



THE HOSPITAL & HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA

Mr. Jay Angoff
Director
Office of Consumer Information and Insurance Oversight
U.S. Department of Health and Human Services
Attention: OCIIO-9992-IFC,
Mail Stop C4-26-05,
7500 Security Boulevard,
Baltimore, MD 21244-1850

RE: DHHS Interim Final Rules for Group Plans and Health Insurance Issuers Relating to Coverage under the Affordable Care Act (OCIIO-9992-IFC, 45 CFR Part 147 RIN 0938-A07)

Dear Director Angoff:

On behalf of The Hospital & Healthsystem Association of Pennsylvania (HAP), which represents approximately 250 member institutions, including 125 stand-alone hospitals and another 120 hospitals that comprise 32 health systems across the commonwealth of Pennsylvania, HAP appreciates the opportunity to provide comments on the interim final regulations for Section 2713 of the Affordable Care Act regarding preventive services. HAP supports the goal of increasing access to preventive services and thinks that the policy should be as universal as possible in this regard. It will be beneficial to have more consistent standards with regard to insurance coverage for prevention services, along with the elimination of cost-sharing requirements for consumers. However, we have concerns that some of the provisions in the interim final rule could actually dissuade consumers from receiving preventive services, as opposed to ensuring increased access to and coverage for the services. Our comments focus on our support for the prohibition of cost-sharing for preventive services, the need for the inclusion of certain preventive services as determined by nationally recognized experts, and suggestions for a value-based design in this regard.

First of all, HAP believes that giving insurers the option of not covering preventive services provided by an out-of-network provider is problematic. In essence, this would not result in universal coverage of preventive services. In fact this provision could inhibit consumers from obtaining preventive services, as opposed to making it easier for them to receive these services. Likewise, giving insurers the option of allowing patients to be charged a co-pay for services rendered by out-of-network providers could create a barrier to assessing preventative services for consumers. We think that it is inappropriate to penalize consumers for getting preventive



services through an out-of-network provider by charging a co-payment for such services. For these reasons, **we strongly urge the Departments to ensure that preventive services are covered regardless of whether or not they are provided by an in-network or out-of-network provider, and that co-payments not be required because a consistent and standard policy in this regard will result in greater access to preventive services for all consumers.**

The proposal to base the list of covered preventive services on nationally recognized standards and recommendations is the most appropriate approach to this situation. **HAP agrees with the Departments' approach to include both evidence-based and evidence-informed preventive care, as determined by nationally recognized expert entities, including, the United States Preventive Services Task Force, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention and the Health Resources and Services Administration.** In particular, we think that it is critical to provide coverage for genetic testing, adolescent depression screening, lead testing, autism testing, and oral health screening despite the fact that currently these preventive services are not typically included in health insurance plans. Genetic testing is a critical step in potentially impacting long-term health of families and communities and should be included. Likewise, an individual's oral health is a major factor in overall health. Furthermore, studies have shown that depression can negatively impact physical health, and early detection and treatment of adolescent depression could potentially reduce the development of co-morbid physical health conditions for individuals as they get older.

Finally, we wanted to offer a suggestion for another value-based insurance design related to preventive services. We respectfully ask you to consider enabling the design of a system that rewards consumers for accessing preventive service, such as providing them with a discounted premium the following year as opposed to setting up a system with disincentives for receiving preventive services. In other words, instead of trying to steer consumers to in-network providers by charging co-payments when preventive services are received from out-of-network providers, a better approach would be for insurers to focus on consumer education regarding the benefits of preventive care and then rewarding consumers for accessing the services through a premium discount or similar incentive approach.

HAP appreciates the opportunity to provide these comments to you. If you have any questions, feel free to contact, Pamela Clarke, HAP's vice president of healthcare finance and managed care, at (215) 575-3755 or Michael Strazzella, HAP's vice president of federal relations, at (717) 561-5352.

Sincerely,



PAULA A. BUSSARD
Senior Vice President
Policy & Regulatory Services