Free Screenings Mandated For New Health Plans

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New health plans will soon be required to offer a range of recommended preventive health services to patients free of charge under the Affordable Care Act.

The requirements will affect new private health plans in the individual and group markets starting with plan years that begin on or after Sept. 23. The Health and Human Services department estimates that in 2011, the rules will impact about 30 million people in group health plans and another 10 million in individual market plans. The rules do not apply to grandfathered plans.

The administration released an interim final regulation detailing the new requirements on July 14.

Under the final rule, health plans may not collect copayments, coinsurance, or deductibles for a number of recommended preventive services. However, they may collect fees for the associated office visit if the preventive service was not the primary purpose of the visit. Patients may also incur cost sharing if they go out of network for the recommended screenings.

The covered services include those given an evidence rating of "A" or "B" from the U.S. Preventive Services Task Force. Those services include breast and colon cancer screenings, diabetes screenings, blood pressure and cholesterol testing, and screening for vitamin deficiencies during pregnancy. Tobacco cessation counseling is also given a high evidence rating by the USPSTF and would be covered under the new rule.

Health plans will have some extra time to begin covering newly recommended services. For recommendations that have been in effect for less than a year, plans will have 1 year to comply after the effective date, according to the interim final rule.

Health plans will also be required to cover the list of adult and childhood vaccines recommended by the Advisory Committee on Immunization Practices. For children, the rule also requires health plans to cover all preventive care recommended under the Bright Futures guidelines.

The guidelines include screenings, developmental assessments, immunizations, and regular well-child visits from birth to age 21 years. These guidelines were developed jointly by the Health Resources and Services Administration and the American Academy of Pediatrics.

The rule also calls for coverage of additional preventive services for women, which will be developed by an independent group of experts.

The recommendations from that group are expected by Aug. 1, 2011. There was no word from HHS on whether those recommendations are likely to include coverage for contraceptives, something many reproductive health advocates have been lobbying for in recent months.

HHS officials expect that the move to expand coverage and eliminate out-of-pocket costs for these services will decrease costs for many Americans, especially those at high risk for certain health conditions. At the same time, the change is expected to increase premiums for enrollees in nongrandfathered plans. The federal government estimates that premiums in the affected plans could increase about 1.5% on average.

A list of the recommended preventive services is available online at www.healthcare.gov/center/regulations/prevention/recommendations.html. ■

Patient's Bill of Rights Poses New Regulations for Insurers

The Obama administration has spelled out the details of new insurance protections in a set of regulations it's calling the Patient's Bill of Rights.

The interim final rules implement elements of the Affordable Care Act, such as banning pre-existing condition exclusions for children under age 19, banning the practice of insurance rescissions, eliminating lifetime limits on coverage, and restricting annual dollar limits on insurance coverage.

The regulations also address patients' right to see an ob.gyn. without a referral, and bar insurers from charging higher cost sharing for out of network emergency services. The provisions will apply to most health plans for plan years beginning on or after Sept. 23, 2010, according to the White House.

The regulations were issued by the departments of Health and Human Services, Labor, and Treasury on June 22.

In a speech at the White House on June 22, President Obama said the regulations establish the "basic rules of the road" for health insurers.

While he praised health plans for voluntarily implementing some of the new rules early, he also warned insurance executives that they should not use the new requirements as an excuse to raise rates.

To that end, the Obama administration will be requiring health insurers to publicly justify any increases in their rates, and is encouraging states to utilize their full authority to review premium hikes. ■

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Fighting RH Disease Worldwide

An international rheumatology confederation is seeking ideas for better rheumatology education and clinical practice in the developing world. The International League of Associations of Rheumatology plans to spend up to $100,000 on projects around the world next year. A similar funding cycle in 2010 has supported efforts to improve pediatric rheumatology training in Latin America, a repository of rheumatology data in India, rheumatology fellowships in Kenya, and other work in Africa. More information on how to submit a request for funding is available at www.ilar.org. The American College of Rheumatology is a member of the league.

NIH Launches Bone Health Site

The National Institutes of Health wants to tell your patients more about osteoporosis. The agency has launched www.bones.nih.gov to provide science-based information on bone health and diseases. The new Web site includes a calendar with monthly tips for improving bone health, information on less common conditions such as Paget's disease and osteogenesis imperfecta, and facts and advice tailored to racial and ethnic groups including Hispanics, African Americans, Asian Americans and Pacific Islanders, and American Indians and Alaska Natives. The Web site includes information in English, Spanish, and Chinese.

New Hip, Knee Quality Measures

Officials at the Centers for Medicare and Medicaid Services are developing two outcome measurements aimed at assessing the quality of care for Medicare patients who have undergone elective hip and knee replacements. One measurement will be based on complications following elective total hip or knee replacement, and the other will take account of 30-day, all-cause readmission rates following the procedures. Still in draft form, both would require reporting through Medicare Part A inpatient claims data. If adopted, the two measurements would be reported in quality data on the Hospital Compare Web site and would factor into Medicare's Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program. The draft specifications are available at www.cms.gov/MMS/17_CallforPublicComment.asp.

Many Subspecialists Get Sued

About 40% of internal medicine subspecialists have been sued during their careers, according to a survey from the American Medical Association. Doctors in general internal medicine were less likely to have faced lawsuits (34%), but ob.gyns. and general surgeons were far more likely to have been sued (both groups, 69%). About 21% of the internal medicine subspecialists said that they had been targeted two or more times. However, only 3.6% had been sued in the 12 months before the survey. The AMA compiled the report from data in its 2007-2008 Physician Practice Information survey. "The findings in this report validate the need for national and state medical liability reform to rein in our out-of-control system where lawsuits are a matter of when, not if, for physicians," Dr. J. James Rohack, AMA immediate past president, said in a statement.

Part D Premiums Edge Up

Medicare beneficiaries can expect their monthly Part D prescription drug premiums to rise next year, but only by about $1, according to the Centers for Medicare and Medicaid Services. Officials at the agency estimated that the average monthly premium for standard Part D drug coverage will be $30, about $1 more than in 2010. By shopping around, beneficiaries may be able to find plans with lower premiums than they are paying now, CMS Administrator Donald Berwick said during a press conference to announce the new rates. He and other officials said premium rates will remain relatively steady in 2011 because minor cost increases for the Part D plans have been offset by increased use of generic drugs. Also starting in 2011, Medicare beneficiaries will be eligible for 50% discounts of if they spend enough on brand name prescriptions to reach the Part D coverage gap, or doughnut hole.

Foreign Training Upholds Quality

Foreign-trained physicians provide the same quality of care as do physicians trained at U.S. medical schools, according to a study published in the journal Health Affairs. Using data from Pennsylvania, the researchers found no significant difference in the death rates of patients treated by international medical school graduates vs. those treated by graduates of U.S. medical schools. However, the study also found that the patients of U.S.-born doctors who graduated from non-U.S. medical schools had higher rates of in-hospital deaths than did the patients of foreign-born international medical school graduates. "It is reassuring to know that patients of [international graduates] receive the same quality of care that they would receive from a physician trained in the United States," John Norcini, Ph.D., president and CEO of the Foundation for Advancement of International Medical Education and Research and lead author of the study, said in a statement.