

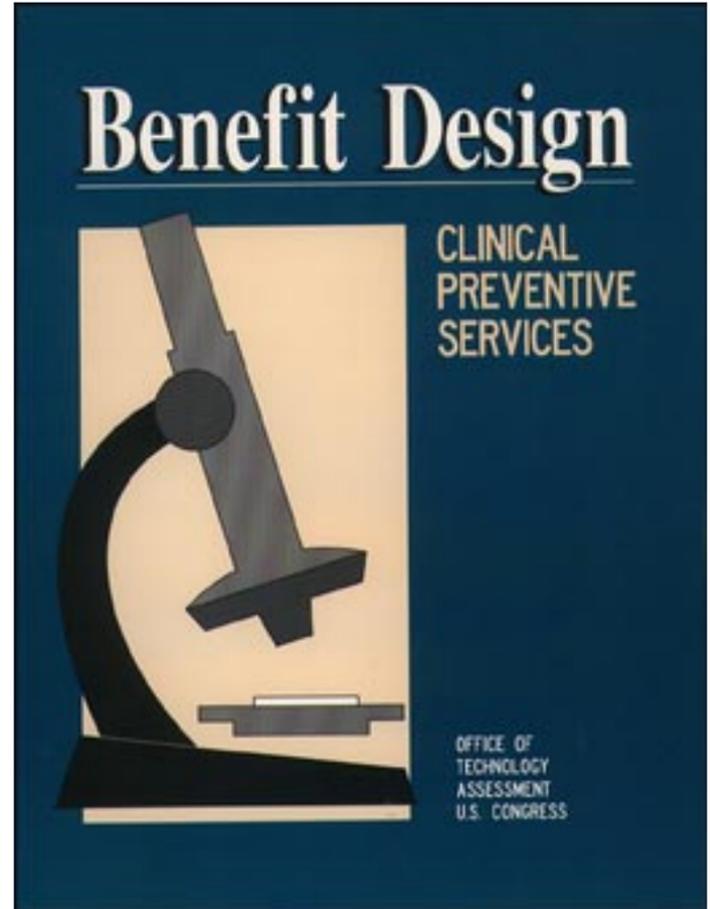
*Benefit Design in Health Care Reform:
Clinical Preventive Services*

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Foreword

Health care is one of the Nation's preeminent domestic policy concerns. The contemporary health care reform debate has brought to the fore thorny issues surrounding the design of health care benefits. The scope and depth of health insurance coverage can have a substantial impact on the health services people obtain, on the costs of the health care system, and, ultimately, on the health of the Nation.

This Report is part of an OTA series on *Benefit Design in Health Care Reform* that explores the merits of using information on health effects and cost-effectiveness to formulate health insurance benefits. When it is complete, the series will include publications on general policy issues, coverage of clinical preventive services, benefits for mental health and substance abuse treatment, and patient cost-sharing requirements. The benefit design series is a component of a larger OTA assessment, *Technology, Insurance, and the Health Care System*, which was requested by the Senate Committee on Labor and Human Resources (Edward M. Kennedy, Chairman), and was endorsed by the House Committee on Energy and Commerce (John D. Dingell, Chairman), the House Committee on Ways and Means Subcommittee on Health (Willis D. Gradison, then Ranking Minority Member), and Senator Charles E. Grassley (Committees on Budget, Finance, Special Committee on Aging). Other publications related to the assessment include *Does Health Insurance Make a Difference?-Background Paper* and *An Inconsistent Picture: A Compilation of Analyses of Economic Impacts of Competing Approaches to Health Care Reform by Experts and Stakeholders*.

This Report examines the evidence on the effectiveness and cost-effectiveness of selected clinical preventive services, and whether and how this information might be used to design insurance benefits. Clinical preventive services, as defined by OTA, are "interventions comprising medical procedures, tests, or visits with health care providers that are undertaken for the purpose of promoting health, not for responding to patient signs, symptoms, or complaints." The Report does not aim to provide definitive advice to Congress or others about whether or not to cover specific clinical preventive services. Rather, it aims to provide a context for the Nation as it considers how to make such decisions.

