Prevention in Health Care Reform

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Since the early 1960s, medical researchers and providers have made enormous progress in the prevention and treatment of heart disease, with a resulting decline in cardiovascular deaths. The progress in preventing these deaths has been attributed to lifestyle changes. In light of the fact that nearly half of all heart disease–related deaths are sudden and unexpected, there is limited opportunity for treatment in this group, and prevention offers the only hope.

The American Heart Association made clinical preventive services an essential element in its Principles of Access to Health Care, approved by the AHA Board in October 1992 and distributed to the Administration and Congress in early 1993. However, Congress has been slow to act on incorporating preventive treatments in health care reform, and legislators indicate that the cost of adding preventive services to a basic benefits plan would be an obstacle to the passage of reform.

What Is Prevention in Health Care Reform?

When President Clinton introduced his comprehensive health care reform legislation in the fall of 1993, one of the outstanding characteristics of the bill was its emphasis on inclusion of clinical preventive benefits in health care reform. AHA was pleased to see that the President's package contained a periodicity schedule for cholesterol screening, immunizations, and regular clinician visits as guaranteed benefits in a basic benefits package. The AHA has worked diligently to ensure that clinical preventive benefits, as well as health counseling, remain a key component of health care reform.

Since President Clinton's bill was introduced, the five main health care committees in Congress have all reviewed the benefit package and offered additions and changes to the preventive benefit provisions. One of the early committees to focus on preventive benefits in health care reform was the Senate Labor and Human Resources Committee, chaired by Senator Edward Kennedy from Massachusetts. In October of 1993, AHA volunteer Dr Charles Francis testified at Senator Kennedy's hearing on the critical need for preventive benefits such as hypertension screening, exercise and nutrition counseling, and smoking cessation counseling to reduce death and disability from cardiovascular diseases, the nation's number one killer. Dr Francis drew the Committee's attention to the release of the Fifth Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure, commonly referred to as JNC V, and particularly to the importance of primary prevention of hypertension for African Americans.

The Senate Labor Committee's revision of the Clinton bill retained the President's programs for health services research, particularly preventive services research at the National Institutes of Health (NIH). In addition, Senator Kennedy demonstrated his commitment to developing better knowledge of preventive treatments by including the AHA-supported health premium set-aside for biomedical research funding at NIH.

In January of this year, the AHA also provided testimony to the House Energy and Commerce Committee on recommended preventive services for women. Since cardiovascular diseases are the leading cause of death in women in the United States (63% higher for women than all female cancer, accident, and diabetes deaths combined), the AHA's testimony highlighted the need for continued research into the issues of cardiovascular disease risk factors among women, particularly the rise in smoking among teen-aged women.

Enhancement of preventive benefits for women was one of the most notable characteristics of the House Education and Labor Committee's revision to the President's bill. The Committee reported on legislation that expanded the President's clinical preventive services to require health plans to provide smoking cessation programs for pregnant women. The Education and Labor bill also would make prenatal care a covered benefit, with no copayments required. In addition, the bill affirmed that obstetricians and gynecologists would be considered a women's primary care physicians. The House Ways and Means Committee also expanded preventive benefits to include pediatric care benefits such as child care and lead screening.

While a number of proposals sought to define preventive benefits in the actual legislation, others, such as the Senate Finance bill, left benefits to be defined by a National Health Benefits board within the Department of Health and Human Services. As of this writing, much remains to be determined as to what the final preventive health service package will look like.

What Does Health Care Reform Mean for Prevention?

The health care reform debate has focused on the nation's attention on the efficiency of our health care system, the high cost of health care, the availability of effective treatments, the cost of effective treatments, and quality of care. Because proposed comprehensive health care is potentially so expensive, many have looked to cost-effective methods of averting expensive treatments and hospitalizations through a variety of preventive measures. Most health care proposals would
direct our system of care toward more managed care, replete with utilization review, gatekeepers, and one very desirable cost containment method: coverage for preventive care.

The cost of cardiovascular disease in 1994 is estimated by the AHA at $128 billion. This figure includes the cost of physician and nursing services, hospital and nursing home services, the cost of medications, and lost productivity. As part of its mission, the AHA has been a long-time advocate of prevention as the key to reducing death and disability from cardiovascular diseases. Through research, certain risk factors contributing to cardiovascular diseases have been identified. The AHA has developed school, workplace, and community-based programs to foster healthy lifestyles and teach preventive behaviors.

Because of the pressing need to reduce health care costs through prevention, the nation’s attention has been drawn to the cost of cigarette smoking, which is the major preventable risk factor for cardiovascular diseases, including heart attack and stroke. The need for Congress to reduce budget deficits, together with the efforts of voluntary health groups, has become the strongest driving force for prevention advocates. Prevention in health care reform would increase the availability of smoking cessation programs, particularly for pregnant women.

