

**LEGAL PROCESSING DIVISION  
PUBLICATION & REGULATIONS  
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SUBMISSION**

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**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-2010-0017-0029

Comment on FR Doc # 2010-17242

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**Submitter Information**

**Organization:** New Beginning Initiative

**Government Agency Type:** Federal

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**General Comment**

See Attached.

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**Attachments**

**IRS-2010-0017-0029.1:** Comment on FR Doc # 2010-17242

September 17, 2010

Office of Consumer Information and Insurance Oversight  
Office of Consumer Information and Insurance Oversight  
Department of Health and Human Services  
Attention: OCIIO-9992-IFC  
PO Box 8016  
Baltimore, MD 21244

Office of Health Plan Standards and Compliance Assistance  
Employee Benefits Security Administration, Room N-5653  
U.S. Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210  
Attention: RIN 1210-AB44

Internal Revenue Service  
CC: PA: LPD: PR, (REG-120391-10)  
Room 5025  
P.O. Box 7604 Ben Franklin Station  
Washington, DC 20044  
Attention: REG 120391-10

**RE: File Code OCIIO-9992-IFC/RIN 1210-AB44/REG-120391-10, 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:

The undersigned members and allies of the New Beginning Initiative are pleased to submit these comments on the above-referenced Interim Final Rule for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services. We support the need to expand coverage of preventive care in order to cut costs, improve health, and save lives. As is noted in both this rule and in the Affordable Care Act, preventive services are integral to all health and healthcare services. As groups working to alleviate the health disparities faced by the lesbian, gay, bisexual, and transgender (LGBT) community, we recognize the heightened need for access to these services in order to promote better care and services and lower the rate of disparities. Furthermore, in order to encourage individuals to seek out such services, we agree with the need to expand the range of preventive services that are routinely covered by group health plans and private insurers.

Under the Affordable Care Act and this resulting rule, group health plans and health insurance issuers are required to cover a wide range of preventive services and are not allowed to implement cost-sharing on preventive care that the United States Preventive Task Force (USPSTF) has assigned a grade A or B. In addition, plans and issuers must cover routine immunizations that are recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC), as well as preventive care and screenings supported by the Health Resources and Services Administration (HRSA).

We commend the Departments involved for issuing these regulations quickly as an Interim Final Rule. This will allow these services to be covered by all group health plans, group health insurance issuers, and individual health insurance issuers beginning on or after September 23, 2010, as envisioned by the Affordable Care Act.

While we understand the need for evidence-based preventive services, we ask that the issuing Departments recommend periodic revisions for new and developing preventive practices, especially for communities that have routinely been left out of the evidence base, such as the LGBT population. We also agree with our colleagues in the HIV/AIDS community about the necessity of incorporating HIV prevention services throughout all coverage.

The final rule should also fill in the multiple gaps in the USPSTF recommendations. For example, the frequency with which such services are provided must be clarified either in the final rule or the final rule should designate an independent source to clarify this issue. It should also clearly state that plans and insurers must recognize community-based settings such as community health centers and public health departments as recognized sites for accessing preventive services without cost sharing.

Another gap to be addressed is the recognition of health disparity or high-risk populations. The USPSTF discusses high-risk populations, but does not define the term. The rule must define this term and include all health disparity groups, including the LGBT population. For example, many providers recommend that African American women be screened for breast cancer at earlier ages than white women, yet the USPSTF does not currently recommend this screening. This is especially true for African American lesbians who have even less access to preventive screenings. The LGBT population must also be included in any value-based insurance design (VBID) guidelines in order to ensure that the LGBT community and other communities facing disparities maintain access to culturally competent providers and settings. In addition, the needs of the LGBT community must be included in the formation of regulations resulting from the Women's Health Amendment to the Affordable Care Act.

We appreciate the opportunity to comment on the Interim Final Rule and look forward to working with you on its implementation. Please contact Brad Jacklin, Program Manager at the National Gay and Lesbian Task Force and primary contact for the New Beginning Initiative. Brad can be reached at [bjacklin@thetaskforce.org](mailto:bjacklin@thetaskforce.org) or 202-639-6315.

Sincerely,

Center for American Progress (CAP)  
National Center for Lesbian Rights (NCLR)  
National Coalition for LGBT Health  
National Gay and Lesbian Task Force (Task Force)  
Parents, Families and Friends of Lesbians and Gays (PFLAG) National  
Transgender Law Center (TLC)  
Trevor Project