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General Comment

See attached file(s)

Attachments

HHS-OS-2010-0018-DRAFT-0126.1: Comment on FR Doc # 2010-17242

Comments on 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
National Breast Cancer Coalition

The National Breast Cancer Coalition (NBCC) is made up of over 600 member organizations from across the country representing millions of patients, health care professionals, women, their families and friends. Since its inception, NBCC has known the only way to truly achieve our mission to end breast cancer is to ensure guaranteed access to affordable, quality health care for all. Towards this goal, NBCC supported the passage of the Patient Protection and Affordable Care Act (ACA) and is committed to educating breast cancer patients and survivors on the Act and how many of its provisions can directly benefit each of them.

NBCC supports the provisions contained in the interim final rule which will compel health insurers to provide benefits for and prohibit cost-sharing on preventive health services and screenings, including mammograms. The interim final rule provides an important foundation for guaranteed access to preventive services that is based on the scientific evaluation and recommendation of the US Preventive Health Services Task Force.

Access to Preventive Services

NBCC does have some concerns about the differentiation of office visits and the administration of preventive services. The breakdown outlined in the interim final rule could result in confusion and uncertainty as to when preventive services will be available without cost sharing and when cost sharing might be applied. We also have reservations about treatment of out of network providers under the interim final rule as it may limit access to important preventive services for patients where such services simply are not available in network. These limitations on access present potential barriers and some patients may continue to find such services unaffordable. NBCC would urge the Departments to reconsider their interpretation of the statute in these two areas.

Mammography Screening

NBCC was deeply disappointed however that the ACA disregarded the November 2009 guidelines issued by the US Preventive Health Services Task Force with regard to mammography screening. Choices regarding mammography screening – at what age to begin having them and with what frequency to repeat them – are individual decisions which should be based on a personal assessment of a woman's risks and benefits upon consultation between a woman and her doctor, NBCC has carefully reviewed all the available scientific evidence regarding mammography screening and continues to take the position that it has significant limitations and should be a personal choice rather than a public health message.

We also feel strongly that it is important to address the notion implied in the Interim Final Rules that mammography is a preventive service. Mammograms DO NOT prevent breast cancer. Mammograms are an early detection tool that may find cancer that is already present but it will not stop tumors from forming. The Interim Final Rules states that "increasing the provision of preventative services is expected to reduce the incidence or severity of illness…" While this statement may be true for some preventive services and diseases, it is not the case for breast

cancer. Unfortunately, there is no evidence that the screening methods and tools currently available can prevent women from being diagnosed with later stages of breast cancer.

Statements that tout the benefits of breast cancer screenings are based on the mistaken assumption that all breast cancers are the same, and that they all can be caught early enough to make a difference with the tools we currently have. These were the same assumptions made about breast cancer several decades ago when mammography screening was first introduced.

A lot has been learned about breast cancer in the last 10 years. We have learned that breast cancers are not all the same. They do not all grow at the same rate or spread in the same way. It is not the size that determines the aggressiveness of breast cancer but the tumor biology. Some breast cancers are small, found early, and still deadly. Some are fast growing and are not caught by regular mammography screening.

We also have data on breast cancer incidence and mortality from several decades since the introduction of widespread mammography screening. We now know that after decades of screening programs, the incidence of precancerous Ductal Carcinoma In Situ (DCIS) has risen dramatically, from 1980 to 2007, from 4.8 cases per 100,000 to 34.6 cases per 100,000. The incidence of later stage breast cancer diagnoses has remained constant at approximately 5% of all breast cancers. These trends seem to indicate that mammography screening is not finding all bad cancers early and before they can become lethal.

In addition, the Interim Final Rules states there is "current underutilization of preventive services" and that these services "are not used at optimal levels today" and explains in detail the benefits of increasing access to and utilization of screenings and other listed preventive services. These statements however, do not speak at all of any potential harms from screenings, which should not be taken lightly.

In terms of mammography screening, these harms include over diagnosis and false positives. False positives lead to increased imaging and radiation exposure, increased biopsies and scarring, which can interfere with the accuracy of future mammography screenings. Over diagnosis also has risks in that it in can result the treatment of cancers that would never have been life threatening, may have regressed or gone away on their own. It wastes scarce health care resources and needlessly subjects women to undergo unnecessary, toxic and potentially harmful treatments.

NBCC remains committed to seeking what is best for women and their health. 40,000 women continue to die from breast cancer each year. With all of the investment in breast cancer awareness and early detection, sadly there has not been a dramatic change in breast cancer mortality. At present, there is scant evidence that early detection is making any measurable impact in terms of saving lives. NBCC will continue to push for research to find better methods for detecting breast cancer, for ways to distinguish between lethal and non-threatening cancers, and for ways to truly prevent breast cancer.

NBCC appreciates the opportunity to offer our views on this interim final rule and looks forward to working with the Administration to ensure that implementation of the Affordable Care Act is equitable and will benefit the millions of women living with breast cancer as well as all patients in this country.