Coverage of Preventive Services: Provisions of Selected Current Health Care Reform Proposals

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COVERAGE OF PREVENTIVE SERVICES:
PROVISIONS OF SELECTED CURRENT HEALTH CARE REFORM PROPOSALS

BACKGROUND PAPER

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NOTE: This OTA background paper is being made available for background information purposes only. The information herein is based on published materials; however, the background paper has not yet been reviewed by the organizations and individuals whose health care reform proposals were reviewed. The information in this paper will be reviewed and updated for the main report of OTA's assessment, *Technology, Insurance, and the Health Care System*, scheduled to be released in fall 1993.

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BACKGROUND PAPER

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Summary

This background paper first describes prevention and clinical preventive services, and specilties the way in which OTA uses the concept of preventive services in its analysis of current health care reform proposals. Second, the background paper provides a "roadmap" to four major approaches to reform. Third, the paper summarizes the preventive services proposed under selected health care reform proposals. Eight tables accompanying this paper summarize the reform proposals' provisions for preventive services; the associated narrative reviews the proposals in terms of 5 broad categories of preventive services:

- pregnancy-related services;
- preventive services for children;
- adult screening services;
- health promotion, education, and counseling services; and
- immunizations.

Also discussed are:

- the ways in which the proposals address the issue of patient cost-sharing for preventive services;
- preventive services specifically excluded from the proposals; and
- approaches to determining coverage for preventive services not mentioned specifically in the proposals.

Introduction

This OTA background paper describes the preventive Services provisions of selected Congressional and private health care reform proposals. This paper was prepared as an internal OTA document as background for OTA's assessment, Technology, Insurance, and the Health Care System.[1,2] As part of the assessment, OTA is addressing issues surrounding the use of effectiveness, cost-effectiveness, and appropriateness information to design **a** minimum benefit package for individuals who are currently uninsured. **A** key question is the extent to which the evidence on effectiveness and cost-effectiveness might support the inclusion of some or all preventive services in a minimum health benefit package, should one be specified in a reform initiative.[3] This paper is limited to providing a descriptive overview **of current** proposals for the inclusion of preventive services; we main report for **OTA's full assessment**-- to be published in 1993-- will place the proposals in the context of available **evidence** about effectiveness and cost-effectiveness, and discuss policy implications.

1 In this assessment, the term "health insurance" is defined broadly to include various types of health plans that are designed to reimburse or indemnify individuals or families for the costs of medical care, including traditional private indemnity fee-for-service coverage, prepaid health plans such as health maintenance organizations, self-finded employment-based health plans, Medicaid, and Medicare.

2 The overall assessment was requested by the Senate Committee on Labor and Human Resources, the House Committee on Energy and Commerce, the House Committee on Ways and Means Subcommittee on Health, and Senator Charles E. Grassley.

3 OTA is also analyzing two other specific aspects of health services (mental health and substance abuse treatment services; the health effects of patient cost-sharing for acute care services) in terms of evidence for effectiveness and cost-effectiveness.

DEFINITIONS AND TYPES OF PREVENTION

"Prevention" in health is both a popular and ambiguous concept. Prevention is regarded as both a humane and cost-saving approach to improving health in the United States, but the term prevention is often left undefined. The use of the three "traditional" levels of prevention--primary, secondary, and tertiary (U.S. Preventive Services Task Force, 1989) -- may not be helpful, because the three levels may be difficult to operationalize, are often used interchangeably in popular discourse, and all have implications for preventive services benefit design. For example, to the emergency room physician, a patient's stroke may have been prevented by the patient's compliance with a prescription drug regimen for hypertension; in a televised discussion the physician may say that improved prevention (meaning better coverage of prescription drugs for elderly or low-income patients) is an essential part of health care reform. To a pediatrician, on the other hand, "prevention" may mean the combination of medical and "cognitive" services that he or she delivers (e. g., appropriate immunizations, health education for parent and child). To a radiologist, internist, gynecologist, or obstetrician, preventive services may mean the tests that detect abnormalities (e.g., mammograms, digital rectal examinations, or Pap smears) so that early treamtment may begin. To some observers, the focus of preventive interventions is on personal behaviors not related to health care (e. g., refraining from smoking, abstinence from sex, safer sex, seat-belt use). When the focus is on such personal behaviors, responsibility typically lies with the patient (or potential patient), rather than individual providers or the health services system, and insurance coverage may not be considered an issue (e. g., Sullivan, L. W., 1990).

