



September 17, 2010

The Honorable Kathleen Sebelius
Secretary, Department of Health and Human Services
Office of Consumer Information and Insurance Oversight
200 Independence Ave, SW., Room 445-G
Washington, DC 20201

RE: OCIIO-9992-IFC (PHS Act Section 2713, Coverage of Preventive Health Services)

Dear Secretary Sebelius,

The American College of Preventive Medicine (ACPM) is pleased to provide comment on the Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Health Services under the Patient Protection and Affordable Care Act (ACA) as codified in 45 CFR part 147. ACPM is the national medical society for nearly 2,500 preventive medicine physicians who are uniquely trained in both clinical and population-based medicine and are committed to disease prevention and health promotion.

ACPM supports policies that remove patient barriers to access and utilization of appropriate clinical preventive services that aim to prevent chronic and communicable diseases and reduce morbidity and mortality from disease while increasing productivity and lowering health care costs for the nation.

Due to the landmark nature of this regulation and its impact on disease prevention activities, we offer the following recommendations intended to maximize the utilization of clinical preventive services.

The regulations should cover any and all frequencies, methods, treatments and settings provided for in a recommendation or guideline. The interim proposed rule clearly states that group health plans and health insurance issuers must provide coverage for “all of the following [recommended preventive health] items and services.” As such, insurers must be required to cover any and all specified frequencies, methods, treatments, or settings that are appropriate within the recommendations or guidelines. For example, the U.S. Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer using fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy in adults beginning at age 50. Since all are recommended methods specifically noted by the USPSTF, all methods should be a covered clinical preventive service. We recommend that the regulation explicitly detail that any and all frequencies, methods, treatments or settings be covered and prohibited from cost-sharing if contained in a recommendation or guideline.

The regulations should provide for a final authority in the event that recommendations or guidelines are non-complementary, divergent or inconsistent. The regulations seek to provide insurance coverage of clinical preventive services that carry a recommendation from three different sources: the USPSTF, Advisory Committee on Immunization Practices

(ACIP) and the Health Resources and Services Administration (HRSA). While we hope that agencies will not issue recommendations that may contradict each other, the possibility of inconsistent recommendations is real. To alleviate any confusion we recommend that HHS appoint a lead office/department with knowledge of clinical preventive services and the evidence supporting such recommendations, to determine final decisions when conflicting recommendations or guidelines exists between the USPSTF, ACIP and HRSA.

Finally, the regulation should provide for the most up to date and current recommendations and guidelines available. Therefore, we recommend that the USPSTF recommendation for Screening for Breast Cancer (Mammography) be updated to reflect the most recent December 4, 2009 recommendation instead of the September 30, 2002 recommendation noted in the final interim rules.

We are pleased to see that HHS is committed to improving the utilization of clinical preventive services and we offer our assistance in working with our health care colleagues to ensure the delivery of appropriate clinical preventive services to all populations. Should you have any questions or wish to discuss this further, please contact Paul Bonta, Associate Executive Director, Policy and Government Affairs, at, pbonta@acpm.org or 202-466-2044, x110.

Sincerely,

A handwritten signature in black ink that reads "Mark B. Johnson". The signature is written in a cursive style with a large, stylized "M" and "J".

Mark B. Johnson, MD, MPH, FACPM
President