



# Prevention and the Health Care Law

## Preventing disease and promoting wellness

Adequate and sustained investments and improvements in the prevention and early detection of disease are essential to refocusing the health care system on wellness. Strategic investments in research and evidence-based approaches, such as tobacco quitlines, obesity counseling, cancer screening programs, and nutrition programs, can result in lowered disease rates, reduced socioeconomic and racial/ethnic disparities, and increased productivity. By applying what we know, we could make significant advances in prevention and save lives.

### Fast Facts

- About half of all cancer deaths could be avoided by applying proven prevention and early detection strategies.
- Less than half of Americans get recommended prevention services.
- Prior to the Affordable Care Act, the U.S. invested only four percent of total health care dollars on prevention and early detection.

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## Coverage of preventive services is essential to improving long-term health and wellbeing.

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### Highlights of Prevention in the Health Care Law

The Affordable Care Act is making prevention a national priority by requiring all new commercial health insurance plans and Medicaid programs that cover newly eligible individuals to cover recommended preventive services at no cost to the patient. In addition, Medicaid programs based on eligibility criteria that pre-dated the law are incentivized to cover recommended preventive services and Medicare is reducing the costs of preventive services for its beneficiaries. These provisions, along with the creation a first of its kind federal Prevention and Public Health Fund, designed to increase our investment in public health,, have the potential to significantly reduce the number of preventable cancer deaths in the U.S.

While the law improves access to prevention, some gaps still exist for patients trying to access recommended preventive services. Insurance plans are responsible for interpreting the recommended services and defining the specific benefits and eligibility criteria, thereby creating inconsistency in the administration of the services. Medicare plans continue to charge a co-pay in the event that a polyp is removed during a screening colorectal cancer test. Twenty-five states have chosen not to increase access to its Medicaid program, leaving nearly 6 million low-income Americans without access to affordable coverage. Finally, Medicaid programs based on eligibility criteria that pre-dated the passage of the law are not required to cover any preventive services, with the exception of tobacco cessation services for pregnant women.

### Provisions of the health care law:

- Requires that all commercial health insurance plans provide preventive services rated “A” or “B” by the U.S. Preventive Services Task Force (USPSTF) at no cost to the patient
- Requires commercial health insurance plans to provide first-dollar coverage for mammograms for women beginning at age 40
- Removes cost-sharing, such as co-pays and deductibles, for all preventive services covered by Medicare; with the exception of colorectal cancer screening tests that result in polyp removal, where co-pays are permitted
- Requires states to cover smoking cessation treatments for pregnant women in Medicaid programs based on eligibility criteria that pre-dated the law at no cost to the patient, and improves coverage of cessation drugs (*effective 2014*)

- Requires that Medicaid programs for newly eligible individuals provide preventive services rated “A” or “B” by the USPSTF at no cost to the patient (*effective 2014*)
- Provides states the option of providing preventive services rated “A” or “B” by the USPSTF at no cost to the patients in Medicaid programs based on eligibility criteria that pre-dated the law
- in exchange for a 1% increase in the Federal Medical Assistance Percentage (FMAP) for those services Calls on the Secretary of Health and Human Services to continue to convene the USPSTF as an advisory board that recommends prevention guidelines for the general public
- Establishes an interagency National Prevention, Health Promotion and Public Health Council to provide national leadership and direction on prevention and wellness
- Establishes a Prevention and Public Health Fund for prevention research, health screenings, community transformation grants, education and outreach campaigns, and immunization programs

**Implications for the American Cancer Society and American Cancer Society Cancer Action Network (ACS CAN)**

- ACS CAN will continue to advocate for prevention and early detection as a critical part of health care systems.
- ACS CAN is working to ensure that critical provisions of the health care law work as intended to improve patient access to quality health care.
- ACS CAN will continue its work with Congress, the Secretary of Health and Human Services, state Medicaid programs, and state insurance boards to ensure all recommended preventive services, regardless of diagnosis, are offered and administered at no cost to patients in Medicare, Medicaid and commercial health insurance plans.
- ACS CAN will work with Congress, the Secretary of Health and Human Services, state Medicaid programs, and state insurance boards to ensure preventive benefit coverage definitions and eligibility criteria are clear and consistent for consumers and providers.
- ACS CAN will continue to fight for the preservation of the Prevention and Public Health Fund to the funding levels mandated under the Affordable Care Act.