



Perspective

Promoting Prevention through the Affordable Care Act

Howard K. Koh, M.D., M.P.H., and Kathleen G. Sebelius, M.P.A.

Too many people in our country are not reaching their full potential for health because of preventable conditions. Moreover, Americans receive only about half of the preventive services that

are recommended¹ — a finding that highlights the national need for improved health promotion. The 2010 Affordable Care Act² responds to this need with a vibrant emphasis on disease prevention. Many of the 10 major titles in the law, especially Title IV, Prevention of Chronic Diseases and Improving Public Health, advance a prevention theme through a wide array of new initiatives and funding. As a result, we believe that the Act will reinvigorate public health on behalf of individuals, worksites, communities, and the nation at large (see table) — and will usher in a revitalized era for prevention at every level of society.

First, the Act provides individuals with improved access to clinical preventive services. A major strategy is to remove cost as a barrier to these services, potentially opening new avenues toward health. For example, new private health plans and insurance policies (for plans or policy years beginning on or after September 23, 2010) are required to cover a range of recommended preventive services with no cost sharing by the beneficiary. These services include those rated as “A” (strongly recommended) or “B” (recommended) by the U.S. Preventive Services Task Force (USPSTF), vaccinations recommended by the Advisory Commit-

tee on Immunization Practices (ACIP), and preventive care and screening included both in existing health guidelines for children and adolescents and in future guidelines to be developed for women through the U.S. Health Resources and Services Administration (HRSA). Examples of covered services include screening for breast cancer, cervical cancer, and colorectal cancer; screening for human immunodeficiency virus (HIV) for persons at high risk; alcohol-misuse counseling; depression screening (when systems are in place to ensure accurate diagnosis, effective treatment, and follow-up); and immunizations.

The prevention theme also affects individuals covered by public insurance programs. A number of policy changes will be phased in over time. For example, starting January 1, 2011, Medicare will

Major Sections Related to Prevention in the 2010 Affordable Care Act.*		
Section Number	Section Name	Summary
For individuals		
§ 2502	<i>Medicaid and Tobacco Pharmaceutical Coverage</i>	Prevents states from excluding coverage for tobacco-cessation drugs from their Medicaid programs.
§ 2713	<i>Coverage of Preventive Health Services</i>	Requires new employer-sponsored group health plans and private health insurance policies to provide coverage, without cost sharing, for preventive services rated A or B by the USPSTF; immunizations recommended by ACIP; preventive care and screening for infants, children, and adolescents and additional preventive services for women that are recommended by HRSA.
§ 4103	<i>Medicare Coverage of Annual Wellness Visit Providing a Personalized Prevention Program</i>	Eliminates copayments for Medicare enrollees who receive an annual wellness exam that includes a health risk assessment and personalized prevention plan.
§ 4104	<i>Removal of Barriers to Preventive Services in Medicare</i>	Eliminates copayments for Medicare preventive services that are rated A or B by the USPSTF.
§ 4106	<i>Improving Access to Preventive Services for Eligible Adults in Medicaid</i>	Federal medical assistance percentage increased by 1% for preventive services in states that eliminate cost sharing for services rated A or B by the USPSTF and immunizations recommended by ACIP.
§ 4107	<i>Coverage of Comprehensive Tobacco Cessation Services for Pregnant Women in Medicaid</i>	Provides coverage without cost sharing for evidence-based tobacco-dependence treatments for all pregnant women covered by Medicaid.
§ 4206	<i>Demonstration Project Concerning Individualized Wellness Plans</i>	Creates a pilot program to determine the effectiveness of individualized wellness plans at federally qualified community health centers.
For businesses and workplaces		
§ 4207	<i>Reasonable Break Time for Nursing Mothers</i>	Requires employers to provide sufficient break time and appropriate facilities for nursing mothers.
§ 4303	<i>CDC and Employer-Based Wellness Plans</i>	Requires the CDC to provide technical assistance in evaluating employer-based wellness programs, as well as to conduct a survey of existing programs.
§ 4402	<i>Effectiveness of Federal Health and Wellness Initiatives</i>	Requires the secretary of health and human services to evaluate the effectiveness of existing federal health and wellness initiatives and requires a report to Congress.
§ 10408	<i>Grants for Small Businesses to Provide Comprehensive Workplace Wellness Grants</i>	Authorizes a grant program for small businesses to establish workplace wellness programs.
For communities and states		
§ 4108	<i>Incentives for Prevention of Chronic Diseases in Medicaid</i>	Provides grants to states to provide incentives to Medicaid enrollees who adopt and maintain healthy behaviors. Appropriates up to \$100 million that becomes available in FY 2011.
§ 4201	<i>Community Transformation Grants</i>	Authorizes competitive grants for state and local government agencies and community-based organizations for the implementation, evaluation, and dissemination of evidence-based programs to reduce the rates of chronic conditions, improve prevention, reduce disparities, and decrease rates of disease.