The issues surrounding concepts of and locus of responsibility for prevention of health problems are complex (e. g., U.S. Congress, OTA, April 1991). For purposes of this and past OTA reports related to coverage decisions for preventive services, OTA focuses on clinical

preventive services; that is, "interventions comprising medical procedures, tests, or visits with health care providers that are undertaken for the purpose of promoting health, not for responding to patient signs, symptoms, or complaints" (U.S. Congress, OTA, Feb. 1990). In general, preventive services in this background paper involve interactions between individual patients or consumers and health care providers. However, OTA includes in this background paper those preventive services that do not fit neatly into this typology. For example, H.R. 3229 introduced in the 102nd Congress[4] by Representative Dellums would cover the "prevention of illness through education and advocacy addressed to the social, occupational, and environmental causes of ill health."

MAJOR APPROACHES TO HEALTH CARE REFORM

Box A contains brief descriptions of the major contemporary approaches to health care reform. These are:

- "Play or pay" (or mandated employment-based coverage with a public backup funded at least in part through a tax on employers);
- "Single payer" (or universal coverage financed with taxes);

4 The 102nd Congress convened in January 1991 and adjourned on October 8, 1992. Any bills that were introduced but not enacted into law during the 102nd Congress (plus an additional period of time past October 8, 1992, for the President to sign a bill into law) should be considered withdrawn from consideration. To be considered by the 103rd Congress (to convene in January 1993), the bills would have to be reintroduced. The only bill with the potential of still being signed by the President as this background paper was being prepared was H.R. 11 (The Enterprise Zone Tax Incentives Act of 1991) (Pianin, 1992). H.R. 11 incorporated some of the Medicaid and Medicare proposals mentioned in the Stark/Gephardt bill (H.R. 5502), as Senate Amendment S. 3318.

- "Market reform" (including tax credits for individual consumers, small group reform, " and managed competition).

In addition, Box A summarizes other proposals introduced in the 102nd Congress that are not so easily categorized (e. g., a single delivery system; a series of incremental changes that would help to establish the framework for more profound changes).

In this background paper, preventive services provisions of Congressional proposals are grouped according to their major strategy for financing and delivery reform (box A; tables 6-1 through 6-4). In general, "play or pay" and single payer proposals (table 6-1 through 6-3[5]) are more likely than the market reform (table 6-3) and the Stark/Gephardt (table 6-4) proposals to designate specific preventive services.

Preventive services provisions of private proposals (summarized in tables 6-5 through 6-8) are grouped according to sponsorship: provider groups (e.g., the American Medical Association) (table 6-5); insurer groups (table 6-6); business groups (table 6-'7); and "think tanks" (table 6-8). The tables related to the private proposals also indicate the financing approach proposed by the sponsor (e. g., "play or pay"). Most, but not all, private proposals specify coverage for specific preventive services.

5 In the tables summarizing preventive services provisions, the Dellums proposal for a single delivery system is grouped with the single payer proposals.

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.

or cost-effectiveness of certain procedures or services. For example, S. 1177 (Rockefeller) calls for the Secretary of the Department of Health and Human Services to make coverage decisions on the basis of "usefulness and cost-effectiveness" of additional preventive services. The Cooper/Andrews managed competition bill would require that a national health board establish a uniform set of benefits which would include "the fill range of effective clinical preventive services (including appropriate screening, counseling, and immunization and chemoprophylaxis).. ● ppropriate to age and other risk factors. "

Private proposals

Many of the private proposals also refer to **effectiveness or cost-effectiveness** as criteria for including other preventive services in a benefit package. The American Hospital Association would include "other effectiveness preventive care services, " and the Blue Cross Blue Shield plan would cover "other effective preventive **and screening** procedures. "

Conclusions

Notions that the coverage of preventive services can be cost-saving and a good "investment" have been central to the current health care reform debate. Many congressional and private reform proposals place prevention at the core of their plans and emphasize the need for a benefit package that includes a comprehensive set of prevention services. If a plan outlines a benefit package, regardless of the financial scheme of the plan ("play or pay, " "single-payer," "market reform, " or "managed competition"), it generally stresses prevention as fundamental to uniform access to health care services. Pregnancy-related services and children's preventive services in particular would be covered under nearly all the current major

proposals, and adult screening and health promotion or education are--to a lesser extent--included in proposed benefit packages. Although the scope and level of coverage for preventive services vary substantially across plans, many proposals emphasize effectiveness or cost-effectiveness as criteria for shaping a minimum or standard set of benefits. As part of its assessment Technology, Insurance. and the Health Care System, OTA will be addressing the issues and concepts surrounding effectiveness and cost-effectiveness analysis for the purpose of designing a benefit package.

