September 17, 2010

Mr. Jay Angoff, J.D., Director
Office of Consumer Information and Insurance Oversight
U.S. Department of Health and Human Services
Attention: OCIIO-9992-IFC
P.O. Box 8016
Baltimore, MD 21244-1850

Re: Document ID: RIN 0938-AQ07. Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventative Services Under the Patient Protection and Affordable Care Act [45 CFR Part 147]

Dear Director Angoff:

Thank you for the opportunity to submit our comments on the above-referenced Interim Final Rule. The National Community Pharmacists Association (NCPA) represents America's community pharmacists, including the owners of nearly 23,000 community pharmacies, pharmacy franchises and chains. Together, they employ over 300, 000 full-time employees and dispense nearly half of the nation's retail prescription medicines.

The Role of the Pharmacist in Delivering Preventative Care Services

NCPA fully supports the increased recognition of the importance of preventative care services included in the Patient Protection and Affordable Care Act [Public Law 111-148]. NCPA believes that an initial investment in preventative care services can reap many downstream benefits including demonstrable improvement in patient care outcomes, a reduction in hospital readmissions and ultimately savings due to lower health care costs. The Interim Final Rule referenced above would require private non-grandfathered group health plans and health insurance issuers offering group or individual health insurance coverage to provide benefits without cost sharing requirements for items or services that have been rated an "A" or "B" by the United States Preventative Services Task Force as well as routine immunizations recommended by the CDC Advisory Committee on Immunization Practices.

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A number of preventative services currently rated "A" or "B" are frequently administered by pharmacists including blood pressure and cholesterol screening, tobacco cessation and obesity-related counseling and intervention and routine immunizations. Just as the practice of medicine has undergone a change in focus from treatment of disease-states to preventative care, pharmacy has gone from an emphasis on medication dispensing to one of effective medication use and achieving optimal patient outcomes. In addition, community pharmacies represent the most accessible point in patient centered health care, with 92% of Americans located within five miles of a retail pharmacy. Typically, consumers do not need an appointment to talk with a pharmacist in a community pharmacy about prescription medications, over-the-counter products or any other health-related concern. The accessibility of the community pharmacist as well as the close tie that exists between many pharmacists and members of the community is critical, especially in rural or very urban areas in which consumers may not have sufficient access to medical care.

Pharmacists are now authorized to administer most routine immunizations based on various criteria in all fifty states. Many Medicare beneficiaries currently receive their annual flu and pneumonia vaccinations each year from a pharmacist. These are covered under Medicare Part B. Other vaccinations provided by pharmacists are reimbursed under Part D. Pharmacists can have an expanded role in the administration of vaccinations to consumers covered under private plans and to do so would most likely reduce the costs to the health plan in providing these vaccinations. There are also several private insurance plans that currently recognize and reimburse pharmacists for the administration of vaccines. Pharmacists routinely provide many preventative care services and screenings under broader programs known as medication therapy management or MTM. Federal health care reform legislation references MTM numerous times in a variety of sections. The legislation establishes a federal grant program for pharmacist MTM services and implements bonus payments for Medicare Part D plans that address medication use issues as well as mention MTM in connection with integrated care models and transitional care activities.

Interim Final Rule Should Further Provide Access to Preventative Care Services by Eliminating Cost Sharing for Out-of-Network Providers and Recognizing Collaborative Care Models

The proposed Interim Final Rule makes clear that if the guideline for a recommended preventative service does not specify the "frequency, method, treatment or setting for the provision of that service, the plan or issuer can use reasonable medical management techniques to determine any coverage limitations." The proposed Interim Final Rule also clarifies that the "no cost sharing" requirement only applies to services delivered by in-network providers. NCPA appreciates the fact that the proposed rule seeks to provide health plans with a great deal of latitude so that they are best able to integrate the new requirements into existing systems; however, the Interim Final Rule seems to be based on or tailored to a system in which preventative services are to be administered only by physicians. In actual practice, many preventative services including chronic disease state management, medication reviews and in increasing amounts, immunizations are provided by allied health care providers, including pharmacists.

Certainly, one tactic to increase the utilization of preventative care services is to remove the financial barriers to care—and certainly the proposed rule would curtail the amount of cost sharing provisions that health plans could impose. However, another effective method to increase utilization is to expand access to providers and treatment sites in the community. The summary that accompanies the interim final rule recognizes the fact that "financial barriers are not the only reason for sub-optimal utilization rates." NCPA recommends that HHS require the elimination of the cost-sharing provisions for "A" or "B" rated preventative services—even those that are received out of network or outside of a physician's office. In addition, private health plans have networks of pharmacies that beneficiaries can access for their prescription drug needs. These network pharmacies should be recognized providers for any of the covered preventative services that they may offer.

HHS states in the Rule summary that they declined to eliminate cost sharing for services provided out-of-network due to concerns that this may raise premium costs and discourage providers from participating in insurer networks. The Rule summary also expresses concerns that this could also result in "potentially lower quality care." NCPA believes that these fears are unfounded. To truly address the under-utilization of preventative care services, HHS needs to address both financial barriers as well as access barriers. HHS should recognize and support the collaborative care approach to the delivery of health care services that is emphasized and referenced in numerous sections of the federal health care reform legislation. In order to provide all of the patients under private health plans with access to preventative care services, there will be an increased need for qualified providers of such services. Aside from exempting out of network preventative services from cost-sharing, HHS should actively promote a more collaborative approach to health care services by encouraging health plans to enlist the services of allied health care providers, such as pharmacists, to help provide community based preventative care services to plan enrollees.

Conclusion

As you gather information from all of the interested stakeholders on the *Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventative Services Under the Patient Protection and Affordable Care Act*, NCPA respectfully urges you to consider these issues. We appreciate the opportunity to share our concerns and recommendations with you.

Sincerely,

John M. Coster

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