

Health Insurance Prevention Services Regulations

Announced July 14, 2010

Regulations requiring that health insurance plans provide certain preventive screenings and other prevention initiatives, and eliminate cost sharing for those, were announced by the Administration on July 14, 2010. They include recommendations on the A and B level from the U.S. Preventive Services Task Force and vaccines recommended by the Advisory Committee on Immunization Practices.

Additional required services for women will be announced no later than August 1, 2011.

See the press release found toward the end of this document for a more complete explanation.

Not included in the recommendations are a number of services already required of insurance companies by the states. As example, 37 states currently require that insurance companies provide coverage for prostate cancer screenings, but the services announced on July 14 by the Administration do not include prostate cancer tests.

Also included in this document is an estimate of lives saved from increasing utilization of selected preventive services to 90 percent.

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<http://www.healthcare.gov/center/regulations/prevention/taskforce.html>

Implementation Center

Implementation Center > Regulations > U.S. Preventive Services Task Force Recommendations

U.S. Preventive Services Task Force Recommendations

Grade A and B Recommendations of the United States Preventive Services Task Force

Topic	Text	Grade	Date In Effect
Screening for abdominal aortic aneurysm	The USPSTF recommends one-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men aged 65 to 75 who have ever smoked.	B	Feb 28, 2005
Screening and counseling to reduce alcohol misuse	The U.S. Preventive Services Task Force (USPSTF) recommends screening and behavioral counseling interventions to reduce alcohol misuse (go to Clinical Considerations) by adults, including pregnant women, in primary care settings.	B	April 30, 2004

Topic	Text	Grade	Date In Effect
Aspirin to prevent CVD: men	The USPSTF recommends the use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.	A	March 30, 2009
Aspirin to prevent CVD: women	The USPSTF recommends the use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.	A	March 30, 2009
Screening for bacteriuria	The USPSTF recommends screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.	A	July 31, 2008
Screening for high blood pressure	The U.S. Preventive Services Task Force (USPSTF) recommends screening for high blood pressure in adults aged 18 and older.	A	Dec 31, 2007
Counseling related to BRCA screening	The USPSTF recommends that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing.	B	Sept 30, 2005
Screening for breast cancer (mammography)	The USPSTF recommends screening mammography for women with or without clinical breast examination (CBE), every 1-2 years for women aged 40 and older.	B	September 30, 2002
Chemoprevention of breast cancer	The USPSTF recommends that clinicians discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. Clinicians should inform patients of the potential benefits and harms of chemoprevention.	B	July 31, 2002
Interventions to support breast feeding	The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.	B	Oct 31, 2008

Topic	Text	Grade	Date In Effect
Screening for cervical cancer	The USPSTF strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.	A	Jan 31, 2003
Screening for chlamydial infection: non-pregnant women	The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk.	A	June 30, 2007
Screening for chlamydial infection: pregnant women	The USPSTF recommends screening for chlamydial infection for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk.	B	June 30, 2007
Screening for cholesterol abnormalities: men 35 and older	The U.S. Preventive Services Task Force (USPSTF) strongly recommends screening men aged 35 and older for lipid disorders.	A	June 30, 2008
Screening for cholesterol abnormalities: men younger 35	The USPSTF recommends screening men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease.	B	June 30, 2008
Screening for cholesterol abnormalities: women 45 and older	The USPSTF strongly recommends screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease.	A	June 30, 2008
Screening for cholesterol abnormalities: women younger than 45	The USPSTF recommends screening women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease.	B	June 30, 2008
Screening for colorectal cancer	The USPSTF recommends screening for colorectal cancer (CRC) using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	A	Oct 31, 2008