Box **A-Summary of Major Approaches to** Health Care Reform

Current health care reform proposals attempt to address simultaneously three major issues: cost, quality, and access. Depending on a variety of factors (e.g., philosophy of goverment, belief in the wisdom of market forces), the proposals deal with these issues in somewhat different ways and can be categorized in diverse ways depending on the criterion of interest (e.g., whether and how the plan provided for Universal coverage, whether it provides for a global budget).[11] Typically, however, the three major approaches are characterized based on their approach to how they would arrange for the financing of he@ care; they have been termed "play or pay, " "single payer, " and "market reform. " These three major approaches are described briefly below, along with selected variations within the three major approaches. Also described are two other approaches that do not quite fit into these three main categories.

"Play or pay": "Play or pay" approaches were at one time called "public-private combination" approaches (e. g., U.S. Congress, Congressional Research Service, 1990). Essentially, "play or pay" proposals would require that all employers either provide health insurance coverage for their employees ("play") or contribute a specified amount (e. g., 7 percent of total payroll) to a public fund that would provide coverage to all uninsured workers. Some observers fear that "play or pay" would eventually become a "single payer" approach (see below) because employers would (eventually) find paying into a public fund more attractive than arranging for health insurance coverage for their own employees (e.g., President, 1992; Vagelos, 1992).

"Single payer": Single payer is shorthand for a universal access program financed with taxes, and is also known as the "Canadian model." In the version of this approach closest to the Canadian model, States would approve and administer federally qualified health plans to cover all permanent residents of the United States (e.g. S. 1446 and H.R. 8, the Comprehensive Health Care for All Americans Act./Claude Pepper Comprehensive Health Care Act, introduced by Sen. Kerrey and Congresswoman Oakar, respectively, in the 102nd Congress). Individuals would have a choice of competing private and public health plans in which to enroll, and health expenditures would be controlled through a system of budgeting and all-payer reimbursement systems for physicians and hospitals.

"Market reform": The category "market reform bills" encompasses a wide range of proposals, from tax credits for individual consumers (e. g., The Heritage Foundation Butler, 1992]), to "small group reform" (e.g., **S. 1872 in** the 102d Congress) to "managed competition" (e.g., Jackson Hole Group [Ellwood and Etheredge, 1991]) affecting potentially all citizens. "Market reform" proposals do not necessarily provide universal health insurance coverage but aim at alleviating problem areas in the private insurance marketplace--for example, by requiring insurers to provide or offer coverage for specified health services, by requiring insurers to determine health insurance premiums through community rating methods, by preventing insurers from excluding coverage for any pre-existing health condition, by introducing "managed competition" concepts, or by individualizing insurance coverage by instituting individual refundable tax credits in place of the current tax advantages accorded to employer group plans.

The Bush plan would use the tax system to "encourage and 'empower'" **individuals to** buy health insurance, and would enact insurance market reforms that make it possible for everyone--even if they have pre-existing health problems--to get insurance (Murray, 1992). The Bush plan **also aims** to create a health insurance market in which competition would keep costs down. Thus, under one of the bills intended to implement the Bush plan, small employers would benefit from managed competition through the formation of health insurance

networks (HINs)]) (“ Compmhensive Health Reform Act of 1992”). HINs would arrange for the purchase of health insurance and could also negotiate payment rates and selective contracts with health care providers “for the purpose of obtaining favorable health insurance rates for its members. “[12] The Bush plan hopes to achieve universal coverage by mandating the purchase of at least a basic benefit plan, to be specified by Congress.

S. 1872 (Bentsen), the Better Access to Affordable Health Care Act of 1991 is an example of “small **group reform.” S.** 1872 would expand insurance coverage by increasing self-employed individuals’ tax deduction for health insurance expense to 100 percent and through small employer health insurance reform. The bill provides for grants to help States develop health insurance group purchasing arrangement for small employers (i. e., employers with 50 employees or fewer), and begin the process of developing and enforcing standards for guaranteed eligibility, renewability, limits on pm-existing condition exclusions, and preemption of State mandates by a Federal package of basic benefits. Among other things, the Bentscn bill specifies **two** packages--a “basic” (bare bones) and a “standard” benefit package-f minimum benefits that insurers offering health insurance plans to small employers in a State must offer (sec. 21 13).

