



September 17, 2010

The Honorable Timothy Geithner
Secretary, U.S. Department of Treasury

The Honorable Kathleen Sebelius
Secretary, U.S. Department of Health and Human Services

The Honorable Hilda Solis
Secretary, U.S. Department of Labor

Re: Comments on the Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Care Services under the Patient Protection and Affordable Care Act (OCIO-9992-IFC)

Submitted via Internet

Dear Secretaries Geithner, Sebelius, and Solis:

The Partnership to Fight Chronic Disease (PFCD) is pleased to submit comments on the interim final rules (OCIO-9996-IFC) implementing requirements for group health plans and health insurance issuers to cover preventive care services, established under section 2713 of the Patient Protection and Affordable Care Act (P.L. 111-148). PFCD is a national organization of more than 120 leading patient, provider, community, business, and labor organizations that advocates for reforms that work to improve health in America by addressing the prevention of chronic disease development and progression.

By expanding access to coverage and removing financial barriers to care, PFCD believes these new rules will improve access to and utilization of preventive services, improve patient outcomes, and save lives. One study has shown that increased use of just five preventive care services -- colorectal cancer screenings, mammography, daily use of aspirin, flu vaccines, and smoking cessation -- would save more than 100,000 lives every year in the United States.¹

Many insurers and self-insured employers limit out-of-pocket costs to promote preventive care services and have seen that improved access to and coverage for preventive care can also play an important role in reducing costs. For example, the City of Asheville eliminated co-payments for employees with chronic conditions who participated in a prevention program to manage risk factors for disease progression. The program resulted in significant cost-savings in overall medical care and in employees' productivity, through a nearly 50% reduction in absenteeism.

PFCD strongly supports Affordable Care Act provisions improving access to preventive care services and applauds the agencies for developing interim final rules that will implement these



important new consumer protections. We offer the following comments to help improve upon them.

Clarify Application of the US Preventive Care Services Task Force Recommendations

In determining the preventive care services for which to require coverage without a copayment, the Affordable Care Act refers to the US Preventive Care Services Task Force Recommendations of services rated an “A” or “B,” and recommendations of other respected organizations. The challenge, however, is that the Task Force recommendations are designed for providers and not health plans. The proposed interim rule recognizes this challenge and addresses this with the following paragraph:

[I]f a recommendation or guideline for a recommended preventive service does not specify the frequency, method, treatment, or setting for the provision of that service, the plan or issuer can use reasonable medical management techniques to determine any coverage limitations. The use of reasonable medical management techniques allows plans and issuers to adapt these recommendations and guidelines to coverage of specific items and services where cost sharing must be waived. Thus, under these interim final regulations, a plan or issuer may rely on established techniques and the relevant evidence base to determine the frequency, method, treatment, or setting for which a recommended preventive service will be available without cost-sharing requirements to the extent not specified in a recommendation or guideline.

Allowing “reasonable medical management” in the application of the guidelines or recommendations will allow for accommodation of different population health needs as well as assuring that benefit design promotes health improvements through better access to preventive care services.

Following implementation, it will be important to assess the rule’s impact on the use of preventive services to be sure that the purpose of the statute has been achieved.

Build Awareness to Realize Potential of Preventive Care

Improving access to preventive care services is an important first step, but to get the full benefit of identifying and mitigating health risks we must also make sure people are aware of the benefits and take steps to seek out the care. Outreach and patient education are critical components to assuring increased take-up of important preventive health services. Accordingly, PFCD also supports patient education and outreach efforts to assure that consumers and patients are aware of the new preventive care benefits under the new health reform law – including the establishment of the new consumer-friendly website healthcare.gov.

Currently, preventive care benefits and limits on out-of-pocket costs are often a part of information plans and employers provide as a part of enrollment materials. To promote better awareness of these benefits, we suggest that plans and self-insured employers be encouraged to include information about the availability of new preventive care benefits and limits on out-of-pocket costs as a part of enrollment materials. Providing information in an accessible,



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consumer-friendly way would help ensure that consumers know about the availability of important new benefits while reducing paperwork and other administrative costs to plans.

We applaud your efforts in developing regulations to implement the Affordable Care Act to improve the quality and care and address the growing burden of chronic disease. We welcome the opportunity to support implementation efforts.

Sincerely,

Candace DeMatteis
Policy Director
Partnership to Fight Chronic Disease

¹ Partnership for Prevention, "Preventive Care: A National Profile on Use, Disparities, and Health Benefits." December 20, 2007.