Topic	Text	Grade	Date In Effect
Chemoprevention of dental caries	The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride.	B	April 30, 2004
Screening for depression: adults	The USPSTF recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.	B	Dec 31, 2009
Screening for depression: adolescents	The USPSTF recommends screening of adolescents (12-18 years of age) for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.	B	March 30, 2009
Screening for diabetes	The USPSTF recommends screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.	B	June 30, 2008
Counseling for a healthy diet	The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.	B	Jan 30, 2003
Supplementation with folic acid	The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.	A	May 31, 2009
Screening for gonorrhea: wp,em	The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors; go to Clinical Considerations for further discussion of risk factors).	B	May 31, 2005
Prophylactic medication for gonorrhea: newborns	The USPSTF strongly recommends prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum.	A	May 31, 2005

Topic	Text	Grade	Date In Effect
Screening for hearing loss	The USPSTF recommends screening for hearing loss in all newborn infants.	B	July 31, 2008
Screening for hemoglobinopathies	The U. S. Preventive Services Task Force (USPSTF) recommends screening for sickle cell disease in newborns.	A	Sept 30, 2007
Screening for hepatitis B	The U.S. Preventive Services Task Force (USPSTF) strongly recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.	A	June 30, 2009
Screening for HIV	The U.S. Preventive Services Task Force (USPSTF) strongly recommends that clinicians screen for human immunodeficiency virus (HIV) all adolescents and adults at increased risk for HIV infection (go to Clinical Considerations for discussion of risk factors).	A	July 31, 2005
Screening for congenital hypothyroidism	The USPSTF recommends screening for congenital hypothyroidism (CH) in newborns.	A	March 31, 2008
Screening for iron deficiency anemia	The USPSTF recommends routine screening for iron deficiency anemia in asymptomatic pregnant women.	B	May 31, 2006
Iron supplementation in children	The U.S. Preventive Services Task Force (USPSTF) recommends routine iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia (go to Clinical Considerations for a discussion of increased risk).	B	May 30, 2006
Screening and counseling for obesity: adults	The USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.	B	Dec 31, 2003
Screening and counseling for obesity: children	The USPSTF recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.	B	Jan 31, 2010

Topic	Text	Grade	Date In Effect
Screening for osteoporosis	The U.S. Preventive Services Task Force (USPSTF) recommends that women aged 65 and older be screened routinely for osteoporosis. The USPSTF recommends that routine screening begin at age 60 for women at increased risk for osteoporotic fractures. (Go to Clinical Considerations for discussion of women at increased risk.)	B	Sept 30, 2002
Screening for PKU	The USPSTF recommends screening for phenylketonuria (PKU) in newborns.	A	March 31, 2008
Screening for Rh incompatibility: first pregnancy visit	The U.S. Preventive Services Task Force (USPSTF) strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.	A	Feb 29, 2004
Screening for Rh incompatibility: 24-28 weeks gestation	The USPSTF recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.	B	Feb 29, 2004
Counseling for STIs	The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.	B	Oct 31, 2008
Screening for syphilis: non-pregnant persons	The U.S. Preventive Services Task Force (USPSTF) strongly recommends that clinicians screen persons at increased risk for syphilis infection.	A	July 31, 2004
Screening for syphilis: pregnant women	The USPSTF recommends that clinicians screen all pregnant women for syphilis infection.	A	July 31, 2004
Counseling for tobacco use	The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.	A	April 30, 2009
Counseling for tobacco use	The USPSTF recommends that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke.	A	April 30, 2009

Topic	Text	Grade	Date In Effect
Screening for visual acuity in children	The USPSTF recommends screening to detect amblyopia, strabismus, and defects in visual acuity in children younger than age 5 years.	B	May 31, 2004

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<http://www.healthcare.gov/center/regulations/prevention/regs.html>

Implementation Center

Implementation Center > Regulations > Preventive Regulation

.... (The opening segments of the notice can be found on the website, above.)

4. Benefits

The Departments anticipate that four types of benefits will result from these interim final regulations. First, individuals will experience improved health as a result of reduced transmission, prevention or delayed onset, and earlier treatment of disease. Second, healthier workers and children will be more productive with fewer missed days of work or school. Third, some of the recommended preventive services will result in savings due to lower health care costs. Fourth, the cost of preventive services will be distributed more equitably.