H.R. 5936 (Cooper and Andrews), The Managed Competition Act of 1992, is **a far-reaching example** of a **“managed competition”** approach to health care reform. The bill uses strong tax incentives to encourage providers and insurance companies to form health partnerships which will be publicly accountable for costs and quality. Large regional purchasing cooperatives (Health Plan Purchasing Cooperatives [HPPs]) would give individuals and small businesses the benefits of greater buying power. A national health board will establish a “uniform set of effective health benefits”; in order to have tax-favored status, health plans will be required to offer those standard benefits, comply with insurance reforms, and disclose information on medical outcomes, cost-effectiveness, and consumer satisfaction (Conservative Democratic Forum Task Force on Health Care Reform, ‘[The Managed Competition Act of 1992: Highlights, ” Washington, DC, September 1992).

Other managed competition plans that would apply to the nation as a whole as a whole include "The 21st Century American Health System" (the Jackson Hole Group's plan [Ellwood and Etheredge, 1991], which provided much of the basis for H.R. 5936) and the Clinton/Gore Health Plan (Clinton/Gore Campaign, October 1992). The Clinton/Gore Health Plan differs from H.R. 5936 in that, in addition to the use of managed competition, Clinton/Gore propose: a national health budget; some price controls (e. g., on prescription drugs and on fee-for-service care) [13]; and universal coverage (through mandatory coverage of employees and their families through employer-based health plans, and a public plan for unemployed people).

Other proposals. Some proposals introduced in the 102nd Congress do not easily fit into any of the categories named above. These include:

- H.R. 3229, the U.S. Health Services Act, introduced by Congressman Dellums in the 102nd Congress, would set up a single delivery system to provide a full range of mental and other health services through the facilities of the U.S. Health Service. There would be no charges for services.

- H. R. 5502 was intended to "establish the framework for a health care system that will bring about universal access to affordable, quality health care by containing the growth in health care costs, by improving access to and simplifying the administration of health insurance, by deterring and prosecuting health care fraud and abuse, by expanding benefits under the Medicare program, by expanding eligibility and increasing payment levels under the Medicaid program, and by making health insurance available to all children. "[14] Some of the Medicaid and Medicare amendments of H.R. 5502 were folded into a combination tax and urban aid package passed at the end of the 102nd Congress; at the time this background paper was being prepared, it was unclear whether this measure would be vetoed by the President (Pianin, 1992).

11 As an example of a different strategy for categorizing reform **approaches,** Henry Aaron of the Brookings Institution addressed two objectives of health care reform and analyzed three different approaches to achieving each of the objectives: Aaron compared "national health insurance, " "tax credits, " and an "employment-based, public backup" system as approaches to achieving universal coverage, and "competition, managed competition, " and "budget limits" as approaches to controlling the growth of health care costs (Aaron, 1992). According to Aaron, "No necessary connection exists between cost control and extension of coverage, but most who advocate national health insurance espouse budget limits to control costs, and most who advocate tax credits support market competition to control costs. Advocates of extending employment-based insurance support managed competition or budget limits" (Aaron, 1992).

12 HINs as defined in H.R. 5919 are similar to HPPCS as defined in H.R. 5936.

13 However, according to Clinton/Gore, "managed competition, not price controls, will make the budget work" (Clinton/Gore Campaign, October 1992).

14 To help contain costs, Title I of H.R. 5502 sets a national health budget **for total public and** private sector health care expenditures and establishes maximum payment rates to **providers; it also provides incentives** for expansion of qualified HMOs. Title II sets health benefit plan *standards (e.g.,* plans may not deny, limit or condition coverage based on the health status of an individual), mandates procedures for administrative simplification (e. g., uniform claims requirements, uniform hospital reporting), establish= procedures for dealing with fraud and abuse by health benefit plans, and has provisions for malpractice reform and uniform reporting of patient outcomes information. Title III expands Medicaid eligibility and sets a floor on Medicaid payment levels for inpatient hospital services and physicians' services; expands Medicare benefits to include well-child care for children under age 7 and prescription drugs; increases and makes permanent the deduction of health insurance costs of self-employed individuals; and establishes a program of health insurance for children under age 19 by adding a new title to the Social Security Act.

