

Congress of the United States
Washington, DC 20515

February 13, 2013

The Honorable Kathleen Sebelius
Secretary of Health and Human Services
The Hubert H. Humphrey Building
200 Independence Ave S.W.
Washington, DC 20201

Dear Secretary Sebelius:

As of January 1, most insurance companies now cover a variety of preventive services at no cost to beneficiaries. We are pleased that this includes coverage of screening and brief counseling for interpersonal and domestic violence—a preventive service recognized by the Institute of Medicine as an effective intervention. This is a crucial opportunity to improve the health status and safety of victims of domestic violence.

Screening and counseling for domestic violence has not typically been covered by insurance. Since many health plans will now be required to cover these services, we believe that clarity from HHS is needed to help insurers understand what is expected of them. All parties involved need sufficient information to make appropriate coverage decisions.

We respectfully ask therefore that the Department of Health and Human Services (HHS) clarify the screening and counseling for domestic violence preventive services provision through sub-regulatory guidance. Areas that we feel need further guidance include:

When and how to screen:

- Recommendations on how often to screen, including a minimum number of screenings per year
- Setting-specific assessment tools or brochures that should be used
- Information about the essential elements of brief counseling, including any relevant national guidelines and/or clinical practice recommendations regarding reasonable medical management techniques, assessment, addressing related health issues, providing health information on safety plans and advocacy services and providing appropriate referrals.

Reimbursement:

- Definition of providers who will be reimbursed without accompanying co-pay for patients (i.e., screening and brief counseling for domestic or interpersonal violence that takes place during an annual well-woman visit, or in conjunction with visits to a primary care, reproductive, adolescent, mental/behavioral health or urgent care provider)
- Recommendations on existing reimbursement codes that should be used.
- Definition of other qualified members of the “care team” who can provide brief counseling on domestic and interpersonal violence in partnership with providers (i.e., advocates with expertise in domestic or interpersonal violence who are connected to a comprehensive domestic or interpersonal violence program).

Privacy:

- Recommendations regarding the unique privacy and safety concerns of insurers and the interaction of those concerns with documentation and billing requirements regarding domestic and interpersonal violence.

For nearly 20 years, health providers have been trying to identify and assist individuals at risk of domestic violence, but the lack of insurance coverage and other system supports have prevented them from doing this work more broadly. Now, together, we have the opportunity to ensure that victims of domestic violence and their families are able to receive these life-saving preventive services.

We believe that additional sub-regulatory guidance is essential for successful implementation of these preventive health services, and we thank you in advance for your prompt attention to this issue.

Sincerely,



Louise M. Slaughter
Member of Congress



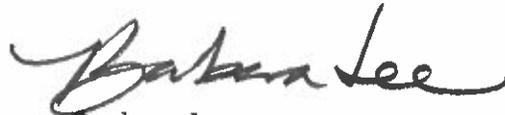
Richard Hanna
Member of Congress



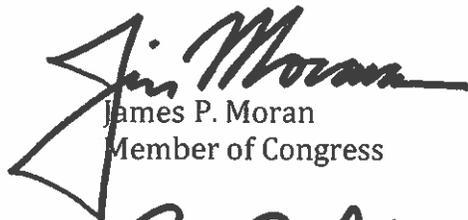
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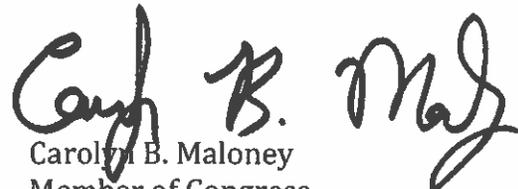
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Member of Congress

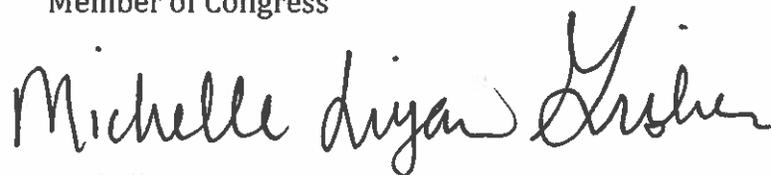
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