§ 5313	<i>Grants to Promote the Community Health Workforce</i>	Authorizes grants to improve health care in medically underserved areas through the use of community health workers.
National		
§ 3011	<i>National Strategy to Improve Healthcare Quality</i>	Requires the secretary of health and human services to establish a national strategy to improve the delivery of health care services, patient health outcomes, and population health.
§ 4001	<i>National Prevention, Health Promotion, and Public Health Council</i>	Creates a council to provide coordination and leadership of prevention and wellness and health promotion practices at the federal level, and directs the council to develop a national strategy on prevention.
§ 4002	<i>Prevention and Public Health Fund</i>	Expands and sustains national investment in prevention and public health programs. Appropriates up to \$500 million for FY 2010, \$750 million for FY 2011, \$1 billion for FY 2012, \$1.25 billion for FY 2013, \$1.5 billion for FY 2014, and \$2 billion for FY 2015 and beyond.
§ 4003	<i>Clinical and Community Preventive Services</i>	Promotes expanded coordination among the USPSTF, Community Preventive Services Task Force, and ACIP.
§ 4004	<i>Education and Outreach Campaign Regarding Preventive Benefits</i>	Requires the planning and implementation of a national public-private partnership for a prevention and health promotion outreach and education campaign to raise public awareness of health improvement across the life span.
§ 4102	<i>Oral Healthcare Prevention Activities</i>	Creates education, surveillance, and research demonstration grants.
§ 4205	<i>Nutrition Labeling of Standard Menu Items at Chain Restaurants</i>	Requires the disclosure of specified nutritional information for food sold in certain chain restaurants and vending machines.
§ 4301	<i>Research on Optimizing the Delivery of Public Health Services</i>	Supports research in the area of public health services and systems.
§ 4302	<i>Understanding Health Disparities: Data Collection and Analysis</i>	Requires any federally conducted and supported public health programs to report appropriate data for analysis.
§ 5101	<i>National Health Care Workforce Commission</i>	Establishes a national commission to provide comprehensive information on workforce needs.
§ 5207	<i>Funding for National Health Service Corps</i>	Expands and reauthorizes the National Health Service Corps.
§ 10413	<i>Young Women's Breast Health Awareness and Support of Young Women Diagnosed with Breast Cancer</i>	Authorizes a program to support awareness, knowledge, research, and support for breast cancer in young women.
§ 10501	<i>National Diabetes Prevention Program</i>	Authorizes a national program focused on reducing preventable diabetes in at-risk adult populations.
§ 10503	<i>Community Health Centers and the National Health Service Corps</i>	Provides for expanded and sustained investment in community health centers. Appropriates up to \$9.5 billion for Community Health Center Initiative between FY 2011 and FY 2015. Appropriates up to \$1.5 billion for National Health Service Corps between FY 2011 and FY 2015. Appropriates up to \$1.5 billion for the construction and renovation of community health centers between FY 2011 and FY 2015.

* Unless specifically noted, newly authorized programs await appropriations and future funding as available through the annual budget process. ACIP denotes Advisory Committee on Immunization Practices, CDC Centers for Disease Control and Prevention, FY fiscal year, GAO Government Accountability Office, HRSA Health Resources and Services Administration, and USPSTF U.S. Preventive Services Task Force.

cover, without cost sharing, an annual wellness visit that includes a health risk assessment and a customized prevention plan. Full coverage of many USPSTF-recommended services will also be available under Medicare with no cost sharing. Similarly, in 2013 and beyond, state Medicaid programs that eliminate cost sharing for preventive services recommended by the USPSTF or ACIP may be eligible for enhanced federal matching funds for providing those services.

Second, the law promotes wellness in the workplace, providing new health promotion opportunities for employers and employees. For example, the Act authorizes funds for grants for small businesses to provide comprehensive workplace wellness programs. The law also requires the secretary of health and human services to assess existing federal health and wellness initiatives and directs the Centers for Disease Control and Prevention (CDC) to survey worksite health policies and programs nationally.