Table 6-1-Prevention Benefit Provisions of Selected "Play or Pay" Congressional Health Care Reform Proposals

Proposal	A Pregnancy-related services	B Children's preventive services	C Screening services	D Health promotion/ education/ counseling	E Cost-sharing for preventive services	F Other
H .R. *3205* (Rostenkowski, D-IL)	Prenatal care'; post-natal family planning.	Well-child care (18 and younger).	Mammograms Pap smears; colorectal cancer screening.	Not specified.	Deductibles and coinsurance provisions do not apply to preventive services.	Immunization services. [b]
s. I 177 (Rockefeller, D-WV)	Prenatal care, including home visitation services; family planning.	Well-child care (including immunizations); EPSDT services (18 and younger)[a]	Mammograms; Pap smears; colorectal cancer screeing.	Not specified.	Deductibles and coinsurance provisions do not apply to preventive and EPSDT services. [a]	Not specified.
s 1227 (Mitchell, D-ME)	Prenatal care.	Well-baby care (1 and younger); well-child care (19 and younger).	Mammograms Pap smears.	Not specified.	not specified.	Excluded services: Routine physical examinations.

EPSDT services include screening services, a comprehensive health and development history, a comprhensive uncloth physical exam, immunizations, laboratory tests, health education, vision services, dental services and hearing services at intervals which meet reasonable standards of medical and dental practice as determined by the Secretary of the Department of Health and Human Services.

As described in section 1862 (a)(1)(H) of the Social Security Act.

For pregnancy-related services, "the Secretary of Health and Human Services with the American College of Obstetricians and Gynecologists shall establish a schedule of periodicity which reflects the general, appropriate frequency with which [these services] should be provided to pregnant women without complications of pregnancy "

Sources (J, S. Congress, Office of Technology Assessment, 1992, based on bills introduced in the 102nd Congress.

Table 6-2-Prevention Benefit **Provisions of Selected "Single Payer" Congressional Health Care Reform Proposals**

I'reposal	A Pregnancy-related services	B Children's preventive services	C screening services	D Health promotion/ education/ counseling	E Cost-sharing for preventive services	F Other
H R. 8 ({),~kar, D-OH)	Prenatal care.	Well-baby care (1 and younger). Well-child care (23 and younger)'.	Annual mammograms and Pap smears; periodic colored and prostate cancer examinations.	Health care and health promotion services. [b]	Deductibles and other cost-sharing provisions do not apply to pregnancy-related services or well-baby care provided to those with family income below 150% of Federal poverty line.	Basic immunizations and other preventive services. [m]
S1446` (Kerrey, D-NE)	Prenatal and postnatal services (including home visitation services); family planning services.	Well-baby care (1 and younger). Well-child care (18 and younger).'	Periodic mammograms; Pap smears; Colorectal exams; and prostate cancer exams.	Health education and promotion services. [b]	Cost-sharing provisions would not apply to covered preventive services.	Basic immunizations and other preventive services. [d]
t{ .1<. 5524 (Dingell, D-MI; waxman, D-CA)	Prenatal care.	Well-child care (18 and younger).'	Screening services (unspecified).	Counseling for the purpose of promoting and preventing illness or injury.	Deductibles and co-insurance provisions would not apply to covered preventive services.	
S. 2320 (Wellstone, D-MN)	Prenatal and postnatal care.	Well-baby care and well-child Care.[f]	Periodic mammograms, Pap smears, colorectal exams, and exams for prostate **cancer.**	None specified.	No cost-sharing for all covered services, including preventive services.	Other preventive health care services. g
2513 I Ill,". 1)-s1); ı ı (ı J **1)-PA)**	Prenatal and postnatal care	Well-baby and well-child care. [h]	Unspecified screening for breast, cervical and colon cancer.	None specified.	None specified.'	

Table 6-2-Prevention Benefit Provisions of Selected "Single Payer" Congressional Health Care Reform Proposals

Proposal	Pregnancy-related services	Children's preventive services	screening services	Health promotion/ educational counseling	Cost-sharing for preventive services	Other
H R. 3229 (Dellums, D-**('A)**	Prenatal and **postnatal care; family planning** contraceptive services.	Children's health **services.**[J]	Diagnostic **and screening services (unspecified).**	**Health promotion. Prevention of illness through** education and advocacy.[~]	**None Specified.**	[1]

Well- child care includes periodic physical examinations, hearing and vision screening and developmental screening and examinations.

Health care and health promotion services designed to prevent or minimize the effect of illness, disease, or medical condition, as the National CHC Board may, in its desecretion, specify".

\\'cll-child care includes periodic physical examinations, hearing and vision screening, and developmental screening and examinations.

other such health care services as are found to be effective in preventing or minimizing the effect of illness, disease, or medical condition.

