



## Investments in disease prevention and wellness initiatives under the Affordable Care Act

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The American Medical Association (AMA) strongly supports investments in prevention and wellness to promote a healthy America. Chronic diseases, such as heart disease, cancer, stroke and diabetes, are responsible for seven out of 10 deaths among Americans each year and account for 75 percent of the nation's health care spending.

The Affordable Care Act includes significant investments in disease prevention and wellness initiatives designed to improve Americans' health and control health care spending.

Below is a summary of some of the key prevention and wellness provisions that will help physicians assist their patients in leading healthier lifestyles.

### **Expansion of preventive health services under private coverage**

All new health plans must cover certain preventive services with a rating of "A" or "B" as recommended by the U.S. Preventive Services Task Force (USPSTF), without charging a deductible, a co-pay or co-insurance (effective for health plan years beginning on or after Sept. 23).

Covered services include:

- Mammograms, colonoscopies and other cancer screenings.
- Blood pressure, diabetes and cholesterol screening.
- Lifestyle counseling (quitting smoking, losing weight, eating better, treating depression and reducing alcohol use).
- Counseling and screening for healthy pregnancies.

In addition, immunizations recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices, including influenza and pneumonia, and regular well-baby and well-child visits must be covered. Under an interim final rule released by the U.S. Departments of Health and Human Services (HHS), Treasury and Labor, services must be provided by an in-network physician in order to be covered (the AMA plans on submitting comments on the rule, which are due Sept. 17).

## **Private health insurance reforms**

Qualified health plans offered in the state health exchanges, beginning in 2014, must at a minimum include an essential health benefits package to be defined by the HHS secretary. This package must include preventive and wellness services and chronic disease management, in addition to maternity and newborn care, mental health and substance use disorder services and pediatric services, among other categories.

### **Expansion of preventive services under Medicare**

Beginning Jan. 1, 2011, Medicare will provide Part B coverage of personalized prevention plan services on an annual basis, which includes a comprehensive health risk assessment. Physicians will be reimbursed 100 percent of the fee schedule amount with no adjustment for deductible or coinsurance when these services are provided in an outpatient setting. Cost-sharing for Medicare-covered preventive services that are recommended (rated “A” or “B”) by the USPSTF are eliminated, and the deductible for colorectal cancer screening tests is waived.

### **Expansion of preventive services under Medicaid**

Beginning Jan. 1, 2013, states that offer Medicaid coverage of, and remove cost-sharing for, USPSTF-recommended preventive services that are rated “A” or “B,” as well as recommended immunizations, will receive a one-percentage increase in their federal medical assistance percentage for these services. In addition, states will be required to cover counseling and pharmacotherapy for tobacco cessation services for pregnant women.

Finally, states will be eligible for grants to provide Medicaid beneficiaries with incentives to complete behavior modification programs related to tobacco cessation, losing weight, lowering cholesterol and blood pressure, and avoiding the onset of diabetes or improving diabetes management.

## **Wellness programs**

Beginning in fiscal year 2011, incentive grants will be available for small employers that establish comprehensive workplace wellness programs. And beginning in 2014, employers will be allowed to offer employees rewards—in the form of premium discounts, cost-sharing waivers or other benefits—of up to 30 percent 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 inadvisable or unreasonably difficult to meet the standard.

## **National strategy and funding for prevention and wellness**

A council is created within HHS to coordinate federal prevention, wellness and public health activities, and to develop a national strategy to improve the nation’s health. A Prevention and Public Health Fund is also created to expand and sustain funding for prevention and public health programs. Seven billion dollars has been appropriated for fiscal years 2010 through 2015 and \$2 billion for each fiscal year after 2015.