



September 17, 2010

The Honorable Kathleen Sebelius  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Re: OCIO-9992-IFC

Dear Secretary Sebelius:

The National Coalition for Cancer Survivorship, representing the nation's 12 million cancer survivors, is pleased to offer 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 (ACA). One of the key NCCS public policy objectives is ensuring that those diagnosed with cancer have access to comprehensive and coordinated cancer care. For those undergoing active treatment, as well as those receiving survivorship care, preventive care must be part of the treatment plan. The ACA provision requiring coverage for critical preventive services and restricting the imposition of cost-sharing requirements for those services will contribute positively to access to high-quality cancer care.

The services for which cost-sharing would be prohibited are those services that enjoy an A or B recommendation of the U.S. Preventive Services Task Force; immunizations for children, adolescents, and adults that are recommended by the Advisory Committee on Immunization Practices and are adopted by the Director of the Centers for Disease Control and Prevention (CDC); and preventive care and screenings for infants, children, and adolescents that are recommended by the Health Resources and Services Administration (HRSA). These include services that will contribute to the prevention and early detection of cancer. In addition, many of these services also have the potential to improve cancer treatment outcomes. For example, cancer patients in active treatment have better outcomes if they stop smoking after their cancer diagnosis. Patients who have access to obesity and nutrition counseling may have a better diet, which may also positively influence treatment outcomes.

For those who move from active treatment to survivorship care, lifestyle choices may significantly affect their health during the period of survivorship. Early research on cancer survivors found that many survivors had limited knowledge regarding the impact of behavior – smoking and nutrition, for example – on their health during survivorship. In addition, some survivors did not understand their risk of developing second cancers. In addition to two Institute of Medicine reports focused on childhood and adult cancer survivorship, there is a growing body of evidence that strongly suggest a need for innovative strategies in both primary and secondary prevention for this population. The IOM

reports find that most children and adults treated for cancer are lost to follow-up and are not provided with prevention or risk reduction interventions. Based on that research on survivors and a large body of literature describing models for improving long-term survivorship, cancer care professionals in survivorship care centers, cancer centers, academic health centers, and community practices are experimenting with models for delivery of comprehensive cancer care that incorporates a wide range of preventive services. Enhancing access to preventive services complements and strengthens these models of care.

### *Value-Based Insurance Designs*

The Affordable Care Act authorizes the departments to develop guidelines for health plans and issuers to utilize value-based insurance designs. The preamble to the rule states, “Value-based insurance designs include the provision of information and incentives for consumers that promote access to and use of higher value providers, treatments, and services.” We urge the departments to take an expansive view of this authority with regard to enhancing cancer survivors’ access to preventive services. Specifically, we encourage the departments to develop guidelines that would foster experimentation with the delivery of most preventive care services to cancer survivors in a coordinated manner. For example, a survivorship clinic might coordinate access to obesity counseling, tobacco cessation counseling, screening and counseling to reduce alcohol misuse, counseling for a healthy diet, routine breast, cervical, and colorectal cancer screening (as appropriate), and BRCA test counseling (for some). This comprehensive model would improve utilization of these services by cancer patients, leading to better health outcomes for survivors.

Reliance on comprehensive survivorship care systems might also address difficulties associated with imposition of cost-sharing for out-of-network preventive services. We anticipate that certain preventive services that are important for cancer survivors – including but not limited to BRCA test counseling – may frequently be available only out-of-network.

If the departments do not embrace the notion of expanding the authority for value-based insurance designs to encompass comprehensive systems for survivorship care, we urge some flexibility with regard to out-of-network access without cost-sharing requirements for BRCA test counseling, chemoprevention for breast cancer, and tobacco cessation counseling.

### *Cost Sharing For Office Visits at Which Preventive Services are Provided*

We anticipate significant patient confusion about the standards for imposition of cost-sharing requirements when services are provided as part of an office visit. According to the rules: 1) if the preventive services are billed separately from the office visit, cost-sharing may be imposed with respect to the office visit; 2) if the preventive service is not billed separately and the delivery of the preventive service or item is the primary purpose of the office visit, no cost-sharing requirements may be imposed; and 3) if the preventive service is not billed separately and the primary purpose of the office visit is not the delivery of the preventive good or service, cost-sharing requirements may be imposed with respect to the office visit.

We recommend that health plans and issuers be required to develop patient-friendly educational materials that clearly explain cost-sharing requirements for office visits. While educational materials may clarify the situation, they are only a partial solution. If cost-sharing requirements are imposed for office visits at which preventive services are provided, the incentive to seek preventive services will have been reduced, if not eliminated.

*One-Year Period Between New Recommendation and Requirement for Coverage*

We understand that the departments must abide by the ACA requirement that there be an interval of at least one year between the issuance of any new preventive care guideline by the Preventive Services Task Force, CDC, or HRSA and the effective date of coverage (without cost-sharing) of any new service. The departments have enjoyed some success in communicating with health plans and issuers to urge earlier implementation (ahead of statutory deadlines) of certain provisions of the ACA that have significant public health benefits. We encourage the departments to consider that approach in those situations where a new preventive service or item holds significant promise for disease prevention or early detection of disease.

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We appreciate the opportunity to comment on the interim final rules implementing special cost-sharing protections related to preventive services and goods.

Sincerely,



Thomas P. Sellers, MPA  
President and CEO  
*11-year Cancer Survivor*

TPS/vb