Wel-child care includes screening services, a comprehensive health and development history (both physical and mental), a comprehensive unclothed physical exam, appropriate immunizations, laboratory tests and health education.

Definitions of 'baby' and 'child' are not specified.

- II(Other preventive Services on accordance with a schedule to be established by the secretary in consultation Of experts in preventive medicinecine and public health and [thing into consideration those preventive services recommend~ by the U.S. Preventive Services Task Force".

[1]'\\' cll-baby and well-child care would include physical examinations and vision, dental, hearing, and developmental examinations.

A Federal Health Board would establish **cost-sharing requirementWhich should follow a** principle of "encouragement of the use of preventive services. "

children's healthe sevices include assessment of growth and development, education and counseling on childbearing and development, and school and day care ,..tlter health services. **Definition of 'child' is not specified.**

Includes the promotion of health and well-being **through** health education programs, and the prevention of illness, **injury and** throug education and advocacy addressed to the social, occupational, and environmenttal causes of ill health.

Covered[1] services include appropriate preventive services including social, medical, occupational, and **environmental health services, on both an emergency and** sustatined basis.

other such health services as are designed to prevent, or to minimize the effect **of ilness,** disease or medical condition as specified by the Nation~ Comprehensive Health care Board, which would be created under this bill.

U.S Congress. Office of Technology Assessment, 1992, based on bills introduced in the 102nd Congress.

Table 6-3-Prevention Benefit Provisions of Selected "Market Reform" Congressional Health Care Reform Proposals

Prposal	A Pregnancy-related services	B Children's preventive services	C Screening services	D Health promotion/ education/ counseling	E Cost-sharing for preventive services	F Other
1 8 7 2 1, 111>, .11, LYTX)~	Prenatal care.	Well-baby care (age 1 and younger).	Mammograms; Pap smears; colorectal screening services.	None specified	None specified.	Excluded services: routine physical exams and other preventive care.
H R. 5325 (Michel, R-IL)	None specified.	None specified.	None specified.	None specified.	None specified.	None specified.
59 I 9 I'>I I L Ilcl, R-1L, ~, Illyi i-h, R-GA)	None specified.	None specified.	None specified.	None specified.	None specified.	None specified.
H R. 5936 (Cooper, D-TN; Andrews, D-TX)[d]	None specified.	None specified.	None specified.	None specified.	No deductibles and copayments for preventive services.	Medicare to expand coverage to include colorectal cancer screening, mammograms, well-child care and certain immunizations

Representative Services l isted here refer to requirements for small employer (50 or fewer employees) basic health insurance benefit package. The ***basic* benefit** package is limited **for these** preventive services. The standard benefit package may include one **or more of these preventive services.**

Health Partnerships, **health insurance plans which meet Federal guidelines for benefits, premium ratings and other qualifications. A National Health Board Will**

ıI I.. the partnerships, establish uniform benefit packages, and establish standards for reporting and health outcomes.

coverage would include tetanus-diphtheria boosters, influenza vaccines, **and (for** well-child care) routine immunizations administered to children under 7 years

health will be the key to the success of the new health partnerships. " (Conservative Democratic Forum press release, 16 September, 1992).

I **Congress,** Office of Technology Assessment, 1992, based on bills introduced in the 102nd Congress.

Table 6-4-Prevention Benefit Provisions of H.R. 5502 (Health Care Cost Containment and Reform Act of 1992)

Proposal	A Pregnancy-related services	B Children's preventive services	C Screening services	D Health promotion/ education/ counseling	E Cost-sharing for preventive services	F Other
H R. 5502 (stark, D-CA; (**Gephardt, D-MO)**	None specified.	Well-baby and well-child care **(18 and** younger).	Medicare preventive benefits expanded.'	None specified	No copayments for well-baby or well-child care.	Medicare preventive benefits expanded. '

Medicare coverage would be expanded to include colorectal cancer screenings, annual mammograms, well-child care (through age six) and certain immunizations cannual flu vaccines and tetanus-diptheria vaccinations every three years).

sOURCE: U.S. Congress, Office of Technology Assessment, 1992, based on bills introducd in the 102nd Congress.

