



HEALTH INSURANCE REFORM AT A GLANCE

## PREVENTING DISEASE & IMPROVING THE PUBLIC’S HEALTH

Increased access to affordable care, while vitally necessary for fixing our broken health system, is only part of the answer. True reform requires an increased emphasis on prevention to reduce the strain that disease and poor health exert on our health care system. Investments in prevention are cost-effective and beneficial, particularly compared to treating a preventable disease after it has developed.

Preventive services can be divided into two general groups. Clinical preventive services are delivered individually by a doctor or other health worker in a standard health setting. Community preventive services are delivered to targeted populations by various professionals across multiple settings.

EXAMPLES OF PREVENTIVE SERVICES	
Clinical Preventive Services	Community Preventive Services
<ul style="list-style-type: none"> <li>▪ Cancer screenings (breast, cervical, colorectal, etc.)</li> <li>▪ Daily aspirin use to prevent heart disease</li> <li>▪ Adult and child immunizations</li> <li>▪ Adult vision screening</li> <li>▪ Hypertension treatment</li> </ul>	<ul style="list-style-type: none"> <li>▪ Telephone “quit” lines to help smokers kick the habit</li> <li>▪ Distribution of child safety seats</li> <li>▪ Improving healthy food availability at worksites to reduce obesity</li> <li>▪ Educating diabetics about blood sugar control (at churches, libraries, etc.)</li> </ul>

The health insurance reform legislation’s prevention and wellness provisions offer a comprehensive policy designed to ensure that all Americans receive state-of-the-art clinical and community preventive services. The legislation makes comprehensive prevention service delivery, research, and evaluation a permanent part of the national health system.

### PREVENTION AND WELLNESS:

- Provides \$15 billion in mandatory spending to support prevention and wellness activities.
- Eliminates cost sharing on recommended preventive services delivered by Medicare and all insurance plans available in the Health Insurance Exchange.
- Supports two independent, advisory task forces — the U.S. Preventive Services Task Force (USPSTF) and the Task Force on Community Preventive Services (TFCPS) — to strengthen and coordinate these bodies’ efforts to conduct rigorous, systematic reviews of existing science and recommend the adoption of proven and effective services.
- Supports investments in the science of prevention to further expand the base of information available for evaluation by the task forces.
- Provides coverage under Medicare, with no co-payment or deductible, for an annual wellness visit that includes a comprehensive health risk assessment and a 5-10 year personalized prevention plan.

- Delivers clinical preventive services by covering 100% of the cost of USPSTF-recommended preventive services for Medicare beneficiaries, providing enhanced federal Medicaid matching funds to states who offer USPSTF-recommended services, requiring coverage of tobacco cessation services for pregnant women in Medicaid, and by making clinical preventive services a required benefit of insurance available in the Health Insurance Exchange.
- Delivers community preventive services by investing in state, territorial, and local public health infrastructure and by providing grants to implement recommended services.
- Requires chain restaurants to put calorie counts directly on their menus and to make other nutritional information available so that consumers can make informed choices about what they eat.