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Preventive Services and the Affordable Care Act • October 2010

Beginning with the first plan year on or after September 23, 2010, group and individual insurance plans will be required to provide preventive services at no out-of-pocket cost to their plan members. The goal of the clinical preventive services provision of the Patient Protection and Affordable Care Act of 2010 is to encourage early prevention and reduction of illness through use of immunizations, screenings and counseling.

CLINICAL PREVENTIVE SERVICES

Many Arkansans do not seek clinical and preventive health services because they don't know they are necessary, or they don't have access to a health care provider. One reason access to care can be limited is because of the cost of preventive services.

The Affordable Care Act requires that evidenced-based clinical and preventive services be offered to enrollees in group and individual insurance plans beginning with the first plan year on or after September 23, 2010. After that date, enrolled members will no longer be charged for these services (no co-payment, coinsurance or deductible related to these services).

Services that must be provided at no out-of-pocket cost to the enrolled plan member include:

1) Preventive services rated A or B by the US Preventive Services Task Force (i.e. colorectal cancer screening, mammography, cholesterol screening, alcohol misuse counseling, depression screening). See the list on the right, and find expanded more detailed list here: [Preventive Services A/B](#).

2) Immunizations recommended by the Advisory Committee on Immunization Practices (ranging from routine childhood immunizations to periodic tetanus shots for adults).

3) *Bright Futures* guidelines for preventive care and screening for infants, children, and adolescents.

4) Additional preventive services for women that are recommended by Health Resources and Services Administration (to be released August 2011).

WHY ARE PREVENTIVE SERVICES NECESSARY?

For children, immunizations serve to prevent and reduce the transmission of illness. Early detection, screening and counseling in adults can assist in delaying the onset of chronic conditions like diabetes and obesity. Earlier detection and treatment of cancers and heart disease reduce morbidity and mortality. Additional benefits include increased productivity and fewer sick days. Services like prenatal care target health care spending and can lead to cost savings.

USPSTF Grade A and B Recommendations

- Screening for abdominal aortic aneurysm
- Screening and counseling to reduce alcohol misuse
- Aspirin to prevent CVD
- Screening for urinary tract infection for pregnant women
- Screening for high blood pressure
- Counseling related to BRCA screening
- Screening for breast cancer (mammography)
- Chemoprevention of breast cancer
- Interventions to support breast feeding
- Screening for cervical cancer
- Screening for chlamydial infection in women
- Screening for cholesterol abnormalities
- Screening for colorectal cancer
- Chemoprevention of dental caries
- Screening for depression in adults and adolescents
- Screening for diabetes
- Counseling for a healthy diet
- Supplementation with folic acid
- Screening for gonorrhea: women
- Prophylactic medication for gonorrhea: newborns
- Screening for hearing loss
- Screening for hemoglobinopathies
- Screening for hepatitis B
- Screening for HIV
- Screening for congenital hypothyroidism
- Screening for iron deficiency anemia
- Iron supplementation in children
- Screening and counseling for obesity: adults & children
- Screening for osteoporosis
- Screening for PKU
- Screening for Rh incompatibility: first pregnancy visit and at 24-28 weeks gestation
- Counseling for STIs
- Screening for syphilis: pregnant and non-pregnant persons
- Counseling for tobacco use
- Screening for visual acuity in children

ADDITIONAL PREVENTIVE HEALTH BENEFITS

In addition to requiring preventive services at no out-of-pocket cost, several other preventive health benefits are provided through the Affordable Care Act. A summarized list can be found here: [NEJM: Health Policy and Reform](#)ⁱ.

A few of the highlights include:

- Arkansans covered by Medicare Part B will receive annual wellness visits and a personalized prevention plan, with no co-payment, coinsurance or deductibles.
- States and communities will have the opportunity to apply for grants that work to implement, disseminate and evaluate programs to reduce rates of chronic disease, increase prevention activities and decrease rates of disease.
- Arkansas small businesses may benefit from an authorized grant program for small businesses to implement worksite wellness strategies.
- Chain restaurants and vending machine operators will be required to provide nutrition labeling on standard menu items so consumers can make educated decisions about the food choices they encounter outside of the home.
- Pregnant women in Medicaid will have access to coverage of comprehensive tobacco cessation services, including both counseling and drug interventions.

WHAT ORGANIZATIONS PROVIDE THE RECOMMENDATIONS?

US Preventive Services Task Force (USPSTF) is the leading independent panel of private-sector experts in prevention and primary care. The USPSTF conducts rigorous, impartial assessments of the scientific evidence for the effectiveness of a broad range of clinical preventive services, including screening, counseling, and preventive medications. Its recommendations are considered the "gold standard" for clinical preventive servicesⁱⁱ.

Centers for Disease Control and Prevention, *Advisory Committee on Immunization Practices (ACIP)* provides advice that will lead to a reduction in the incidence of vaccine preventable diseases in the United States, and an increase in the safe use of vaccines and related biological productsⁱⁱⁱ.

Bright Futures guidelines were developed by the Health Resources and Services Administration with the American Academy of Pediatrics. *Bright Futures* is a national health promotion initiative dedicated to the principle that every child deserves to be healthy and that optimal health involves a trusting relationship between the health professional, the child, the family, and the community as partners in health practice^{iv}.

Note: Information shared in this overview is based on the law, interim rules and regulations as they are known at this time, and is ACHI's best interpretation of the information. As the law continues to be written into final rules and regulations, it will be further interpreted. Details may change during this process.

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Endnotes

ⁱ *Promoting Prevention through the Affordable Care Act*. New England Journal of Medicine | August 25, 2010 | Topics: Public Health, Reform Implementation. Howard K. Koh, M.D., M.P.H., and Kathleen G. Sebelius, M.P.A

ⁱⁱ US Preventive Services Task Force. <http://www.ahrq.gov/clinic/uspstfix.htm>

ⁱⁱⁱ Advisory Committee on Immunization Practices. <http://www.cdc.gov/vaccines/recs/acip/default.htm>

^{iv} Bright Futures. <http://www.brightfutures.org/>