Third, the Act strengthens the vital role of communities in promoting prevention. New initiative opportunities are designed to strengthen partnerships between local or state governments and community groups. For example, new Community Transformation Grants promise to improve nutrition, increase physical activity, promote smoking cessation and social and emotional wellness, and prioritize strategies to reduce health care disparities. Also, in further recognition that immunization is a foundation for public health, the Act authorizes states to use their funds to purchase vaccines for adults at federally negotiated prices. Grants for states will also support dem-

onstration projects to improve vaccination rates.

Fourth, the Act elevates prevention as a national priority, providing unprecedented opportunities for promoting health through all policies. For example, a newly established National Prevention, Health Promotion, and Public Health Council, involving more than a dozen federal agencies, will develop a prevention and health promotion strategy for the country. The council will build on the foundation of preceding prevention initiatives, such as Healthy People (which has set the country's health promotion and disease prevention agenda for the past 30 years),³ as well as efforts of expert groups such as the USPSTF, the Community Preventive Services Task Force, and the ACIP. A new Prevention and Public Health Fund, with an annual appropriation that begins at \$500 million in fiscal year 2010 and increases to \$2 billion in fiscal year 2015 and beyond, will invest in a range of prevention and wellness programs administered by the Department of Health and Human Services. Initial funds have already been invested in strengthening public health infrastructure, prevention research, surveillance, integration of primary care into community-based behavioral health programs, HIV prevention, obesity prevention, and tobacco control. Reinvented planning will also involve a national strategy to improve the quality of health care, improved data collection on health disparities,⁴ and authorization of a host of other new programs. Most newly authorized programs await appropriations and future funding as available through the annual budget process (exceptions are noted in the table).

The Act authorizes heavy investment in bolstering a primary care workforce that can promote prevention. For example, the law appropriates up to \$1.5 billion for the National Health Service Corps between fiscal years 2011 and 2015 to place health care professionals in underserved areas, complementing other new investments for community health centers administered through HRSA. To guide future placements of health care professionals, a new National Health Care Workforce Commission will analyze needs.

Since tobacco dependence and obesity represent substantial health threats, the Act addresses these specific challenges in a number of ways. For example, the directives for the new health plans established after September 23, 2010, also include coverage, with no cost sharing, of tobacco-use counseling and evidence-based tobacco-cessation interventions, as well as obesity screening and counseling for adults and children. Starting this year, pregnant women on Medicaid will receive coverage, without cost sharing, for evidence-based tobacco-dependence treatments; in 2014, states will be forbidden from excluding from Medicaid drug coverage any pharmaceutical agents for smoking cessation, including over-the-counter medications, that have been approved by the Food and Drug Administration. To promote healthy weight for populations, the Act appropriates funds for fiscal years 2010 through 2014 for demonstration projects to develop model programs for reducing childhood obesity. And on the policy front, menu-labeling provisions require the disclosure of specified nutrient information for food sold in certain chain restaurants and

vending machines. Collectively, these complementary actions in the clinic and the community will benefit individuals as well as populations.

In short, to prevent disease and promote health and wellness, the Act breaks new ground. We believe the law reaffirms the principle that “the health of the individual is almost inseparable from the health of the larger community. And the health of

each community and territory determines the overall health status of the Nation.”³ Moving prevention toward the mainstream of health may well be one of the most lasting legacies of this landmark legislation.

Disclosure forms provided by the authors are available with the full text of this article at NEJM.org.

Dr. Koh is Assistant Secretary for Health, and Ms. Sebelius is the Secretary for Health and Human Services, Department of Health and Human Services, Washington, DC.

This article (10.1056/NEJMp1008560) was published on August 25, 2010, at NEJM.org.

1. McGlynn EA, Asch SM, Adams J, et al. The quality of health care delivered to adults in the United States. *N Engl J Med* 2003;348:2635-45.
2. The Patient Protection and Affordable Care Act, P.L. 111-148, 23 March 2010.
3. Koh HK. A 2020 vision for healthy people. *N Engl J Med* 2010;362:1653-6.
4. Siegel B, Nolan L. Leveling the field—ensuring equity through national health care reform. *N Engl J Med* 2009;361:2401-3.

Copyright © 2010 Massachusetts Medical Society.