

Special Audio Report Transcript

Headline: New Rules Requiring Health Insurers To Offer Preventive Services May Help Remove Barriers

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I'm Kelly Wilkinson with an update on how the Obama administration's new rules requiring health insurers to fully cover a range of preventive services may help remove barriers to care. This is a special report for *California Healthline*, a daily news service from the California HealthCare Foundation.

The federal health reform law attempts to shift our health care system from treatment to prevention. As part of that, the White House recently released new regulations that will mean many preventive screenings and procedures will be covered at no cost to consumers.

Here's Kathleen Sebelius, secretary of Health and Human Services.

(Sebelius): "Unfortunately, too many Americans don't get the preventive care they need to stay healthy, and keep health care costs down for all of us."

New health plans that begin coverage after September 23 will be required to follow the new rules. That means cancer screenings, immunizations, obesity prevention and programs to quit smoking will be available without any direct cost to consumers.

Jerry Kominski is a professor in the Department of Health Services at UCLA's School of Public Health.

(Kominski): "If people aren't getting regular checkups for prevention and identification of cancers, for example. They may delay getting necessary services. And delay getting -- if they have the disease -- getting the disease identified and treated in a timely and effective manner."

Kominski says there are always challenges getting people into the doctor or clinic for preventive services. But the new regulations chip away at those challenges.

(Kominski): "There's still barriers to people getting necessary preventive services that have to do with cultural differences, that

have to do with just people's attitudes about whether or not these are valuable services and whether they want to go through the inconvenience. So there will continue to be ongoing challenges to get people to fully utilize these effective preventive services, but what the health reform is trying to eliminate one of those barriers that some people face now, which is a financial barrier."

The administration estimates that 41 million Americans will benefit initially. That number could rise to 88 million over the next three years.

Tom Hubbard is senior program director at the New England Healthcare Institute.

(Hubbard): "Acute needs and dealing with people that have very acute needs is what costs most of the money and what really takes up a lot of the time and attention and psychic energy and the political firepower that comes to bear on health care. And so, this is I think a very useful way of trying to reset everyone's expectations as I say, push it back towards a prevention mindset."

The new regulations also shine a spotlight on a previously obscure group: the Preventive Services Task Force. Under the health care overhaul, the federal task force now has a lot more prominence. That's because health insurers will be required to fully pay for services that carry an A or B recommendation from the task force.

Hubbard and many other health experts say that will likely subject members of the task force to more intense lobbying than they've received in the past.

(Hubbard): "It would seem that the task force is going to get more important as time goes by...all the more reason that its work needs to be done thoughtfully and it needs to be maintained as a credible independent body."

Ned Calonge, chair of the Task Force, says that will be the case. The group has been around since 1985 and Calonge says there's an explicit and detailed process to go from evaluating evidence to making recommendations.

(Calonge): "We've tried to insulate the task force from politics, special interests and advocacy since its inception. And the approach will be to try and maintain that insulation."

The task force does receive input from the public, advocates and lobbyists as they evaluate evidence. But meetings where decisions are made are not open to the public. That's a relatively new policy -- and like health reform itself -- Calonge says everyone will watch the process to see how it works.

This has been a special report for *California Healthline*, a daily news service from the California HealthCare Foundation. If you have feedback or other issues you'd like to have addressed, please email us at CHL@CHCF.org. I'm Kelly Wilkinson. Thanks for listening.