The ACA’s preventive care provisions must be maintained

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Twelve years after the Affordable Care Act (ACA) extended health coverage to tens of millions of previously uninsured people, physicians continue to see the benefits of expanded access to health care for our patients. One critical section of the ACA required insurers and health plans to cover more than 100 preventive health services with no cost to patients—eliminating copays and deductibles for the early detection and treatment of potentially fatal medical conditions and chronic diseases.

The ACA has withstood a host of challenges within the courts and within Congress. Despite a series of failed repeal attempts and three U.S. Supreme Court decisions in its favor, the legal challenges to the ACA persist. In an opinion issued Sept. 7, a federal district court judge in Texas ruled that requiring some employers to provide coverage for drugs that prevent HIV transmission, such as pre-exposure prophylaxis (PrEP), violates their rights under the Religious Freedom Restoration Act.

Providing insurance coverage for drugs that prevent the transmission of infectious disease does not violate anyone’s religious freedom—to the contrary. This type of preventive care saves lives. The data are clear: PrEP works, with new HIV infections falling 8% from 2015 to 2019, in part due to this drug. Physicians know the inevitable result if courts begin to interfere with insurance coverage of effective, proven treatments like PrEP. Our patients will be subjected to needless illness and preventable deaths.

Can’t turn back clock

This opinion emerged in the matter of Braidwood Management v. Becerra, formerly known as Kelley v. Becerra. This lawsuit targeted the ACA requirement that group health plans must provide a broad range of preventive health care services without patient cost-sharing. Invalidating this provision, known as Section 2713 of the ACA, could jeopardize the tools we use every day in preventing chronic disease, immunizing children and adults, identifying behavioral health issues, and ensuring the well-being of patients who are pregnant or have just given birth, and their children, as well as millions of
other patients.

The AMA is alarmed by this line of judicial reasoning and we fear it could turn back the clock and limit access—not only to PrEP, but also to a long list of preventive services that physicians and patients depend on.

By any measure in human, financial or any other terms, we cannot afford the tremendous harm to the health of our nation that throwing out no-cost preventive health care services would inflict.

Imposing a copay, high deductible, or any other type of cost-sharing upon patients will deter some of them—and in particular, those of limited means—from scheduling mammograms, colonoscopies, Pap tests, and screening tests for osteoporosis, hypertension, diabetes, lung cancer and other conditions that could shorten their lives if undetected and untreated.

Millions of patients could lose first-dollar coverage for cholesterol treatment, birth control, tobacco and alcohol cessation, diet and obesity counseling, and immunizations.

Similarly, well-child visits, childhood immunizations, and screening for lead poisoning, hearing loss, depression, autism, alcohol and drug use, and several infections for tens of millions of children are at risk. Care that is critical to reducing maternal mortality in the U.S.—which is far higher than in any other developed nation—would also be jeopardized.

**Preventive care works—period**

Eliminating the lifesaving benefit of no-cost preventive care from millions of Americans is unwise and unthinkable. Our AMA is hardly alone in taking this stance, as evidenced by joint statement we signed alongside 60 other medical associations and societies in response to arguments in *Kelley v. Becerra*.

Physicians know the dramatic differences that preventive care can make, just as we know that uninsured individuals live sicker and die younger. The twin goals of extending health coverage to the uninsured while making coverage more affordable to all are just as important today as they were when they were adopted as formal AMA policy more than two decades ago.

As physicians providing care on the front lines, we know that eliminating copays and deductibles for preventive care works. Evidence shows that this popular aspect of the ACA has increased the uptake of preventive services while reducing racial and ethnic-based inequities. More than 150 million people reaped the benefits of Section 2713 in 2020 alone, according to the U.S. Department of Health and Human Services.
Preventive care saves lives, saves money, improves health outcomes and enables healthier lifestyles. The commitment physicians undertake to diagnose and treat disorders is only part of our ethical obligation, because we also share a professional commitment to prevent disease and promote health and well-being among our patients.

Encouraging healthier lifestyles, including educating and motivating our patients, and empowering them to make better decisions about their health, goes hand in hand with preventive care. In short, we need to build on the gains we've made under ACA, not abandon vital components of the law just as we're starting to reap their benefits.