

REG-120391-10

SEP 20 2010

PUBLIC SUBMISSION

As of: September 20, 2010
Received: September 17, 2010
Status: Posted
Posted: September 20, 2010
Tracking No. 80b51eb5
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-2010-0017-0012

Comment on FR Doc # 2010-17242

Submitter Information

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General Comment

See attached file(s)

Attachments

IRS-2010-0017-0012.1: Comment on FR Doc # 2010-17242



September 17, 2010

Re: RIN 1210-AB44

On behalf of ClearWay MinnesotaSM, I would like to thank the Internal Revenue Service, the Department of the Treasury, the Employee Benefits Security Administration of the Department of Labor and the Office of Consumer Information and Insurance Oversight of the Department of Health and Human Services for the opportunity to comment 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.

ClearWay Minnesota is an independent nonprofit organization funded with 3 percent of Minnesota's tobacco settlement. Our mission is to enhance life for all Minnesotans by reducing tobacco use and exposure to secondhand smoke through research, action and collaboration. Since 2001, ClearWay Minnesota has provided comprehensive, evidence-based tobacco cessation services to residents of our state and has been recognized as a national leader in these efforts. To date, our QUITPLAN® Services have helped nearly 18,000 Minnesotans successfully quit using tobacco.

We are pleased that the Act includes all evidence-based services that have a rating of A or B (as recommended by the United States Preventive Services Task Force) as covered benefits without cost-sharing. Tobacco use has long been the leading cause of premature morbidity and mortality in the United States, and tobacco cessation services are widely recognized as both effective and cost-effective. This provision of the Act has tremendous potential to improve the health of our nation.

As the final rules are promulgated, we strongly encourage that the language around tobacco cessation services be clarified to ensure that both counseling and medications are included as covered services for adults, and counseling as a covered service for pregnant women. The rule as currently written appears to only include counseling for tobacco cessation (see page 41731 of the Federal Register announcement). In its 2009 recommendation, the United States Preventive Services Task Force recommended both counseling (individual, group and telephone) and all Food and Drug Administration-approved cessation medications with a Grade of A (see <http://www.uspreventiveservicestaskforce.org/uspstf09/tobacco/tobaccosum2.htm>). Without such a clarification, the potential exists for health insurers to misinterpret the requirements of the Act, resulting in less than complete coverage of tobacco cessation services than recommended by the United States Preventive Services Task Force and intended in the Act. This would represent a tremendous missed opportunity to reduce the toll of tobacco use in the United States.

We also strongly encourage that telephone counseling quitlines be included in the list of types of counseling included as a covered service in the final rules. Both the United States Public Health Service Clinical Practice Guideline Update, *Treating Tobacco Use and Dependence*, and the United States Preventive Services Task Force recommend quitlines for smoking cessation with the highest level of evidence. All 50 states and the District of Columbia have quitlines, as do several health insurers and some employers. Ensuring that quitlines are included in the final rules will greatly increase tobacco users' access to evidence-based counseling services.

Again, thank you for the opportunity to provide comment. I would be happy to provide additional information if requested.

Sincerely,

David J. Willoughby, MA
Chief Executive Officer
ClearWay MinnesotaSM