

**LEGAL PROCESSING DIVISION
PUBLICATION & REGULATIONS
BRANCH****PUBLIC
SUBMISSION**

| |
|---|
| As of: September 20, 2010 |
| Received: September 17, 2010 |
| Status: Posted |
| Posted: September 20, 2010 |
| Tracking No. 80b5231d |
| Comments Due: September 17, 2010 |
| Submission Type: Web |

Docket: IRS-2010-0017

Requirement for Group Health Plans and Health Insurance Issuers to Provide Coverage of Preventive Services under the Patient Protection and Affordable Care Act

Comment On: IRS-2010-0017-0002

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

Document: IRS-2010-0017-0033

Comment on FR Doc # 2010-17242

Submitter Information**Name:** Martin Martinez**Address:**

Oakland, CA,

Organization: California Pan-Ethnic Health Network

General Comment

Attached please find comments on behalf of:

California Pan-Ethnic Health Network

California Partnership

California Primary Care Association

Central Valley Partnership

Having Our Say

Latino Coalition for a Healthy California

Attachments**IRS-2010-0017-0033.1:** Comment on FR Doc # 2010-17242

September 13, 2010

Department of Health and Human Services
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: Comments on OCIIO-9992-IFC, 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

To Whom it May Concern:

On behalf of the California Pan-Ethnic Health Network, we are writing to make comments on 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.

We strongly support regulations to require insurers to provide zero-cost screenings and prevention services. A lack of appropriate prevention is one of the reasons low-income communities and communities of color suffer disproportionately from chronic disease and racial and ethnic health disparities.

Overall these regulations are strong, but we do have some concerns:

While the regulations clearly prohibit cost-sharing for preventive services, we have concerns about allowing cost-sharing for medical visits in which multiple services are provided that include the preventive service. We are concerned that this provision will be confusing to providers and to patients. We will not realize the full potential of the regulation if patients are concerned that the provider visit might indeed have a cost-share after all. Further, if it is not clear that insurers must bear the cost of these preventive services, insurers will likely try to shift the cost to providers, who may then have incentives not to provide preventive services.

The regulations should be clarified to ensure that insurers are responsible for the cost of preventive services visits and that if preventive services are provided during a visit the entire visit must be free of cost-sharing. The regulations must also require health insurers to provide educational materials to providers, as well as to their enrollees. Insurers must be required to conduct outreach to their enrollees informing them of their right to free preventive care, with a focus on reaching out to populations that experience health disparities, such as communities of color, and communities who speak a language other than English, in a linguistically and culturally appropriate manner.

In addition, the regulations do not require insurers to provide follow-up visits and treatments without cost-sharing. While it is important to ensure our communities are screened for diseases and chronic conditions, if there is no ability to follow-up and seek treatment there will not be continued improvements to the health of populations. The intent of these regulations is to prevent illness by providing early treatment for disease. If only screenings are covered and not early treatment, we will not realize the full effect of these requirements.

The regulations must also clarify that these requirements apply to Medicaid and Medicaid managed care programs. Over 30 million children are currently covered by Medicaid programs across our nation. While the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) mandate requires coverage of all preventive care services, access to preventive coverage varies widely across programs. Although Medicaid managed care is federally-financed, medical care is organized, delivered, and coordinated by private plans. Therefore we ask that the Final Rule clarify that Section 2713 apply to all Medicaid and Medicaid managed care contracts. Not only will this ensure that plans provide these critical services, but it will increase uniformity among the plans (not currently required under EPSDT), and ultimately, accountability.

Grandfathered plans should also provide full access to preventive care. Failing to clarify this will delay access to inexpensive preventive care. Moreover, families expecting to obtain coverage for preventive care may be uncertain whether their insurance is “grandfathered”, and thus forced to wait an unknown period of time before receiving access to these services without cost-sharing.

Finally, cost-sharing protections for preventive health care are tremendously important to women, and there is a far-reaching public health consensus which demonstrates that comprehensive contraceptive care improves both maternal and children’s health. Contraception is an essential part of preventive health care for women and all drugs, devices, and supplies must be included among the services provided at zero cost-share. While we recognize there is an opportunity at a later date for these services to be provided when the Institute of Medicine provides definitions for preventive services for women, we think there is sufficient scientific consensus on the health benefits of contraception that women should not have to wait until after September 23 for zero cost-sharing for this service.

Sincerely,

California Pan-Ethnic Health Network
California Partnership
California Primary Care Association
Central Valley Partnership
Having Our Say
Latino Coalition for a Healthy California