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

Comment On: HHS-OS-2010-0018-0001

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

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Submitter Information

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General Comment

September 8, 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.

Sincerely,

Jaeni Aarden
Executive Director
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