Coverage of Preventive Services in Health Care Reform proposals

In this section, preventive services are organized into 5 categories: pregnancy-related care; children's preventive services; screening services; health promotion, education, or counseling services; and immunizations. This section also addresses provisions within each proposal for patient cost-sharing arrangements for preventive services, prevention services explicitly excluded from particular proposals, and approaches to determining coverage for preventive services not mentioned specifcally in the proposals.

PREGNANCY-RELATED SERVICES

Pregnancy-related services typically include prenatal care, postnatal care, **and family** planning services. Prenatal care covers a broad range of services that **often encompasses** health education and counseling, screening for conditions in the mother and fetus, and sometimes nutritional supplements, with the intention of improving and maintaining maternal and child health (U.S. Congress, OTA, 1988; USDHHS, 1989). Postnatal care refers to care of the mother and newborn infant immediately following childbirth; and family planning can include either contraceptive services or counseling to prevent or delay pregnancy, or both.

Congressional proposals

Almost all major Congressional reform proposals that outline a benefit package include coverage for prenatal care (see tables 6-1 through 6-4). The details of this coverage, however, are seldom clear. Several plans would require that the Department of Health and Human Services or a quasi-public board establish a periodicity schedule or standards of care. It is not

clear whether such standards would conform to the periodicity schedule or the entire list of services included in the report of the Public Health Service Expert Panel on the Content of Prenatal Care (USDHHS, 1989).

Two plans (Rockefeller, S. 1177; Kerrey, S. 1446) would include home visitation services as part of prenatal care, but the scope of coverage for the kinds of services and types of providers is not specified (tables 6-1 and 6-2).

Only three proposals (Kerrey, S. 1446; Wellstone, S. 2320; Dellums, H.R. 3229) would cover postnatal services in their minimum benefit packages; and several designs call for family planing services (Rostenkowski, H.R. 3205; Rockefeller, S. 1177; Kerrey, S. 1446; Dellums, H.R. 3229). H.R. 3205 (Rostenkowski) specifies postnatal family planning services; H.R. 3229 (Dellums) would cover contraceptive services. As with prenatal care, the nature of coverage for postnatal care and family planning services (i.e., the particular items and services covered, types of health care providers who could be reimbursed, or potential restrictions on coverage) is generally not specified in the proposed legislation.

Private Proposal

In the private proposals reviewed here, all the plans that specify a benefit package include some type of prenatal care (tables 6-5 through 6-8). TWO groups would also include perinatal care (services provided to women shortly before and after birth), although the exact nature and scope of this coverage is not discussed (American Nurses**Association, National** Association of Social Workers). None of the private proposals reviewed by OTA would cover postnatal care per se, but perinatal care could be interpreted to include postnatal care. Family planning would be a specific part of benefit packages under **only a** few proposals (American Medical, Association, American Academy of **Pediatrics, National Association of Social** Workers).

CHILDREN'S PREVENTIVE SERVICES

Children's preventive services typically include well-baby and\or well-child care. As with pregnancy-related preventive care, opinions on standards of well-baby and well-child care (including the types of services, and the frequency and timing of visits) vary substantially among providers of care and professional groups (U.S. Congress, OTA, 1988). Immunizations, periodic physical examinations, hearing and vision screening, preventive dental care, developmental screenings, and health education could be, but are not necessarily, included under the rubrics of well-baby and well-child care. Therefore, it is often diffilcult to infer the scope of coverage implicit in the proposals.

Congressional Proposals

All the congressional proposals which outline a benefit package include well-baby or well-child care[6] (see tables 6-1 through 6-4, column B). Some are more specific than others in regard to scope and detail of covered services. For example, S. 1177 (Rockefeller) would include a comprehensive set of examinations, screening tests, and immunizations, according to standards set by the Secretary of the Department of Health and Human Services (table 6-l). On the other end of the spectrum, S. 1872 (Bentsen) would include only well-baby care (for infants under one year of age), including those services that "are consistent with recommendations and periodicity schedules developed by appropriate medical experts" (table 6-3).

Private proposals

Most private proposals would cover well-baby or well-child care (tables 6-5 through 6-8, column C). The American Medical Association's minimum benefit package would cover payment for well-child care services using the American Academy of Pediatrics' guidelines; however, this benefit would apply only to children up to age 8. The National Association of Social Workers' single-payer proposal would include comprehensive well-child care (including "medical, mental, developmental, psychosocial, dental, nutritional, vision assessment and treatment, and health education") for children under 22.

6 Well-baby care generally refers to care delivered to infants under one year of age. The range of ages for well-child care cover-age is from 7 and younger (H. R. 5936) to 23 and younger (H. R. 8).