Table 6-5-Prevention Benefit Provisions of Selected Provider Group Health Care Reform Proposals

Proposal	A Proposal type	B Pregnancy-related services	C Children's preventive services	D Screening services	E Health promotion/ education counseling	F Cost-sharing for preventive services	G Other
American Medical Association	Play or Pay	Prenatal care; family planning.	Immunizations and well-child care up to age 8 (using AAP[c] guidelines).	**Not specified.**	**Not specified.**	**No** deductibles for pre- and postnatal care, and for well-child care up to age 8.	**Excluded are: routine physicals, screening tests and exams**
American Nurses ~JI.1[1c)11	Play or Pay	Prenatal and perinatal care.	Well-baby and well-child care.	Unspecified screening procedures.	School-based disease prevention programs.	Deductibles for some Services[a] will be "held to **a** minimum."	Immunizations; physical exams; other preventive services with proven effectiveness. [b]
American Academy of Family physicians	Play or Pay	Prenatal care.	Well-baby and well-child care.	Periodic evaluation and screening services, **including routine physicals and cancer screening.**	Not specified	**Most** prevention services subject to 20% copay, no deductible. Prenatal, well-baby and -child services not subject to copay nor deductible.	Not specified.
American Academy of	Play or Pay	**Prenatal care; family planning.**	**Routine office visits, immunizations, lab tests (21 and** younger). Child abuse assessment.	**Not specified.**	Not specified.	No deductible or coinsurance for preventive services.	Not specified.

Table 6-5-Prevention Benefit Provisions of Selected Provider Group Health Care Reform Proposals

Proposal	Proposal type	Pregnancy-related services	Children's preventive services	Screening services	Health promotion education/ counseling	Cost-sharing for preventive services	Other
AmericanHospital	Play or Pay, Managed Competition	Prenatal care.	Well-baby care.	Mammograms	Not specified	No deductibles or coinsurance for preventive services.	"Other effective preventive care services. "
National Association of Social Workers	Single Payer	Prenatal, perinatal care; family planning.	Well-baby and well-child care until age 21. [d]	Unspecified diagnostic services.	School-based prevention and health promotion programs.	No deductibles for all covered services, including preventive services.	None specified.
Physicians for a National Health Program[e]	Single Payer	Not specified.	Not specified.	Not specified.	Not specific.	No deductibles or copayments for all covered services, including preventive care.	Unspecified preventive services. [e]
American College	Play or Pay	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.	Not specified.

I ,I,i iihlcs tor certain types of programs and se~i~ (e.g., h~th promotion, such as well-child care, immunimtions, and mammograms) will be held to a minimum to **wider use of cost-efficient, wellness-oriented options. "**

:iI government will delineate the essential =rviws, and will define the levels of covered preventive care services.

Academy of Pediatrics.

nizations and early, routine assessment, diagnosis, and treatment, which will help prevent disease through early identification before onset of illness. "

, , " is intended to incorporate a wide array of services, including medical, **mental,** developmental, psychosocial, dental nutritional, vision **assessments** and and Health education. Includes routine, age-appropriate, clinical health **maintenance exa**minations for everyone over 21.)

everyone would included in a single public plan covering all medically necessary services, including.. preventive and public health measures" (Himmelstein and , 1989).

determining benefits, ACP proposes a process structured around questions of specificity to the patient. These questions pertain to the effectiveness and appropriateness of . A press release from ACP states that the proposal calls for 'uniform benefits covering all medically necessary and effective care, including preventive care, " , press release, 14 September, 1992).

.congress, office of Technology Assessment, 1992, based on American Medical Association, Health Access America: The AMA Plan to Reform America's Health Care system (Chicago, IL: AMA, June 1992); American Nurses Association, Nursing Agenda for Health Care Reform (Washington, DC: **ANA, 1992);** American Academy of Family Physicians, Rx for Health: the Family Physicians' Access Plan (Washington, DC: AAFP, April 1992); American Academy of Pediatrics, Children First.. .A Legislative Proposal (Washington, DC; AAP, 1991); American Hospital Association, "National Health Care Strategy: A Starting Point for Debate, " unpublished, May 1991; National Association of Social Workers, "A National Health Care Proposal, " unpublished, May 1991; Himmelstein, D U,, Woolhandler, S., and the Writing Coommitte of the Working Group on Program Design, "A National Health Program for the United States: **A Physicians'** Proposal, " NEJM 320(2): 102-108, 1989; American College of Physicians, "Universal Insurance for American Health Care: A Proposal of the **American** College of Physicians, " Annals of Internal Medicine 117(6):51 1-19, 1992.

