

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



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December 17, 2010

Lisa Campbell
Department of Health and Human Services
Office of Consumer Information and Insurance Oversight
Room 445-G
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Attention: OCIO-9991-IFC2

Dear Ms. Campbell:

The American Academy of Pediatrics (AAP), a non-profit professional organization of 60,000 primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults, appreciates this opportunity to submit comments regarding the Amendment to the Interim Final Rules for Group Health Plans and Health Insurance Coverage relating to Status as a Grandfathered Health Plan under the Affordable Care Act.

In general, the Academy recognizes that children need services that are not necessarily guaranteed by grandfathered plans. As such, the Academy would urge the Departments of Health and Human Services, Labor and Treasury to promulgate regulations which promote access by children to plans that do not retain grandfather status.

Thank you very much for your attention to the views of the American Academy of Pediatrics.

Sincerely,

A handwritten signature in black ink that reads "O. Marion Burton MD".

O. Marion Burton, MD, FAAP
President

OMB:rh

Amendment to the Interim Final Rules for Group Health Plans and Health Insurance Coverage Relating to Status as a Grandfathered Health Plan Under the Patient Protection and Affordable Care Act (26 CFR Part 54, 29 CFR Part 2590, 45 CFR Part 147):

The American Academy of Pediatrics (the Academy) is dedicated to the health of all children. The Academy's Access Principles call for all children to have access to quality health insurance as well as all recommended and needed services. The Affordable Care Act lays the groundwork to achieve this goal, with its focus on preventive services and essential benefits in Exchange plans. Nevertheless, the Amendment to the Interim Final Rules for Group Health Plans and Health Insurance Coverage Relating to Status as a Grandfathered Health Plan (the Amendment) makes it easier for employers to exclude children from accessing the services they need from appropriate clinicians.

Overall, the Academy congratulates the Departments of Treasury, Labor and Health and Human Services (the Departments) on crafting a rule designed to strike a balance between continuity of coverage and consumer protections. Nevertheless, the Academy would prefer narrower criteria for plans to retain grandfather status. This is because a loss of grandfather status leads to positive results for insured children. In particular, access to no copay-preventative services is incredibly important for the pediatric population, but grandfathered plans are not required to pay for access to these important benefits.

The importance of prevention. The Grandfather Regulation creates a regime in which families may find it harder to access the preventive services that their children need in grandfathered plans. While cost is an important issue for health insurance, adding no copay preventive services and other consumer protections should not raise cost precipitously for plans, and will certainly save costs for society as a whole. In particular, preventive services like immunizations and well child visits have a strong return on investment and making them more readily accessible is clearly within the spirit of the Affordable Care Act. With these arguments in mind, the Academy believes that the new consumer protections from the Affordable Care Act should apply to as many plans as possible, and therefore, would urge that the retention of so-called grandfather status be a much more difficult proposition than is set forth in the Grandfather Regulation. All children need preventive services, and discouraging families from using them (the rationale for cost sharing) for years can be devastating to children. This policy also leads to unnecessary cost for the system because the focus of pediatric prevention is to detect and address health problems early. Early prevention and care in childhood leads to healthier adults with accompanying lower health care costs.

Because of the quality and importance of the Bright Futures program, in fact, we would urge the Departments to roll back the Amendment so that no-copay access to Bright Futures services is mandatory for all public and private insurance coverage in the United States.