Men's Health Network
P. O. Box 75972
Washington, D.C. 20013
202-543-MHN-1 (6461)
Fax 202-543-2727

November 6, 2015

The Honorable Sylvia Mathews Burwell
Secretary of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Comments on Office of Civil Rights, ACA Non-discrimination Proposed Rule

Dear Secretary Burwell:

Men's Health Network represents the health of men, boys, and their families through advocacy, health promotion, preventive screenings, symposia, and discussions. We welcome the opportunity to comment on Section 1557 of the ACA, specifically Section 92.1 which states that discrimination is prohibited "on the basis of race, color, national origin, sex, age, or disability."

While the Affordable Care Act (ACA) has done much to increase access to health care and preventive services, we find that unequivocal discrimination and gender inequities continue to exist. These inequities should be prohibited under Section 92.1, as males are being systematically excluded from numerous benefits which are granted to females.

We address some, but not all, of the inequities in this note.

Preventive Services –

Preventive health care is one major area of unequal treatment. While males live significantly shorter lives than their female counterparts, across all races and ethnicities, and while males die at higher rates for 9 of the top 10 causes of death, they are not afforded the same preventive health benefits as their female counterparts. This inequity in preventive services falls particularly hard on the most vulnerable of our population, African-American men and Native American (American Indian/Alaska Native) men, who have the lowest life expectancy of all.

Preventive screenings are explained on the HHS.gov web site, including an exhaustive explanation of preventive screenings for females found at –
http://www.hhs.gov/healthcare/facts-and-features/fact-sheets/aca-rules-on-expanding-access-to-preventive-services-for-women

The Kaiser Family Foundation provides excellent analyses of the Affordable care Act and reports -
http://kff.org/health-reform/fact-sheet/preventive-services-covered-by-private-health-plans

Under Section 2713 of the ACA, private health plans must provide coverage for a range of preventive services and may not impose cost-sharing (such as copayments, deductibles, or co-insurance) on patients receiving these services.

IV. Preventive Services for Women

The recommendations issued by USPSTF, ACIP, and Bright Futures predate the ACA. In addition to these services, the ACA authorized the federal Health Resources and Services Administration (HRSA) to make additional coverage requirements for women. Based on recommendations by a committee of the Institute of Medicine (IOM),8 federal regulations require new private plans to cover additional preventive services without cost-sharing for women, including well-woman visits, all FDA-approved contraceptives and related services, broader screening and counseling for STIs and HIV, breastfeeding support and supplies, and domestic violence screening.

Males should not have to pay for preventive services comparable to those that are provided free to females.

Preventive services for males should include the following, and should be provided "without cost-sharing" as they are for females -

Sexual Health –

Providing sexual health screening for females but not males is a strange omission that seems to ignore the nature of the transmission of these diseases, and is a form of gender discrimination that eventually injures the “protected” segment of the population, females.

Chlamydia – Chlamydia screening should be provided for all sexually active male adolescents and men. The CDC reports that “Women are frequently re-infected if their partner is not treated” (“Chlamydia CDC Fact Sheet” Sexually Transmitted Diseases 17 Aug 2011. n. pag. Center For Disease Control and Prevention. Web. 6 Sep 2011.)

Existing tests are just as effective for detecting chlamydia in males as they are in diagnosing chlamydia in females.

Gonorrhea – Gonorrhea screening should be provided for all sexually active male adolescents and men. Screening for this disease in men helps end the cycle of infection that affects both males and females.

Contraceptives –

In another instance of gender discrimination, the ACA provides contraception and counseling for all women “…without charging a copayment or coinsurance….” – but not for men.

Coverage for women is explained on the government web site at –
https://www.healthcare.gov/coverage/birth-control-benefits

> *Birth Control Benefits*
>
> *Plans in the Health Insurance Marketplace must cover contraceptive methods and counseling for all women, as prescribed by a health care provider.*
>
> *Plans must cover these services without charging a copayment or coinsurance when provided by an in-network provider — even if you haven't met your deductible.*
>
> *Covered contraceptive methods*
>
> *FDA-approved contraceptive methods prescribed by a woman's doctor are covered, including:*
>
> *Barrier methods, like diaphragms and sponges*
> *Hormonal methods, like birth control pills and vaginal rings*
> *Implanted devices, like intrauterine devices (IUDs)*
> *Emergency contraception, like Plan B® and ella®*
> *Sterilization procedures*
> *Patient education and counseling*

Men should be eligible for comparable benefits "…without charging a copayment or coinsurance…."

Annual Preventive Health Care Visits - Well Woman Visits –

The ACA provides for an excellent, comprehensive Well-Woman Visit yearly at no cost. No comparable "Well-Man Visit" is provided, clearly unequal treatment, and denial of a benefit to the most vulnerable segment of our population.