By expanding coverage and eliminating cost sharing for recommended preventive services, these interim final regulations could be expected to increase access to and utilization of these services, which are not used at optimal levels today. Nationwide, almost 38 percent of adult residents over 50 have never had a colorectal cancer screening (such as a sigmoidoscopy or a colonoscopy) and almost 18 percent of women over age 18 have not been screened for cervical cancer in the past three years. Vaccination rates for childhood vaccines are generally high due to State laws requiring certain vaccinations for children to enter school, but recommended childhood vaccines that are not subject to State laws and adult vaccines have lower vaccination rates (e.g., the meningococcal vaccination rate among teenagers is 42 percent). Studies have shown that improved coverage of preventive services leads to expanded utilization of these services, which would lead to substantial benefits as discussed further below.

In addition, these interim final regulations limit preventive service coverage under this provision to services recommended by the Task Force, Advisory Committee, and HRSA. The preventive services given a grade of A or B by the Task Force have been determined by the Task Force to have at least fair or good evidence that the preventive service improves important health outcomes and that benefits outweigh harms in the judgment of an independent panel of private sector experts in primary care and prevention. Similarly, the mission of the Advisory Committee is to provide 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 products. The comprehensive guidelines for infants, children, and adolescents supported by HRSA are developed by multidisciplinary professionals in the relevant fields to provide a framework for improving children's health and reducing morbidity and mortality based on a review of the relevant evidence. The statute and interim final regulations limit the preventive services covered to those recommended by the Task Force, Advisory Committee, and HRSA because the benefits of these preventive services will be higher than others that may be popular but unproven.

Research suggests significant health benefits from a number of the preventive services that would be newly covered with no cost sharing by plans and issuers under the statute and these interim final regulations. A recent article in JAMA stated, "By one account, increasing delivery of just five clinical preventive services would avert 100,000 deaths per year." These five services are all items and services recommended by the Task Force, Advisory Committee, and/or the comprehensive guidelines supported by HRSA. The National Council on Prevention Priorities (NCPPI) estimated that almost 150,000 lives could potentially be saved by increasing the 2005 rate of utilization to 90 percent for eight of the preventive services recommended by the Task Force or Advisory Committee. Table 2 shows eight of the services and the number of lives potentially saved if utilization of preventive services were to increase to 90 percent.

TABLE 2.—Lives Saved from Increasing Utilization of Selected Preventive Services to 90 percent

Preventive Service	Population Group	Percent utilizing preventive service in 2005	Lives saved annually if percent utilizing preventive service increased to 90 percent
Regular aspirin use	Men 40+ and women 50+	40%	45,000
Smoking cessation advice and help to quit	All adult smokers	28%	42,000
Colorectal cancer screening	Adults 50+	48%	14,000
Influenza vaccination	Adults 50+	37%	12,000
Cervical cancer screening in the past 3 years	Women 18-64	83%	620

Preventive Service	Population Group	Percent utilizing preventive service in 2005	Lives saved annually if percent utilizing preventive service increased to 90 percent
Cholesterol screening	Men 35+ and women 45+	79%	2,450
Breast cancer screening in the past two years	Women 40+	67%	3,700
Chlamydia screening	Women 16-25	40%	30,000

Source: National Commission on Prevention Priorities, 2007

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<http://www.hhs.gov/news/press/2010pres/07/20100714a.html>

News Release

FOR IMMEDIATE RELEASE

Wednesday, July 14, 2010

Contact: HHS Press Office

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Administration Announces Regulations Requiring New Health Insurance Plans to Provide Free Preventive Care

The Departments of Health and Human Services (HHS), Labor, and the Treasury issued new regulations today, requiring new private health plans to cover evidence-based preventive services and eliminate cost sharing requirements for such services. The new rules will help Americans gain easier access to services such as blood pressure, diabetes, and cholesterol tests; many cancer screenings; routine vaccinations; pre-natal care; and regular wellness visits for infants and children.

