



PREVENTIVE CARE SERVICES: HOW THE AFFORDABLE CARE ACT BENEFITS YOU

A Utah Health Policy Project Issue Brief

March 23, 2011

Background

The Affordable Care Act transforms how the American health system approaches care. Instead of a reactionary system that treats ailments as they arise, we now are looking at a system of prevention and wellness. You and your family may be eligible for some important **preventive services**—which can help you avoid illness and improve your health—at no additional cost to you.

What This Means for You

Insurance plans that are now subject to new requirements put in place by the Affordable Care Act allow you to receive preventive health services at no cost to you. Insurance plans that begin on or after September 23rd 2010 must cover preventive services that are Grade A and B recommended by the U.S. Preventive Services Task Force without asking you to pay a copayment or meet your deductible. The U.S. Preventive Services Task Force assigns one of five letter grades to recommendations (A, B, C, D, I) to services based on net benefit of the services.

Covered Preventive Services for Adults

Abdominal Aortic Aneurysm: one-time screening for men of specified ages who have ever smoked

Alcohol Misuse: screening and counseling

Aspirin: use for men and women of certain ages

Blood Pressure: screening for all adults

Cholesterol: screening for adults of certain ages or at higher risk. Women over 45 and men over 35 have an A grade recommendation while women 20 to 45 and men 20 to 35 have a B grade recommendation.

Colorectal Cancer: screening for adults over 50

Depression: screening for adults



Dr. Brett Parkinson is the Imaging Director at the Intermountain Medical Center Breast Care Clinic. He stresses the need for preventative screenings and early intervention in breast cancer, stating that when we lose prevention programs, over 4,000 women would go without screenings. Statistically speaking of those 4,000 women, at least 16 will have breast cancer not caught in the early stages, leading to more expensive care down the road. Allowing access to no cost-sharing prevention services is smart in terms of overall health and in terms of cost.

Type 2 Diabetes: screening for adults with high blood pressure
Diet: counseling for adults at higher risk for chronic disease
HIV: screening for all adults at higher risk
Immunization: vaccines for adults (doses, recommended ages, and recommended populations vary)
Obesity: screening and counseling for all adults
Sexually Transmitted Infection (STI): prevention counseling for adults at high risk
Tobacco Use: screening for all adults and cessation interventions for tobacco users
Syphilis screening for all adults at high risk

Covered Preventive Services for Women, Including Pregnant Women

Anemia: screening on a routine basis for pregnant women
Bacteriuria: urinary tract or other infection screening for pregnant women
BRCA (genetic mutation linked to some cancers): counseling about genetic testing for women at higher risk
Breast Cancer Mammography: screenings every 1 to 2 years for women over 40
Breast Cancer Chemoprevention: counseling for women at high risk
Breast Feeding: interventions to support and promote breast feeding
Cervical Cancer: screening for sexually active women
Chlamydia Infection: screening for younger women and other women at high risk
Folic Acid: supplements for women who may become pregnant
Gonorrhea: screening for all women at high risk
Hepatitis B: screening for pregnant women at their first prenatal visit
Osteoporosis: screening for women over age 60, depending on risk factors
Rh Incompatibility: screening for all pregnant women and follow-up testing for women at higher risk
Tobacco Use: screening and interventions for all women, and expanded counseling for pregnant tobacco users
Syphilis: screening for all pregnant women or other women at increased risk

Covered Preventive Services for Children

Alcohol and Drug Use: assessments for adolescents
Autism: screening for children at 18 and 24 months
Behavioral: assessments for children of all ages
Blood Pressure: screening for children
Cervical Dysplasia: screening for sexually active females
Congenital Hypothyroidism: screening for newborns
Depression: screening for adolescents at high risk
Developmental: screening for children under age 3, and surveillance throughout childhood

Dyslipidemia: screening for children at high risk of lipid disorders
Fluoride Chemoprevention: supplements for children without fluoride in their water source
Gonorrhea: preventive medication for the eyes of all newborns
Hearing: screening for all newborns
Height, Weight, and Body Mass Index: measurements for children
Hematocrit or Hemoglobin: screening for children
Hemoglobinopathies or sickle cell: screening for newborns
HIV: screening for adolescents at higher risk
Immunization: vaccines for children from birth to age 18 —doses, recommended ages, and recommended populations vary
Iron: supplements for children ages 6 to 12 months at risk for anemia
Lead: screening for children at risk of exposure
Medical History: for all children throughout development
Obesity: screening and counseling
Oral Health: risk assessment for young children
Phenylketonuria (PKU): screening in newborns
Sexually Transmitted Infection (STI): prevention counseling and screening for adolescents at high risk
Tuberculin: testing for children at high risk of tuberculosis
Vision: screening for all children

Wellness in the Affordable Care Act

The Affordable Care Act also provides opportunities for communities and businesses to engage in wellness activities to improve health. These opportunities include:

- Grants for up to five years to small employers that establish wellness programs. (Funds appropriated for five years beginning in fiscal year 2011.)
- Technical assistance and other resources to evaluate employer-based wellness programs.
- A national worksite health policies and programs survey to assess employer-based health policies and programs. (Conduct study within two years following enactment.)
- Employers permitted to offer employees rewards—in the form of premium discounts, waivers of cost-sharing requirements, or benefits that would otherwise not be provided—of up to 30% of the cost of coverage for participating in a wellness program and meeting certain health-related standards. Employers must offer an alternative standard for individuals for whom it is unreasonably difficult or inadvisable to meet the standard. The reward limit may be increased to 50% of the cost of coverage if deemed appropriate. (Effective January 1, 2014.)
- 10-state pilot programs to be established by July 2014 to permit participating states to apply similar rewards for participating in wellness programs in the individual market and

expand demonstrations in 2017 if effective. Require a report on the effectiveness and impact of wellness programs. (Report due three years following enactment.)

- Community Transformation Grants will be available through the Prevention and Public Health Fund. These grants will be awarded to states and communities who have community based ideas to address factors that affect health such as housing, education, transportation, food availability, workplace conditions, environmental factors, and so forth.

Conclusion

Why is this important? Most Americans access preventive services at around half the recommended rate. Preventive services and wellness visits help lower costs, prevent illness, and save lives.