The AHA, as part of the Coalition on Smoking Or Health, has been a major advocate of the cigarette tobacco excise tax, primarily as a prevention tool, targeting young people. AHA has been working with Congress to include the tobacco excise tax as a revenue raiser in the health care reform legislation.

Although high levels of blood serum cholesterol and obesity have long been known to be risk factors for heart disease, the focus on our nation’s health and the cost of cardiovascular diseases and bypass surgery has heightened the possibility of better nutrition habits for all Americans. The AHA has specified in all its meetings with the Administration and in its statements before health legislators that nutrition counseling is essential to primary and secondary prevention of myocardial infarction as well as other cardiovascular diseases. Health care reform means that AHA’s message might finally have an opportunity to be heard by a much wider audience.

Anticipated changes in the health care system brought about by insurance reform will have an effect on financial incentives for corporations to use worksite wellness programs. Corporations in an experience rating system of medical indemnification are rewarded for maintaining a healthy group of employees with premium rate reductions commensurate with improved group health.

Under proposed health care reform that relies on community rating to provide better access for the chronically ill, a corporation purchasing health insurance would no longer have the premium rate reduction incentive to offer wellness programs to their group. Health promotion advocates, however, have taken this opportunity to include language in the major bills before the House and the Senate that would restore incentives for corporations to implement worksite wellness programs. As part of its commitment to improving worksite wellness programs, the AHA has developed Heart At Work, a comprehensive cardiovascular health promotion program for employees. It contains modules and activities on nutrition/weight control, high blood pressure, smoking cessation, physical activity, a health risk assessment and education activity, and signals and actions for survival during cardiovascular emergencies such as heart attack or stroke.

Worksite wellness coalitions have assurances from lawmakers that the Secretary of the Department of Health and Human Services will provide financial incentives to businesses who make expenditures to promote health in the workplace.

Prevention and preventive health programs do not stop with health care reform, and they must be infused into all governmental programs involving wellness. For example, the AHA has developed school health education programs as a means of combating conditions and behaviors that later in life put children at risk for heart disease. Nationally, we have been involved in educating children about preventing heart diseases since the 1970s. The AHA continues to push for comprehensive school health education legislation to ensure that children have access to quality health care. The AHA is working to include comprehensive school health in any health care reform proposal.

Schools are the ideal place for children to begin learning lifestyle changes to set the stage for good health in the adult years. The AHA is active in efforts to improve the nutritional content of the school lunch and breakfast programs and interdict the sale, advertising, and promotion of tobacco products. Comprehensive school health education would include physical fitness activities, clinical services such as high blood pressure and high blood cholesterol screening, training in cardiopulmonary resuscitation, employee wellness programs, and comprehensive health education curricula taught in the classrooms. If children learn about heart disease and make appropriate behavior changes in early life, many cases of heart disease and stroke can be prevented.

The health care debate has brought the country’s most prominent health policy and medical experts to Washington to help the President and members of Congress to develop solutions. The Administration, faced with mounting health care costs for federal programs, has expanded and empowered the NIH, Centers for Disease Control and Prevention (CDC), Agency for Health Care Policy and Research (AHCPR), Health Services Resource Administration (HSRA), and the Office of Disease Prevention and Health Promotion (ODPHP) to work together on routing national resources to preventive health care. The Public Health Service, headed by Phil Lee, MD, released a report on the cost-effectiveness of prevention in health care reform. The AHA has worked closely with Dr Lee’s office, as well as the CDC, NIH, ODPHP, and AHCPR to support prevention programs.

There is still an enormous amount of misinformation about prevention in health care reform. Members of Congress need support for making an investment in the future by authorizing funding for preventive programs. Fortunately, many legislators now understand that preventive care, including health counseling and nutrition counseling, are not only cost-effective but also actually cost-saving. The congressional Office of Technology Assessment, a nonpartisan research agency that pro-
vides Congress with objective analyses of the scientific aspects of national policy issues, issued a report in September 1993 entitled *Benefit Design: Clinical Preventive Services*. The report confirmed that, indeed, smoking cessation programs are a very effective method of getting smokers to quit and that quitting definitively diminishes the risks associated with smoking. Since smoking is the leading preventable risk factor for coronary heart disease and stroke, smoking cessation programs are clearly a cost-effective and cost-saving tool for health plans and companies.

Until information on the effectiveness of preventive services becomes more widespread, supporters of the AHA’s mission to decrease death and disability from cardiovascular diseases need to contact their members of Congress and express their support for inclusion of clinical preventive benefits, including mandatory health and nutrition counseling, in a basic benefit package of any health care reform measure to be passed by Congress. The AHA has distributed its recommended basic preventive cardiovascular services to every member of Congress but needs the help of individuals to ensure that the message of true health reform through prevention is delivered by constituents. Readers should write or call their representative and their senators and urge inclusion of basic preventive care in any health care reform legislation to be sent to the President.
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