Table 6-6--Prevention Benefit Provisions of Selected Insurer Group Health Care Reform Proposals

Proposal	A Proposal type	B Pregnancy-related services	C Children's preventive services	D Screening services	E Health promotion/ educatioN counseling	F Cost-sharing for preventive services	G Other
IHealth Insurance violation of	Small-group market reform	None specified.	None specified.	None specified.	None specified.	None specified.	None specified.
\II1,II.'1	Market reform	Prenatal care	Well-baby care.	"Other effective reventive and screening procedures. "	None specified.	None specified	'Other effective preventive and screening procedures. "

should not mandate that insurers cover services and categories of care... the buyers of insurance plans, not stae governrnents, should be the ones who decide what provider groups should be covered. " (HIAA, Health Care Financing for All Americans, 1992, pg. 23).

s. **11. S.** Congress, Office of Technology Assessment, 1992, based on Health Insurance Association of America, Health Care Financing for All Americans: Private Market Reform and Public Resposibility (Washington, DC: HIAA, 1991); Blue Cross Blue Shield Association, Community Partnerships for a Healthy **America (Washington, DC; BCBSA, May 1992).**

Table 6-7-Prevention Benefit Provisions of Selected Business and Labor Group Health Care Reform Proposals

Proposal	A Proposal type	B Pregnancy-related services	C Children's preventive services	D screening services	E Health promotion/ education/ counseling	F Cost-sharing for preventive services	G Other
Washington Health	Small group market reform	None specified	None specified	None specified	None specified.	None specified	**None specified.**
national Leadership Health	Play or Pay	Prenatal care.	Well-baby and well-child care.[a]	Unspecified screening tests.	None specified.	No copayments for well-baby and well-child care. 20% copayment for physicals and tests.	Routine physicals are covered.
	Single Payer	Prenatal care.	Well-baby	Unspecified diagnostic tests.	None specific.	None specific.	None specified.

baby and well-child care would include **vision, dental, and hearing preventive services.**

I **information** here refers to an **AFL-CIO position statement which does not define a specific plan, but sets core principles. One of these principles is that "any** benefit ; t must include preventive care. "

U S. Congress, Office of Technology Assessment, 1992, based on washigton Business Group on Health, "position **of the** Washington Business **Group on** Health on Restructuring **the Small Group Health Insurance Market, " unpublished, February 20, 1992; National Leadership Coalition for Health Care Reform, Excellent Health** Care for **All Americans at a Reasonable Cost (Washington, DC: National Leadership coalition for Health &** Reform, 1991); AFL-CIO, "Statement by The AFL Executive **Council on National Health Care Reform, " unpublished, Februrary 19, 1991 and AFL-CIO, "Resolution Adopted by the Nineteenth AFL-ClO Convention: Health care," unpublished, November 1991.**

Table 6-8-Prevention Benefit Provisions of Selected "Think Tank" Health Care Reform Proposals

Proposal	A Proposal type	B Pregnancy-related services	C Children's preventive services	D screening services	E Health promotion/ education counseling	F Cost-sharing for preventive services	G Other
Heritage Foundation	Market reform[c]	Prenatal care.	Well-baby and well-child care.	Unspecified screening test.	None specified.	$1,000 deductible and 25% coinsurance.	None **specified.**
American Enterprise Institute 1'., (11} , 1991)	Managed competition	None specified.'	None specified	None specified.'	None specified.'	None specified.[b]	Preventive services that are known to be cost-effective and beneficial.
H o l e	Managed competition	None specified.	None specified.	None specified.	None specified.	None specified.	None specified.

Al insurance plans provide at least the minimum benefits specified by the governments. There should include basic acute care services and a specific set of preventive t are known to be cost-effective and beneficial" (Pauly et al., 1991).
could not require deductibles, copayments, or maximum out-of-pocket payments excess of the levels specified~ by the federal government, which would depend on policys **holder's** family income" (Pauly et al, 1991).
ı credits **or** vouchers to support the mandated purchase of health insurance.

SOURCES: Congress, Office of **Technology Assessment, 1992, based on S.M. Butler, "A Policy Maker's Guide to the Health Care Crisis: Part II: the** Heritage Consumer Choice **Health Plan, " Heritage Talking Points (Washington, DC: Heritage Foundation,** March 1992); Pauly, M. V., Danzon, P., Hoff, J., et al., **"How We Can** Get Responsible National Health Insurance, " American Enterprise 3:60-69, 1992; Jackson Hole Group, "The 21st Century American Health System, " documents one through four, unpublished, September 1991.

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