



Health Insurance Consolidation

As of December 31, 2010

In 2010, the Academy:

- Sent a formal comment [letter](#) on September 17 to the Departments of HHS, Labor, and Treasury in response to a regulation regarding the ACA changes in coverage of preventive services required by both insured and self-insured plans that begin on or after September 23, 2010. The rule utilizes the U.S. Preventive Services Task Force (USPSTF) to establish the benefits affected (currently using a rating of A or B) as well as the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA). In the letter, AAFP raised concerns that the new requirements may contain an unforeseen cost and access ramifications to physicians. In addition to the AAFP letter, the Academy participated in a [coalition letter](#) regarding the same regulation with 25 other organizations.
- In a September 17 [letter](#) to the HHS Office of Consumer Information & Insurance Oversight, submitted formal comments on a regulation that implements internal claims and appeals and external review processes as required under the ACA. In the letter, the AAFP provides suggestions on 6 new requirements that were not required under the previous Department of Labor (DOL) claim procedure regulations for group plans.
- Provided comments in an August 3 [letter](#) to the National Association of Insurance Commissioners regarding their interpretation of the medical loss ratio provision in the ACA.