



Prevention in Medicare and the Health Care Law

Preventing disease in the older population

Prior to passage of the Affordable Care Act, Medicare coverage for preventive services was not adequate to protect our nation's seniors from diseases that can be prevented or detected early. In most cases, the tools and technologies exist to provide these services, but too many Medicare beneficiaries did not know they existed or faced barriers to accessing them. For example, Medicare only covered cessation counseling for smokers who had health problems related to tobacco use, but not before they developed symptoms and may have had a greater desire to quit.

While preventive services such as colorectal cancer screening, mammograms, and flu shots were covered in Medicare, the out-of-pocket costs to patients created significant barriers to accessing these critical tools.

Medicare coverage of preventive services is essential to improving the health and well-being of our nation's elderly population.

Highlights of Medicare Prevention in the Health Care Law

The Affordable Care Act is making prevention a priority in the Medicare program by reducing the costs of preventive services for Medicare beneficiaries and covering a new annual wellness visit. Unfortunately, Medicare plans can continue to charge patients co-pay in the event that a polyp is removed during a colorectal cancer screening test and the process by which the Department of Health and Human Services adds new benefits to Medicare is not transparent or keeping pace with recommended guidelines.

Provisions of the health care law:

- Waives co-pays and deductibles for all preventive services rated "A" or "B" by the U.S. Preventive Services Task Force (USPSTF) for people in Medicare, and covers an annual wellness visit for all Medicare beneficiaries
- Waives the deductible for colorectal cancer screening tests, even when polyps are detected and removed, but does not waive co-pays
- Gives the Secretary of Health and Human Services the authority to review preventive services in Medicare and modify coverage

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

- 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 work with Congress and the Secretary of Health and Human Services to ensure all colorectal cancer screenings, regardless of polyp removal, are administered at no cost to patients in the Medicare program
- ACS CAN will work with Congress and the Secretary of Health and Human Services to ensure preventive benefit coverage definitions and eligibility criteria are clear and consistent for consumers and providers.
- ACS CAN will continue to advocate for preventive cancer services in line with Society guidelines that are currently not rated an "A" or "B" by the USPSTF.
- ACS CAN will urge the HHS Secretary to consider preventive services shown to be effective at reducing cancer risk along with recommendations of the USPSTF.