LEGAL PROCESSING DIVISION
PUBLICATION & REGULATIONS
BRANCH

REG-120391-10

PUBLIC SUBMISSION

As of: September 20, 2010
Received: September 17, 2010
Status: Posted
Posted: September 20, 2010
Tracking No. 80b51ed7
Comments Due: September 17, 2010
Submission Type: Web

Docket: IRS-2010-0017
Requirement for Group Health Plans and Health Insurance Issuers to Provide Coverage of Preventive Services under the PatientProtection and Affordable Care Act

Comment On: IRS-2010-0017-0002
Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services; etc.

Document: IRS-2010-0017-0015
Comment on FR Doc # 2010-17242

Submitter Information

Name: Katherine Cardoni Brewer
Address:
8515 Georgia Ave.
Suite 400
Silver Spring, MD,
Organization: American Nurses Association

General Comment

See attached file(s)

Attachments

IRS-2010-0017-0015.1: Comment on FR Doc # 2010-17242

REG-120391-10

LEGAL PROCESSING DIVISION
PUBLICATION & REGULATIONS
BRANCH

AMERICAN NURSES ASSOCIATION

8515 Georgia Avenue, Suite 400
Silver Spring, Maryland 20910-3492
301 628-5000 • Fax 301 628-5001
www.NursingWorld.org

Karen A. Daley, PhD, MPH, RN, FAAN
President

Marla J. Weston, PhD, RN
Chief Executive Officer

September 17, 2010

Office of Consumer Information and Insurance Oversight
U.S. Department of Health & Human Services
Attention OCIIO-9992-IFC
P.O. Box 8016
Baltimore, MD 21244-1850

Submitted electronically to http://www.regulations.gov

RE: **OCIIO-9992-IFC – 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**

Dear Reviewers:

The American Nurses Association (ANA) welcomes the opportunity to offer comments on this proposed rule. The ANA is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses, the single largest group of health care professionals in the United States. We represent RNs in all roles and practice settings, through our state and constituent member nurses associations, and organizational affiliates. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and advocating before Congress and regulatory agencies on health care issues affecting nurses and the public. Our members include Advanced Practice Registered Nurses (APRNs) such as Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), Certified Nurse Midwives (CNMs), and Certified Registered Nurse Anesthetists (CRNAs).

Disease prevention and health promotion are hallmarks of nursing, dating back to the origins of professional nursing under leadership of Florence Nightingale in the mid-19th century. ANA has long supported and emphasized the need for prevention in health care, for the betterment of society's health and prosperity, and as a cost saving measure. RNs are integral practitioners of prevention, and the ANA has stated that health promotion and disease prevention are among the standards of professional performance that all RNs are expected to meet. ANA believes that the Affordable Care Act (ACA) offers a landmark opportunity for nurses to capitalize on their competencies as independent practitioners in a transformed health system that prioritizes prevention.

With this in mind, ANA applauds the proposed regulations on preventive services and seeks a change in only one section. Overall, we believe the proposed regulations will begin a new cycle in better care and of cost savings. These savings primarily benefit the consumer, who will now face no cost sharing for important primary preventive services, but also provide secondary savings for the payers.

ANA identified an area of concern in **§147.130 Coverage of Preventive Health Services**, paragraph (a)(2)(iii), and recommends a change in language. In this section, it is stated that if a service "is not billed separately (or is not tracked as individual encounter data separately) from an office visit and the primary purpose of the visit is not the delivery of such an item or service, then a plan or issuer may impose cost-sharing requirements with respect to the office visit."

While ANA understands the need to include this general stipulation, we request that an exception for immunizations be made explicit. Immunization is often not the primary reason for an office visit. However, in public health and in practice supported by the Centers for Disease Control and Prevention, any encounter with a patient is seen as an opportunity to immunize. For example, if a child comes into a provider's office for a sick visit (e.g. ear infection), and the child is not too ill to be immunized, this is seen as an opportunity to offer vaccines, particularly if the child is behind in the immunization schedule. If vaccines are given in this example, under the proposed regulation, the family may be charged by their insurer for the normally-covered preventive service, since the vaccine was neither the "primary reason" for the visit, nor was it an annual physical/well-child visit as stipulated in Example 4(i). We bring this concern to your attention in hopes that you will provide language to avoid this situation.

We appreciate the opportunity to comment on this important rule. If we can be of further assistance, or if you have any questions or comments, please feel free to contact Katie Brewer, MSN, RN, Senior Policy Analyst in the Department of Nursing Practice and Policy, katie.brewer@ana.org or at 301-628-5043.

Sincerely,

Marla J Weston

Marla Weston, PhD, RN
Chief Executive Officer
American Nurses Association