

**From:** [Sheldon Barr](#)  
**To:** [E-OHPSCA2713.EBSA](#)  
**Subject:** Proposed Rules regarding Explanation of Benefits  
**Date:** Wednesday, September 15, 2010 12:48:22 PM

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To whom it may concern,

I am writing with regard to Section 2713 of the Affordable Care Act, which requires health plans offering group or individual health insurance to provide coverage for clinical preventive services (currently some plans cover chlamydia testing only when a patient has symptoms). In addition, the provisions prohibit cost-sharing requirements, such as co-payments or deductibles, for preventive care. The preventive care covered in the law includes clinical services graded A or B by the U.S. Preventive Services Task Force, immunizations recommended by ACIP, services recommended for children and teens in Bright Futures, and additional services to be specified by HRSA. STD screening and counseling, Pap smears, and HPV immunizations are included in these recommendations.

As drafted, this rule would require insurance plans to report the medical care provided to adolescents covered by the plan. While I applaud the increased focus and support for preventive services, my concern is that the rule, as written, would create a breach of confidentiality that would prevent adolescents from seeking STD treatment, family planning services, and other preventive care. Indeed, the rule contradicts existing HHS regulations regarding Title X Family Planning Services, which require that confidential services be offered to adolescents.

I'm assuming that the proposed rule was not designed to create barriers to much-needed services for adolescents, and that it can be amended to protect the confidentiality of adolescents seeking these important health services.

Thank you for the opportunity to comment on the proposed rule.

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