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The Honorable Kathleen Sebelius
Secretary, Department of Health and Human Services
HHS/OS/IOS
Room 615-F
200 Independence Avenue SW
Washington, DC 20201

RE: Ensuring confidential care to adolescents and young adults receiving U.S. Preventive Services Task Force (USPSTF) preventive health services graded A or B

Dear Madame Secretary:

The undersigned organizations, which are among the members of the National Chlamydia Coalition, are seeking a solution to an existing barrier to delivery of the U.S. Preventive Services Task Force (USPSTF) A and B graded preventive health services for adolescents and young adults. We believe resolution can come from guidance or regulations being written to implement Section 2713 of the Public Health Service Act as amended by the Affordable Care Act.

As you know, the USPSTF recommends the following A and B graded services for adolescents and young adults and the Advisory Committee on Immunization Practice (ACIP) recommends the following immunizations:

Screening or counseling service	*For whom?*	*Grade*
Cervical cancer (Pap smear)	Sexually active females	A
Chlamydia	Sexually active females	A
Gonorrhea	Sexually active females	B
HIV	High risk for STDs	A
Syphilis	High risk for STDs	A
Tobacco use	All adolescents and adults	B
Depression	All adolescents and adults	B
Obesity	Children age 6+ and adults	B
Tdap, influenza, and meningococcal vaccine	Adolescents	NA
HPV vaccine	Adolescent females	NA

Source: Solberg el.al, Clinical Preventive Services for Adolescents, *AJPM*, Nov. 2009. See http://www.ahrq.gov/clinic/uspstfix.htm for details of the recommendations.

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Patients reasonably expect confidentiality in the provision of these services. In Sexually Transmitted Disease (STD) clinics, Title X facilities, and other family planning clinics, STD screening is delivered confidentially. If these facilities or any health care provider seeks reimbursement from a commercial health plan, confidentiality may be at risk. Health plans are required to provide an Explanation of Benefits (EOB) detailing services provided to the policy holder, who is often a parent, and may also be a guardian or a spouse. Thus, the requirement to issue an EOB may inadvertently disclose an otherwise confidential service. Reports of, or bills for, services provided by laboratories may also disclose confidential services to the policy holder. Research over two decades has shown that privacy is a critical concern among teens and young adults as they seek health care, particularly services related to STDs, contraception, and sexual health. (Center for Adolescent Health and the Law, http://www.cahl.org/web/index.php/publications/consent-confidentiality-protection)

Medical associations, notably the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the Society for Adolescent Health and Medicine, have issued policy statements and adopted guidelines for providing confidential care. Yet those who intend to provide high quality medical care face a variety of potentially competing laws and requirements. Confidential care is supported by the federal HIPAA privacy rules and myriad state privacy laws, as well as laws allowing minors to consent to health care. The interaction between federal and state confidentiality rules and state law requirements for health plans to issue EOBs often preclude provision of the confidential care that teens and young adults need.

Options for addressing the EOB barrier to confidential services for adolescents and young adults include:

- **Eliminating the requirement to issue EOBs for all USPSTF recommended A and B preventive services.** Given the provision in the health reform law that requires USPSTF A and B clinical preventive services to be offered at no cost to the patient or policy holder, EOBs for the provision of these services are unnecessary.
- **Excluding chlamydia screening and other sensitive preventive services from EOB documents.** Health plans can inform policy holders in their annual policy statement that in an effort to uphold confidentiality, information about certain sensitive services will not be included in an EOB.
- **Providing a simple procedure for healthcare providers to request that no EOB is issued to policy holders for sensitive services.** Health plans can allow health care providers to request an exemption from the requirement to send an EOB to the policy holder when billing for sensitive services.
- **Providing an EOB stating general medical services were rendered, but not providing specific details and thereby helping protect confidentiality.**

The efficacy and effectiveness of the USPSTF recommended services have been demonstrated and the potential for improving health and avoiding costly, preventable complications is clear. The advent of health reform offers an opportunity to eliminate challenging confidentiality barriers for teens and young adults receiving A and B graded services. This will benefit their health now and in the future.

We would be pleased to provide additional information. We can be reached via the National Chlamydia Coalition (NCC) by contacting Susan Maloney at Partnership for Prevention at smaloney@prevent.org or 202-375-7809 (office) or 240-353-3900 (mobile).

Sincerely,

Partnership for Prevention
American Academy of Pediatrics
American College of Obstetricians and Gynecologists
Society for Adolescent Health and Medicine

Cc: Mayra Alvarez, MHA

About the NCC: The National Chlamydia Coalition, convened and led by Partnership for Prevention, addresses the continued high burden of chlamydia infection, especially among women age 25 and under, and strives to attain the overarching mission of reducing the rates of chlamydia and its harmful effects among sexually active adolescents and young adults. The NCC is comprised of non-profit organizations, health care professional associations, advocacy groups, health insurers, and local, state, and federal government representatives. See www.prevent.org/NCC for more information.