OTA was assisted in the preparation of this Report by the advisory panel for the *Technology, Insurance, and the Health Care System* assessment, a group of leading health care provider, insurer, business, academic, and consumer representatives, and by numerous other health policy experts. OTA gratefully acknowledges the contribution of each of these individuals. As with all OTA reports, the final responsibility for the content of this Report rests with OTA.



Roger C. Herdman, Director



Advisory Panel

James C. Hunt, Chair
University Distinguished Professor
University of Tennessee-Memphis
Memphis, TN

Henry Aaron
Director
Economic Studies Program
Brookings Institution
Washington, DC

Robert Brook
Director
RAND Health Sciences program
RAND Corporation
Santa Monica, CA

Arthur Caplan
Director
Center for Biomedical Ethics
University of Minnesota
Minneapolis, MN

Deborah Chollet
Associate Director
Center for Risk Management and
Insurance Research
Georgia State University
Atlanta, GA

Olivia Cousins
Associate Professor
CUNY-Health Education
New York, NY

Jane L. Delgado
President and CEO
National Coalition of Hispanic Health
and Human Services Organizations
Washington, DC

Paula K. Diehr
Professor
Department of Biostatistics
School of Public Health and
Community Medicine
University of Washington
Seattle, WA

M. Joycelyn Elders*
Commissioner of Health
State of Arkansas
Little Rock, AR

Jack Hadley
Co-Director
Center for Health Policy Studies
Georgetown University
Washington, DC

Douglas E. Henley
Physician in Private Practice
Hope Mills, NC

William Hobson
Executive Director
Central Seattle Community Health
Centers
Seattle, WA

John Lewin
Director of Health
State of Hawaii
Honolulu, HI

Barbara J. McNeil
Ridley Watts Professor and Head
Department of Health Care Policy
Harvard Medical School
Boston, MA

David Mechanic
Rene Dubos Professor of
Behavioral Sciences
Director
Institute for Health, Health Care
Policy, and Aging Research
Rutgers University
New Brunswick, NJ

Joseph Morris
Vice President for Information Systems
Delaware Valley Hospital Council
Philadelphia, PA

Patricia Nazemetz
Director of Benefits
Xerox Corporation
Stamford, CT

David G. Pockell
Senior Vice President and
Regional Manager
Kaiser Foundation Health Plan
Oakland, CA

Carl Scott
Senior Vice President
Mutual of Omaha
Omaha, NE

Gordon R. Trapnell
President
Gordon R. Trapnell Consulting
Actuaries, Ltd.
Annandale, VA

Cheryl B. Travis
Professor of Psychology and
Assistant Department Head
Department of Psychology
University of Tennessee
Knoxville, TN

Special Consultant

Stephen H. Long
Senior Economist
RAND Corporation
Washington, DC

* Until May 1993.

NOTE: OTA appreciates and is grateful for the valuable assistance and thoughtful critiques provided by the advisory **panel** members. The panel does not, however, **necessarily** approve, disapprove, or endorse this Report. OTA assumes **full** responsibility for the Report and the accuracy of its contents.

Project Staff

Clyde J. Behney
Assistant Director, OTA

ADMINISTRATIVE STAFF

Beckie Erickson
Office Administrator

Carolyn Martin
Word Processing Specialist

Dan Carson
PC Specialist

Eric Gille
Secretary

PUBLISHING STAFF

Mary Lou Higgs
Manager, Publishing Services

Dorinda Edmondson
Typographer

Christine Onrubia
Graphic Designer

PRINCIPAL STAFF

Denise Dougherty
Senior Associate
Project Director for Technology,
Insurance, and the Health Care
System

TAMI L. MARK
Principal Analyst

Matthew Hahn
Douglas Berkson
Research Assistants

OTHER CONTRIBUTING STAFF

Sara J. Frey
Analyst