“Today, too many Americans do not get the high-quality preventive care they need to stay healthy, avoid or delay the onset of disease, lead productive lives, and reduce health care costs,” said HHS Secretary Sebelius. “From the Recovery Act to the First Lady’s Let’s Move Campaign to the Affordable Care Act, the Administration is laying the foundation to help transform the health care system from a system that focuses on treating the sick to a system that focuses on keeping every American healthy.”

Chronic diseases, such as heart disease, cancer, and diabetes, are responsible for 7 of 10 deaths among Americans each year and account for 75 percent of the nation's health spending – and often are preventable. Nationally, Americans use preventive services at about half the recommended rate. An estimated 11 million children and 59 million adults have private insurance that does not adequately cover immunization, for instance. Cost sharing, including deductibles, coinsurance, or copayments, has been found to reduce the likelihood that preventive services will be used.

“Getting access to early care and screenings will go a long way in preventing chronic illnesses like diabetes, heart disease, and high-blood pressure,” said First Lady Michelle Obama. “And good preventative care will also help tackle an issue that is particularly important to me as First Lady and as a mother – and that is the epidemic of childhood obesity in America today. These are important tools, and now it's up to us to use them.”

“One of the best ways to improve the quality of your life – and control health care costs – is to prevent illness in the first place,” said Dr. Jill Biden. “Focusing on prevention and early treatment makes more sense than trying to play catch-up with a potentially deadly disease. Quite simply, these preventative services will save lives.”

Under the regulations issued today, new health plans beginning on or after September 23, 2010, must cover preventive services that have strong scientific evidence of their health benefits, and these plans may no longer charge a patient a copayment, coinsurance or deductible for these services when they are delivered by a network provider. Specifically, these recommendations include:

- * Evidence-based preventive services: The U.S. Preventive Services Task Force, an independent panel of scientific experts, rates preventive services based on the strength of the scientific evidence documenting their benefits. Preventive services with a “grade” of A or B, like breast and colon cancer screenings, screening for vitamin deficiencies during pregnancy, screenings for diabetes, high cholesterol and high blood pressure, and tobacco cessation counseling will be covered under these rules.

- * Routine vaccines: Health plans will cover a set of standard vaccines recommended by the Advisory Committee on Immunization Practices ranging from routine childhood immunizations to periodic tetanus shots for adults.

- * Prevention for children: Health plans will cover preventive care for children recommended under the Bright Futures guidelines, developed by the Health Resources and Services Administration with the American Academy of Pediatrics. These guidelines provide pediatricians and other health care professionals with recommendations on the services they should provide to children from birth to age 21 to keep them healthy and improve their chances of becoming healthy adults. The types of services that will be covered include regular pediatrician visits, vision and hearing screening, developmental assessments, immunizations, and screening and counseling to address obesity and help children maintain a healthy weight.

- * Prevention for women: Health plans will cover preventive care provided to women under both the Task Force recommendations and new guidelines being developed by

an independent group of experts, including doctors, nurses, and scientists, which are expected to be issued by August 1, 2011.

Today's announcement builds on other provisions in the Affordable Care Act that support prevention, including the creation of a first-ever National Prevention, Health Promotion and Public Health Council tasked with developing a national strategy and a Prevention and Public Health Fund to invest in prevention initiatives and, this year, policies to increase the number of primary care professionals to help ensure access to these services. The Affordable Care Act also helps make it easier and more affordable for Americans enrolled in Medicare or Medicaid to access critical preventive screenings and services.

More information on the Affordable Care Act's new rules on preventive care can be found at:

<http://www.healthcare.gov/law/about/provisions/services/index.html>.

The regulations can be found at:

<http://www.healthcare.gov/center/regulations/prevention/regs.html>.

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