

Executive Director

Linda Juszczak

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The Honorable Kathleen Sebelius
Secretary, Department of Health and Human Services
HHS/OS/IOS
Room 615-F
200 Independence Avenue SW
Washington, DC 20201

RE: Ensuring confidential care to adolescents and young adults receiving U.S. Preventive Services Task Force (USPSTF) preventive services graded A or B

Dear Secretary Sebelius:

The National Assembly on School-Based Health Care (NASBHC) seeks greater utilization of the U.S. Preventive Services Task Force (USPSTF) A and B graded preventive health services among adolescents and young adults. We believe that resolution can come from written guidance or regulations to implement Section 2713 of the Public Health Service Act (as amended by the Patient Protection and Affordable Care Act).

NASBHC is the national voice for school-based health centers (SBHCs) – a crucial component of our nation’s health care safety net that provide access to comprehensive, quality health care services for children and teens who would otherwise go without medical attention. Common characteristics of SBHCs include:

- They are located in or near a school facility and open during school hours;
- They are organized through school, community, and health provider relationships;
- They are staffed by qualified health care professionals; and
- They are focused on the prevention, early identification, and treatment of medical and behavioral concerns that can interfere with a student’s learning.

There are currently more than 1,900 SBHCs across the country providing access to more than 1.7 million children and adolescents. A large majority (80%) of the programs report serving at least one grade of adolescents (sixth grade or higher). Students in schools with SBHCs are predominantly members of minority and ethnic populations who have historically experienced under-insurance, uninsurance, or other health care access disparities.

SBHCs are considered one of the most effective strategies for delivering preventive care, including reproductive and mental health care services, to adolescents - a population long considered difficult to reach. SBHCs incorporate principles and practices of adolescent health care recommended by the American Medical Association, the American Academy of Pediatrics, and the American Association of Family Physicians.

Numerous evaluations have shown SBHCs improve adolescent health care access when compared with adolescent utilization in other settings. This is especially true for important – and sensitive – services delivered on site, such as family planning, screening and counseling on sexually transmitted diseases, mental health, and substance abuse services.^{i,ii,iii,iv,v,vi}

The Affordable Care Act requires many health plans provide coverage for clinical preventive services without co-payments or deductibles. This includes clinical services graded A or B by the U.S. Preventive Services Task Force, immunizations recommended by ACIP, and services recommended for children and teens in Bright Futures. STD screening and counseling, Pap smears, and HPV immunizations are included.

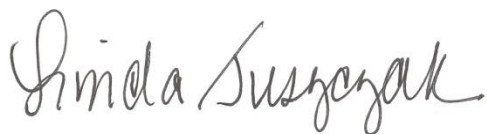
Despite this expansion of coverage, adolescent utilization of STD screening and other sensitive services may be impeded by an inadvertent breach of confidentiality. When a healthcare provider seeks payment from a health plan, the plan is required to issue an explanation of benefits (EOB) to the policy holder, often a parent or guardian, to detail the services provided. Thus, the EOB may inadvertently disclose an otherwise confidential service. This issue, already complex, is made more so by numerous federal and state laws and regulations; it must be addressed to ensure young people take advantage of preventive care.

The National Assembly on School-Based Health Care joins the Partnership for Prevention in recommending the following options for addressing the EOB barrier to confidential services for adolescents and young adults:

- **Eliminate the requirement to issue EOBs for all USPSTF recommended A and B preventive services.** Given that the health reform law requires USPSTF A and B clinical preventive services be offered at no cost to the patient or policy holder, EOBs for the provision of these services are unnecessary.
- **Exclude sensitive preventive services from EOB documents.** Health plans can inform policy holders in their annual policy statement that, in an effort to uphold confidentiality, information about certain sensitive services will not be included in an EOB.
- **Provide a simple procedure for healthcare providers to request that no EOB is issued to policy holders for sensitive services.** Health plans can allow health care providers to request an exemption from the requirement to send an EOB to the policy holder when billing for sensitive services.
- **Provide an EOB stating general medical services were rendered, but excluding specific details – thereby helping to protect confidentiality.**

Adolescents and young adults need access to confidential health services in order to ensure their health and wellbeing now and in the future.

Sincerely,



Linda Juszczak
Executive Director
National Assembly on School-Based Health Care

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- ⁱ Allison MA, Crane LA, Beaty BL, Davidson AJ, Melinkovich P, Kempe A. School-based health centers: Improving access and quality of care for low-income adolescents. *Pediatrics*. 2007;120(4):e887-e894.
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- ⁱⁱⁱ Juszcak L, Melinkovich P, Kaplan D. Use of health and mental health services by adolescents across multiple delivery sites. *J Adolesc Health*. 2003;32(6):108-118.
- ^{iv} Kaplan DW, Calonge BN, Guernsey BP, Hanrahan MB. Managed care and school-based health centers: Use of health services. *Arch Pediatr Adolesc Med*. 1998;152:25-33.
- ^v Klein JD, Handwerker L, Sesselberg TS, Sutter E, Flanagan E, Gawronski B. Measuring quality of adolescent preventive services of health plan enrollees and school-based health center users. *J of Adolesc Health*. 2007;41(2):153-160.
- ^{vi} Lancman H, Pastore DR, Steed N, Maresca A. Adolescent Hepatitis B vaccination: Comparison among two high school-based health centers and an adolescent clinic. *Arch Pediatr Adolesc Med*. 2000;154:1085-1088.