

## HEALTH EXCHANGE ALERT

# HHS: Almost 138M Americans Now Have Access To Free Preventive Care

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Nearly 138 million people are now eligible for free preventive services under the Affordable Care Act, including more than 55 million women and 28 million children, according to new numbers released by HHS Thursday (May 14). The ACA requires all non-grandfathered health plans to cover recommended health services that promote general well-being or help prevent chronic illnesses, like HIV, depression, obesity and tobacco screenings, birth control and flu vaccines.

“These services can substantially improve the health of families, and in some cases even save lives,” HHS Secretary Sylvia Burwell said in a release. “We urge all individuals with health care coverage to take advantage of these services. This can make a tremendous difference in the health of Americans.”

At 55.6 million people, women are the largest group who can receive preventive care from breastfeeding supplies to cancer screenings. More than 53 million men and 28.5 million children can also tap into health care specific to their needs. The total population also includes about 17 million Latino enrollees, 15 million black enrollees and 8 million Asian-Americans.

### **HHS notes that not all of the 137.7 million lacked preventive services without cost-sharing before the ACA was implemented.**

“According to the Kaiser Family Foundation’s Employer Health Benefits Survey in 2012, 41 percent of all workers were covered by employer-sponsored group health plans that expanded their list of covered preventive services due to the Affordable Care Act,” HHS said in its release. “Based on this and available Health Insurance Marketplace data at the time, HHS previously estimated that approximately 76 million Americans -- and 30 million women -- received expanded coverage of one or more preventive services because of the Affordable Care Act.”

California and Texas topped the list of estimated residents with free preventive care in each state, at 15,867,909 and 10,278,005, respectively.

The advocacy group Families USA, however, recently came out with a report urging state and policymakers to require plans waive deductibles for certain preventive and routine services in order to help lower out-of-pocket costs, which the group says are currently barring more than one in four insured adults from getting needed services.

Lack of access to certain preventive services recently became a topic of debate after reports found that a majority of health plans are not offering the full range of FDA-approved contraceptives to enrollees without cost-sharing. More than half of 100 insurance companies in 15 states illegally continue to charge out-of-pocket costs for some contraceptives while failing to cover others altogether, the National Women’s Law Center found.

HHS, Treasury and Labor issued new guidance on Monday (May 11) [to clarify that issuers must provide](#) no-cost access to at least one version of all 18 FDA-approved contraceptives, adding that transgender individuals must be given access to preventive services.

The frequently asked question clarification added that women at increased risk of breast cancer due to their genetics must be provided preventive screening, generic counseling and breast cancer (BRCA) genetic testing at no cost -- as long as the woman has not been diagnosed with cancers related to the breast cancer gene.

Plans must also cover pregnancy-related services like preconception and prenatal care for dependent children, the tri-agencies said. Issuers cannot require cost-sharing for anesthesia administered during preventive colonoscopies, they continued.

[Free mammograms may also be in jeopardy](#) if the U.S. Preventive Services Task Force finalizes its "C" grade on breast cancer screenings that was included in draft recommendations from April 20. The ACA requires issuers to cover all preventive services with no-cost sharing if they earn "A" or "B" grades from the task force.

Avalere Health analysts projected that around 17 million women from age 40 to 49 could be charged for mammograms if the task force finalizes the recommendations.

"By linking the ACA rules to USPSTF decisions, coverage for preventive services will continue to evolve as new research and evidence becomes available," Avalere Vice President of Health Reform Caroline Pearson said. -- *Rachel S. Karas* ([rkaras@iwpnews.com](mailto:rkaras@iwpnews.com))

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