

News Release

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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>.