Three others (Blue Cross and Blue Shield Association of America, the American Hospital Association, and AFL-CIO) would cover well-baby care but not well-child care. The American Academy of Pediatrics' plan would cover child abuse assessment, in addition to routine offic visits, immunizations, and labjoratory tests for persons under 22 years old. The National Leadership Coalition for Health Care Reform would include vision, dental, and hearing preventive care as a part of well-child care services.

ADULT SCREENING TESTS

The term screening tests, when referring to **preventive services, generally** indicates various periodic screening tests which are considered effective in detecting **conditions in** otherwise asymptomatic individuals, such as mammograms for the screening of breast cancer or fecal-occult blood tests to detect colon cancer. As with pregnancy-related services and children's preventive care, the details of proposed coverage for screening services, especially with regard to periodicity, is often unclear. Nearly all the proposals, **however, call** for the Secretary of Health and H uman Services or an independent health advisory board to establish frequency schedules which take into account age and other risk factors.

Comgressional Proposals

All the "play or pay" proposals described here would include mammography and Pap smears in a benefit package, and two of the three (H. R. 3205 and S. 1177) would include colorectal cancer screening (table 6-1, column C).[7] Most of the single-payer plans would cover these tests, as well as prostate cancer screening examination. The nature of the prostate cancer screening examinations (e. g., prostate specific antigen test or digital rectal examination) is not specied. One single-payer plan (H. R. 5524) would cover unspecified screening tests to be defined later by an independent National Health Board (table 6-2, column C).

S. 1872 (Bentsen) provides for coverage of mammograms, pap smears, and colorectal cancer screening[8] (table 6-3, column C). The **Cooper/Andrews managed** competition bill would require that a national health board establish a uniform set of benefits which would include "the full range of effective clinical preventive services (including appropriate screening, counseling, and immunization and chemoprophylaxis).. ● ppropriate to age and other risk factors. " This bill, as well as the Stark/Gephardt proposal (H. R. 5502) would require that Medicare coverage be expanded to include coverage for colorectal cancer screening and annual mammograms (in addition to well-child Care[9] **and certain** immunizations).

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7 H.R, 3205 specifies that for the detection of colon cancer, fecal-occult blood tests and screening flexible sigmoidoscopies will be covered services.

8 The benefit provisions for this bill only refer to requirements for small employer-based insurance policies.

9 ,Medicare covers Some children who have disabilities Or end stage renal disease. H.R. 5502 would cover well-child care for persons under **19** years of age; H.R. 5936 would cover these services for persons under 7 years old.

Private Proposals

With respect to adult screening tests, the private proposals tend to be less precise than the congressional plans (tables 6-5 through 6-8, column D). For example, the American Association of Family Physicians would include "periodic evaluation and screening services, including routine physicals and cancer screening" and the Blue Cross Blue Shield Association of America plan would cover "effective preventive and screening procedures. " The American Nurses Association proposal calls for the Federal Government to delineate essential preventive services; these could presumably include screening services. The American **Medical** Association (AMA) proposal would include unspecified diagnostic tests in its minimum benefits package, but would exclude routine screening tests and examinations. Many other proposals (e.g., National Leadership Coalition for Health Care Reform, AFL-CIO, Heritage Foundation) would include periodic screening tests to be defined by an independent review board.

HEALTH PROMOTION/EDUCATION/COIJNSELING

The terms health promotion, education, or counseling in an insurance context typically means individual consultations with health care providers regarding life-style choices (e.g., dietary changes, smoking cessation, stress reduction).

Congressional Proposals

Several of the single-payer plans make provisions for this type of coverage. S. 1446 (Kerrey) and its companion bill H.R. 8 (Oakar) would cover "health care and health promotion services designed to prevent or minimize the effect of illness, disease, or medical condition" (table 6-1, column D). H.R. 5514 (Dingell/Waxman) includes in its basic benefits package counseling for the purpose of promoting health and preventing illness or injury, as well as health education for children under 19 years old. H.R. 3229 (Dellums) would include unspecified health promotion, and health education, as well as advocacy as part of a national delivery system. The guidelines for this coverage would be established by the national oversight board created by the bill.

Few of the "play or pay" or market reform proposals make provisions of this kind (table 6-2, column D). S. 1177 (Rockefeller) would, however, include health education (including anticipatory guidance) as part of well-child care services. H.R. 5936 (Cooper/Andrews) would require that a national health board specify coverage for counseling "appropriate to age and other risk factors."

