STATEMENT OF POLICY

Coverage of Preventive Services

Policy
The National Association of County and City Health Officials (NACCHO) supports the provision of comprehensive coverage by all public and private health insurers and healthcare plans of preventive health services, including those provided by local health departments. These benefits include routine health and disease screening, immunizations, health and dental check-ups, preventive medicines, and patient counseling. NACCHO urges the Centers for Medicare and Medicaid Services, state and local governments, and private insurance health plans to retain or increase funding for preventive services consistent with the recommendations of the U.S. Preventive Services Task Force (USPSTF), Advisory Committee on Immunization Practices (ACIP), Health Resources and Services Administration’s (HRSA) Bright Futures Project, and the HRSA/National Academies Committee on Women’s Preventive Services. In addition, NACCHO advocates for improved integration between preventive and clinical services that ensure continuity of care and address persistent inequities in access to care, utilization of services, and health outcomes for underserved and marginalized populations. This includes coordination with, and possible reimbursement for, local health departments who provide covered services. Lastly, NACCHO supports efforts to expand insurance provider networks and service delivery settings covered to better meet the needs of all community members.

Justification
Preventive services are intended for the early diagnosis of health problems and for promoting healthy behaviors that can reduce the risk of developing chronic conditions. The Affordable Care Act (ACA) offers expanded coverage for preventive services. Plans purchased through the healthcare marketplaces are required to cover all preventive services receiving an A or B recommendation from the USPSTF at no cost to the patient. In addition, ACA requires coverage, at no-cost, for recommended services from the ACIP, HRSA’s Bright Futures Project, and the HRSA/National Academies Committee on Women’s Preventive Services. The requirement to cover these services also applies to Medicaid plans for individuals qualifying under the ACA expansion. Medicaid plans for individuals traditionally qualifying for Medicaid are not required to cover these preventive services, but the ACA offers an expanded match of 1% for states that do not pass on the cost of services to their patients. The ACA also expanded Medicare’s coverage of preventive services, again at no cost to participants. These provisions reflect extensive research showing that out-of-pocket payment by consumers contributes to the underuse of services and exacerbates long-standing utilization disparities by race, ethnicity, and socioeconomic status.
In 2016, total direct costs for treatment of chronic health conditions topped $1.1 trillion, equaling 5.8 percent of U.S. gross domestic product. The chronic health conditions contributing most to this figure included cardiovascular conditions, diabetes, Alzheimer’s disease, arthritis and back pain, and cancers. Many of these conditions are preventable, and with early intervention, identification and treatment, it is estimated that preventive services could potentially save up to an estimated $7 billion and prevent 100,000 deaths annually. Yet only 8 percent of U.S. adults (ages 35 and older) receive all the high-priority, appropriate preventive services recommended for them and nearly 5 percent received no preventive services.

The ACA includes many requirements that have demonstrated advances in health equity in the commercial coverage market and shown progress in narrowing racial and ethnic health disparities. There are strategies health insurers could adopt to improve access to culturally competent, diverse providers, while ensuring equitable and inclusive access. The ACA requires marketplace plans to have an adequate provider network and to contract with Essential Community Providers. To ensure inclusiveness and health equity, and to meet the needs of enrollees of color, as well as other underserved communities (e.g., LGBTQ people and people with disabilities), insurers could widen their networks to include a broader range of providers. Evidence shows that the services from non-clinical providers such as community health workers and perinatal workers, including midwives and doulas, are linked to better outcomes.

References

Record of Action
Proposed by Community Health and Prevention Advisory Committee Adopted by NACCHO
Board of Directors September 9, 2003 Updated January 2008
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