

Prevention and Public Health: 911 for America's Health The Dire Impact of the American Health Care Act on Prevention and Public Health

Prevention is one of the most commonsense and effective ways to improve America's health. Nearly three-quarters (73 percent) of Americans support increasing investments to improve the health of communities.

The Affordable Care Act (ACA) established a dedicated funding stream for public health, the Prevention and Public Health Fund, expanded access to preventive services for most Americans, invested in the health of communities and included other key provisions to improve the health of Americans.

This brief analyzes the impact of the American Health Care Act (AHCA, H.R. 1628), passed by the U.S. House of Representatives on May 4, 2017, on prevention and public health in America. AHCA would roll back the investments that have been made to ensure a healthier America. And the stakes are particularly high right now. The country is facing major health crises – from opioid related deaths to rising rates of diabetes to outbreaks such as Zika and Ebola. For the first time in two decades, the life expectancy of Americans has decreased. Trust for America's Health decries the disinvestment in our nation's health that the AHCA would entail if it becomes law, and urges the U.S. Senate to reaffirm our commitment to a healthy nation by changing the following disastrous provisions.

The American Health Care Act would:

- **Eliminate the Prevention and Public Health Fund (Prevention Fund):**

Created under the ACA, the Prevention Fund is the first funding stream dedicated to improving the public's health. The law requires that the funds be used "to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public health care costs."¹ Currently, it accounts for 12 percent (or nearly \$900 million annually) of the U.S. Centers for Disease Control and Prevention's (CDC) budget. It includes more than \$625 million per year that funds state and local public health efforts such as supporting health security and fighting infectious disease epidemics like Zika and preventing unnecessary illness and deaths from diabetes and heart disease. States are also given flexible block grants from the Prevention Fund to support their priority public health needs. The use of evidence-based, effective public health efforts like the ones supported by the Fund can result in health care savings of as much as \$5.60 for every dollar spent.^{2,3} In addition to the longer-term negative impact

on health care costs, the loss of the Prevention Fund would result in immediate budget cuts ranging from \$2.2 million for Wyoming to more than \$61 million for California.⁴ AHCA would repeal the Prevention and Public Health Fund at the end of fiscal year 2018. For more information, including state specific estimates of the impact of repealing the Prevention Fund, see TFAH's [Special Analysis: Prevention and Public Health Fund Federal & State Allocations](#).

- **Allow States to Opt-Out of the Requirement to Provide Access to Evidence-Based Clinical Preventive Services:** The ACA guaranteed millions of Americans access to the top-rated, evidence-based preventive services at no cost.⁵ Publicly and privately insured individuals currently have no-cost access to more than 15 effective preventive services such as screening and preventive care for high blood pressure and cholesterol, type 2 diabetes, and obesity and screenings for colorectal cancer, depression and substance misuse. The covered services were determined by a process involving the nation's leading scientists and doctors in the U.S. Preventive Services Task Force and the Advisory Committee on Immunization Practices.⁶ With increased access there has been an uptick in the use of such preventive services. For instance, the number of adults getting blood pressure and cholesterol screenings and flu vaccinations has increased, and young adults have more regularly received health promoting and preventive services.^{7,8}

AHCA would allow states to opt-out of the requirement that private small and individual group plans cover these essential health benefits beginning in 2020, when states may apply for waivers to redefine essential health benefits coverage in the individual or small group market.⁹ States would have the option to reduce coverage of a wide range of proven preventive services, such those described above and:

- **Maternal and Women's Preventive Services:** Pregnant women currently have access to screenings ranging from gestational diabetes to Rh incompatibility and hepatitis B. Routine preventive care also covers other no or low cost evidence-based services, such as screening and counseling for domestic and interpersonal violence for all women, breast cancer screening for women over 40 and osteoporosis screening for at risk women over 60.¹⁰
- **Children's Preventive Services:** Children have access to more than 25 priority preventive services, such as for developmental disabilities and autism, lead poisoning, oral and dental health, hearing, obesity and depression among adolescents, and no cost coverage for all recommended vaccinations.

AHCA would repeal the requirement to provide coverage of clinical preventive services and other essential health benefits for Medicaid expansion populations, impacting 14 million people nationwide.

AHCA would establish a State Patient and State Stability Fund for states meeting certain requirements. Promoting access to preventive services is one of the permitted uses of these funds, along with providing financial assistance to high-risk

individuals and providing cost sharing subsidies. Given the high priority uses of this fund, particularly to create high-risk pools and address substance and mental health, states are unlikely to prioritize funds to promote access to preventive services.

- **Allow State to Opt-Out of the Requirement to Provide EPSDT Services to Children in Medicaid:** AHCA would allow states to convert Medicaid to a block grant for certain populations, including children. States that are approved for the block grant would no longer be required to provide the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit that ensures that children get access to the services they need, including clinical preventive services.¹¹

¹ P.L. 111-148: The Patient Protection and Affordable Care Act. Section 4002: Prevention and Public Health Fund. 111th Congress. Enacted March 23, 2010. Available online at: <http://housedocs.house.gov/energycommerce/ppacacon.pdf>.

² Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities. Washington, D.C.: Trust for America's Health, February 2009. Available online at: <http://healthyamericans.org/reports/prevention08/Prevention08.pdf>

³ Mays, G. and Smith, S. Evidence links Increase in Public Health Spending to Declines in Preventable Deaths. Health Affairs. August 2011, 30(8): 1585-1593. Available online at: <http://content.healthaffairs.org/content/30/8/1585.full.pdf+html>.

⁴ Based on 2016 allocations.

⁵ Families USA. (2016, November). Defending Health Care in 2017: What's at Stake? Available online at: <http://familiesusa.org/product/defending-health-care-2017-whats-stake>

⁶ <https://www.hhs.gov/healthcare/facts-and-features/fact-sheets/preventive-services-covered-under-aca/>

⁷ Lau, J. S., Adams, S. H., Park, M. J., Boscardin, W. J., & Irwin, C. E. (2014). Improvement in preventive care of young adults after the Affordable Care Act: the Affordable Care Act is helping. JAMA pediatrics, 168(12), 1101-1106.

⁸ Han, X., Yabroff, K. R., Guy, G. P., Zheng, Z., & Jemal, A. (2015). Has recommended preventive service use increased after elimination of cost-sharing as part of the Affordable Care Act in the United States? Preventive medicine, 78, 85-91.

⁹ <http://kff.org/interactive/proposals-to-replace-the-affordable-care-act/>

¹⁰ Centers for Medicare & Medicaid Services. (2016, September). Medicare Enrollment Dashboard: September 2016 Total. Available online at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/Medicare-Enrollment/Enrollment%20Dashboard.html>

¹¹ The Impact of Medicaid Capped Funding on Children. Prepared by Avalere for the Children's Hospital Association. May 18, 2017. Available on line at http://go.avalere.com/acton/attachment/12909/f-0483/1/-/-/-/avalere%20-%20Childrens%20Hospital%20Association%20Report%20on%20Medicaid%20Capped%20Funding%20embargo.pdf?utm_source=Avalere%20Report&utm_medium=Hospital%20Allies&utm_campaign=Avalere%20Report. See also: Sara Rosenbaum, "The House Manager's Medicaid Amendments: The State Block Grant Option," Health Affairs, March 21, 2017. Available online at: <http://healthaffairs.org/blog/2017/03/21/the-house-managers-medicare-amendments-the-state-block-grant-option/>