Private Proposals

For the most part, the private health care reform proposals do not specify coverage for health promotion, education or counseling (tables 6-5 through 6-8, column E). The National Association of Social Workers' plan, however, would include school-based prevention and health promotion programs, in addition to health education as a part of well-child care. School-based disease prevention programs would also be included under the American Nurses Association plan. No other private proposals would explicitly include or exclude health promotion. education or counseling services.

IMMUNIZATIONS

A few of the congressional and private proposals mention the coverage of immunization services. In most of the proposals, however, the specifics of this coverage are not defined.

Congressional Proposals

Five of the **congressional proposals mention** immunization **coverage (tables** 6-1 through 6-5, column F). One of the "play or pay" proposals (H.R. 3205, Rostenkowski) would include immunization services. The Kerrey (S. 1446) and Oadar (H.R. 8) companion single-payer bills would make provisions for "basic immunizations. " The Cooper/Andrews managed competition bill (HR. 5936) and H.R. 5502 (Stark/Gephardt) would expand Medicare coverage to include certain immunizations, including tetanus-diphtheria boosters and influenza vaccines.

Private proposals

Only one private proposal (American Nurses Association) would include immunization services in a minimum benefit package; however, the exact scope of this coverage is unclear (table 6-5, column G).

COST-SHARIN G PROVISIONS

Some insurance policies with a preventive or comprehensive emphasis may attempt to encourage the use of preventive services by lowering or eliminating patient cost-sharing requirements for these services. Many of the congressional and private proposals would have special cost-sharing arrangements for preventive services.

Congressional Proposals

The vast majority of **congressional plans include cost-sharing** requirements particular to preventive services (see tables 6-1 through 6-4, column E). The notable exception is S. 1227 (Mitchell). In this "play or pay" plan, the cost-sharing provisions are the same for all. services. The other "play or pay" and single-payer plans would waive the cost-sharing requirements for most covered preventive care (table 6-1, column E).

Of the single-payer plans (see table 6-1, column E), H.R. 8 (Oakar) would waive patient cost-sharing requirements only for pregnancy-related services and well-baby care for families with a incomes below 150 percent of the Federal poverty level. S. 2513 (Daschle/Wofford) would have a "Federal Health Board"establish provisions for copayments and out-of-pocket limits, but requires that the board follow a principle of "encouragement of the use of preventive services. " S. 2320 (Wellstone) would not requirement deductibles or coinsurance from patients for any covered services, including preventive care. All of the other single-payer plans would exempt preventive care from cost-sharing requirements applied to other services.

Of the **market reform** plans, only H.R. 5936 (Cooper/Andrews) requires cost-sharing provisions for most services (table 6-3, column E). Although the Accountable Health Partnerships (AHPs)10 would charge copayments for other covered services (as determined by the National Health Board), they would be prohibited from charging out-of-pocket costs for covered preventive care.

H.R. 5502 (Stark/Gephardt) would not require **copayments** for well-baby and well-child care (table 6-4, column E).

Private Proposals

Private proposals differ considerably when it coma to patient cost-sharing for the preventive services they specify. A number of plans propose that preventive services be exempt from patient cost-sharing requirements (tables 6-5 through 6-8, column E). The American Nurses' Association plan suggests that patient cost-sharing be held to an unspecified minimum, and the American Academy of Family Physicians suggests that there be 20 percent coinsurance for preventive services, but no deductible.

Private proposals that require patient cost-sharing for preventive services are often more generous when it comes to pre- and post-natal care, well-baby and well-child care than for screening services or health promotion activities (e.g., American Medical Association, American Academy of Family Physicians, National Leadership Coalition for Health Care Reform).

10 Accountable Health Partnerships would be groups (much like Health Maintenance Organizations and Preferred Provider Organizations) which agree to follow Federal restrictions and standards in order to qualify for tax-advantaged health insurance.

EXCLUDED PREVENTIVE SERVICES

Congressional Proposals

Few major Congressional health care reform proposals explicitly exclude some or all preventive services from coverage. S. 1227 (Mitchell), a "play or pay" plan, would exclude routine physical examinations from the minimum benefit package designed for either employer-based coverage or public coverage (table 6-1, Column F). S. 1872 (Bentsen), a market reform bill aimed at the small employer market, would also exclude coverage for routine physical examinations and "other preventive services" for the basic benefit package.

Private Proposal

The American Medical Association proposal would exclude routine physicals from coverage, as well as most screening tests and exams. No other private proposals examined here would exclude coverage for specific preventive services.

MAKING PROVISIONS FOR OTHER PREVENTIVE SERVICES

Congressional Proposals

Many congressional bills make provisions for other preventive services which are to he specified by either a national review board or by the Secretary of Health and Human Services Typically, the proposals require that recommendations for coverage be based on effectiveness.