across the country, the National Association of Children's Hospitals (N.A.C.H.) appreciates the opportunity to comment on the Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services under Section 2713 of the Patient Protection and Affordable Care Act (PPACA), as published in the *Federal Register* on July 19, 2010. Children's hospitals provide 40 percent of the hospital care for all children and almost all the care for children with complex medical concerns such as cancer, cardiac conditions, cystic fibrosis and spina bifida. Children's hospitals are also major providers of a broad spectrum of outpatient services, including preventive care.

Section 2713 of the PPACA requires health insurers to cover a range of preventive services that are provided by in-network providers without cost-sharing. This requirement means that many children will have access to well-child services, immunizations, and anticipatory screenings that will help them lead healthy and productive lives. The July 19 interim final rules represent a positive step toward improved access for all children to comprehensive

health care when they need it. There are, however, several issues that we strongly urge you to consider as you draft final rules to ensure that Section 2713 fulfills its promise.

First, we would like to reiterate three key concerns that were highlighted in the Sept. 17 letter that was co-signed by the American Academy of Pediatrics, the National Association of Children's Hospitals, and more than fifteen other national children's organizations.

Section 2713 should apply to Medicaid and Medicaid managed care programs

Over 30 million children are currently covered by Medicaid and, on average, more than 50 percent of the care provided in children's hospitals is for children covered by Medicaid. Despite Medicaid's Early and Periodic Screening, Diagnosis and Treatment mandate, access to preventive coverage for children in the Medicaid program varies across states. The final rules to implement Section 2713 provide an opportunity to affirm the critical importance of comprehensive preventive services for all children, regardless of payer. At a minimum, Section 2713 should apply to all Medicaid managed care contracts since the care under these contracts is delivered and coordinated by private insurers.

Health care providers should not be required to absorb costs associated with Section 2713

The elimination of cost-sharing is an important and effective tool to increase access and utilization of preventive services. However, its effectiveness will be seriously undermined if insurers are allowed to eliminate copayments without fully compensating providers for the delivery of those services. Adequate provider payment is critical to access to all levels of pediatric care, including preventive services.

Grandfathered plans should provide full access to preventive care

The exclusion of grandfathered health plans from the requirements of the interim final rules could delay access to preventive care services for millions of children. In addition, the exclusion of grandfathered plans is likely to cause confusion among families regarding the status of their coverage and may deter some from seeking services when they are, in fact, eligible for those services. The departments are urged to reconsider the treatment of grandfathered plan under this interim final rule.

We also ask that you consider the following concerns as you develop the final rules to implement Section 2713 to ensure that the needs of children, particularly those with complex medical conditions, are fully addressed.

Coverage for services related to conditions identified through screenings must be addressed in the essential benefits package

It is imperative that the definition of the "essential benefits package" under the PPACA include coverage of all medically necessary treatment and ancillary services to address any conditions that might be identified through the recommended preventive services. In particular, when the essential benefits package is defined through subsequent rulemaking, required pediatric services must include hearing, vision, and

oral health care per the statute, as well as treatment for autism, developmental delays, childhood obesity, behavioral issues, and the full range of possible chronic conditions. Care coordination and case management (including care provided through medical homes), and the full spectrum of specialty and ancillary services must be incorporated into the essential benefits package and reimbursed in full.

Insurers must cover recommended preventive services even when services are not delivered according to recommended schedules

Children with complex medical problems or other special health care conditions may have other care needs that prevent them from receiving recommended well-child and preventive screens according to approved guidelines and schedules. The final rules should clarify that private insurance coverage without cost-sharing is required regardless of when the recommended preventive service is delivered.

The final rules should apply to recommended preventive services that are provided outside the primary care setting

The interim final rules do not specify the type of provider that insurers must reimburse for the delivery of recommended health services. The final rules must ensure that specialists, in addition to primary practitioners, will be reimbursed for these services and that the cost-sharing rules apply in those settings. Children with chronic or complex medical conditions may visit their medical specialists more frequently and, therefore, rely on them for their well-child and other preventive screens, including immunizations. Clarification that specialists will be reimbursed for these services and that the Section 2713 cost-sharing rules will apply when specialists deliver the care will help ensure that all children receive these timely preventive services.

Health information technology should be used to encourage care coordination

Health information technology that is designed to support and coordinate the care of children and adolescents should include the recommended preventive services under Section 2713. The electronic exchange of information among providers will help ensure that children receive necessary preventive services in a timely manner. This type of care coordination through the use of electronic health records and other technologies is particularly important for children with chronic and complex medical conditions who may be cared for by multiple providers.

Timely notice of covered benefits must be provided to families and providers

Adequate notice about covered benefits and the recommended schedule for preventive services must be provided to families to ensure that children receive the care they need in a timely manner. The departments should require that private insurers notify beneficiaries as soon as the new requirements under Section 2713 go into effect. Notice should include the recommended schedule of preventive services and details about cost-sharing requirements. In addition, reminder notices of recommended services should be required every plan year. The final rule should also

include a mechanism to ensure that providers, including specialists, are informed of any changes to the recommended set of preventive services.

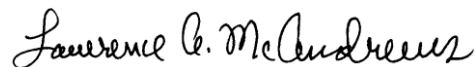
Panels that develop guidelines for pediatric preventive services should include pediatric specialists

The composition of the scientific bodies that are charged with updating and modifying recommendations and guidelines for preventive services for children and adolescents should represent a broad spectrum of children's needs. In particular, it is imperative that all task forces responsible for establishing pediatric guidelines include expertise in the care of children with chronic or complex medical conditions and children with behavioral or developmental problems.

Once again, N.A.C.H. commends the departments for this important step toward improved access to preventive services for children and adolescents. We appreciate the opportunity to comment on these interim final rules and hope you find our feedback useful. We look forward to working with you as you continue to develop new policies and regulations that will ensure all children have not only health insurance coverage, but also access to needed health care.

If you have any questions on our comments, please contact Aimee Ossman, Director, Policy Analysis at 703/797-6023 or aossmann@nachri.org.

Sincerely,

A handwritten signature in cursive script that reads "Lawrence A. McAndrews".

Lawrence A. McAndrews
President & CEO