Well Woman Visits are clearly defined by HHS here, and men should be provided comparable health care, also at no cost -
http://healthfinder.gov/HealthTopics/Category/everyday-healthy-living/sexual-health/get-your-well-woman-visit-every-year

> *The Basics*
>
> *Schedule your well-woman visit with a doctor or nurse every year. The well-woman visit is an important way to help you stay healthy.*
>
> *Well-woman visits include a full checkup, separate from any other visit for sickness or injury. These visits focus on preventive care for women, which may include:*

Services, like shots, that improve your health by preventing diseases and other health problems
Screenings, which are medical tests to check for diseases early when they may be easier to treat
Education and counseling to help you make informed health decisions

What happens during a well-woman visit?

Your well-woman visit is a chance to focus on your overall health and wellness. There are 3 main goals for the visit:

Documenting your health habits and history
Getting a physical exam
Setting health goals

1. Health habits and history
Before your physical exam, the doctor or nurse will ask you to answer some questions about your overall health. These questions may cover topics like your:
Medical history
Family's health history
Sexual health and sexual partners
Eating habits and physical activity
Use of alcohol, tobacco, and other drugs
Mental health history, including depression
Relationships and safety

2. Physical exam
The doctor or nurse will examine your body, which may include:
Measuring your height and weight
Calculating your body mass index (BMI) to see if you are at a healthy weight
Checking your blood pressure
Taking your temperature
Doing a clinical breast exam (feeling your breasts and under your arms for lumps or other changes)
Doing a Pap test and pelvic exam

3. Health goals
You and the doctor or nurse will talk about the next steps for helping you stay healthy. Together, you can decide which screenings or follow-up services are right for you.
If you have health goals, like losing weight or quitting smoking, you and your doctor or nurse can make a plan to help you meet these goals.

Prostate Cancer Screenings –

The ACA provides a special exception to the United States Preventive Task Force (USPSTF) recommendation on screening for breast cancer, but not screening for prostate cancer. This despite the unusually high incidence of prostate cancer among

African-American men, men with a family history of prostate cancer, and men exposed to certain chemicals (Agent Orange, World Trade Center dust and debris, etc.).

The breast cancer screening benefit provided by the ACA as explained by HHS is found here –
https://www.healthcare.gov/preventive-care-women

> *"...without charging a copayment or coinsurance. This is true even if you haven't met your yearly deductible."*
>
> *Other covered preventive services for women*
> *Breast cancer genetic test counseling (BRCA) for women at higher risk*
> *Breast cancer mammography screenings every 1 to 2 years for women over 40*

Prostate Cancer Screenings should be provided *"...without charging a copayment or coinsurance…even if you haven't met your yearly deductible."*

Gender-specific Offices –

The ACA established and funded in several federal agencies an Office on Women's Health, including one at the Indian Health Service, a great step forward in coordinating efforts to deliver quality information and services to women and girls. We support this forward-thinking move to help women and girls achieve the highest level of health care and information.

But, no funded Office on Men's Health has been established, and the one authorized, but not funded, at the Indian Health Service has yet to be filled. (From: Roubideaux, Yvette (IHS/HQ), Wednesday, March 24, 2010 11:53 AM, Message from the Director - IHCIA summary – page 2 – "Office of Indian Men's and Indian Women's Health: Establishes within the IHS an Office of Indian Men's Health to complement the Office of Indian Women's Health that exists in current law.")

Yet American Indian / Alaska Native men have many of the worst health outcomes of any ethnicity. And, men across all races and ethnicities utilize health services less and live sicker and die younger than their female counterparts, dying at higher rates from 9 of the top 10 causes of death.

Other Discriminatory Practices –

Other discriminatory practices and inequities in the ACA that should be addressed include screening for osteoporosis, breast cancer screenings for men, eligibility criteria that adversely affect male eligibility for assistance, and more.

It is both ironic and discouraging that in the face of growing evidence that male health disparities are actually increasing in some populations (Kaiser Family Foundation. Putting Men's Health Care Disparities on the Map, Sept. 2012) and noted just last week for middle-aged white Americans (New York Times. Rise in Deaths for Whites in Middle Age, Nov. 3, 2015), male health disparities were largely ignored in the Administration's

National Partnership for Action to End Health Disparities and now in the implementation of the ACA.

As illustrated above, the Affordable Care Act provides many benefits free or at low cost to females that are denied to males, discriminatory practices at a basic health care delivery level.

Certain benefits for females are explicitly identified in the legislation and there is no request to roll back these benefits. Rather, our concern is for equality, for equity and for the removal of gender-based discrimination in the provision of health care services and benefits. While mandating certain benefits as a baseline for females, Congress also imposed on the Agency the duty and granted the power to ensure that the law is applied in an equitable manner, free of discrimination "on the basis of race, color, national origin, sex, age, or disability." The Agency has a duty to ensure that the baseline of mandated benefits for males is not inferior to the baseline for females.

We ask that these inequities be corrected.

Sincerely,

Men's Health Network