

September 17, 2010

Office of Consumer Information and Insurance Oversight
Department of Health and Human Services
Attention: OCIIO-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

Below are comments regarding 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 (PPACA).

I believe that greater guidance to insurers is needed regarding appropriate provider
types for the covered preventive services. Without such guidance insurers may
develop policies that are restrictive which would ultimately limit the patient's
ability to access preventive services. Additionally, I have concerns that limiting
the waiver for cost-sharing to in-network providers may encourage insurers to limit
their provider network thus limiting access to providers able to perform needed
preventive services. I urge HHS to allow both in and out of network providers to
perform the covered preventive services at least until 2014 when PPACA Section 2706
takes effect. Section 2706 disallows insurers from discriminating against providers
with regard to participation. Once this provision is implemented, concerns regarding
access to providers will be eliminated. Ultimately, greater direction to insurers
is needed in the regulations to ensure that greater access to preventive services is
a reality for patients.

Thank you for allowing me the opportunity to provide comments on these regulations.

Marilyn Everett, D.C