
PUBLIC SUBMISSION

As of: September 17, 2010
Received: September 17, 2010
Status: Pending_Post
Tracking No. 80b51ef4
Comments Due: September 17, 2010
Submission Type: Web

Docket: HHS-OS-2010-0018

Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services; etc.

Comment On: HHS-OS-2010-0018-0001

Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services; etc.

Document: HHS-OS-2010-0018-DRAFT-0136

Comment on FR Doc # 2010-17242

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General Comment

Office of Consumer Information and Insurance Oversight
Department of Health and Human Services
Attention: OCIIO-9992-IFC
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Re: 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

Below are comments regarding 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 (PPACA).

I believe that greater guidance to insurers is needed regarding appropriate provider types for the covered preventive services. Without such guidance insurers may develop policies that are restrictive which would ultimately limit the patient's ability to access preventive services. Additionally, I have concerns that limiting the waiver for cost-sharing to in-network providers may encourage insurers to limit their provider network thus limiting access to providers able to perform needed preventive services. I urge HHS to allow both in and out of network providers to perform the covered preventive services at least until 2014 when PPACA Section 2706 takes effect. Section 2706 disallows insurers from discriminating against providers with regard to participation. Once this provision is implemented, concerns regarding access to providers will be eliminated. Ultimately, greater direction to insurers is needed in the regulations to ensure that greater access to preventive services is a reality for patients.

Thank you for allowing me the opportunity to provide comments on these regulations.

William H. Doggett DC FACO
Chiropractic Orthopedist