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# ACA-Mandated Elimination of Cost Sharing for Preventive Screening has had Limited Early Impact

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# ACA-Mandated Elimination of Cost Sharing for Preventive Screening has had Limited Early Impact

## **Abstract**

Did the Affordable Care Act's elimination of cost sharing for preventive services increase rates of colonoscopy and mammography screening? Early results say no.

## **Keywords**

health insurance, health behavior & communication, disease prevention/health promotion

## **Disciplines**

Health and Medical Administration | Health Services Administration | Health Services Research

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# ACA-Mandated Elimination of Cost Sharing for Preventive Screening Has Had Limited Early Impact

Shivan Mehta, Dan Polsky, Jingsan Zhu, James Lewis, Jonathan Kolstad, George Loewenstein, Kevin Volpp

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## KEY FINDINGS:

Did the Affordable Care Act's elimination of cost sharing for preventive services increase rates of colonoscopy and mammography screening? Early results say no.

## THE QUESTION

To reduce financial barriers to receiving recommended preventive care, the Affordable Care Act (ACA) eliminated patient cost sharing for many preventive services. [This provision](#), rolled out between September 2010 and January 2011, applies to all private insurance plans and exempts 'grandfathered plans'. In this study, LDI Senior Fellow Shivan Mehta and colleagues investigated whether this ACA provision has its intended effect on colonoscopy and mammography rates.

## THE FINDINGS

The authors find no significant change in the level of colonoscopy and mammography utilization for beneficiaries in grandfathered vs. non-grandfathered plans. The authors stress that their study only looked at the first nine months after the provision took effect, and that it may take longer for intended effects to manifest. They also suggest possible explanations for their finding:

- Only colonoscopies coded as preventive were eligible for the policy change, so many patients undergoing colonoscopies were still subject to cost sharing;

- Many physicians and patients may have been unaware of this policy change prior to having the procedure done; and
- The elimination of cost sharing may not be a sufficient incentive for patients to undergo invasive and unpleasant procedures, such as colonoscopy.

## THE IMPLICATIONS

This study adds to the body of evidence evaluating whether the ACA is achieving its stated aims, and is the first to examine the impact of the ACA cost sharing provision on colonoscopy and mammography in an insured population. The results, although based on early data, suggest that the elimination of cost sharing for preventive services is not having the intended effect of increasing utilization, at least not for screening for certain cancers among privately-insured individuals. It could be that the impact of this provision will vary by the type of service. There remains plenty of room for improvement, as the insurer's publicly reported rates in 2010 for colorectal cancer and breast cancer screening were 63.7% and 76.9%, respectively. The authors suggest that eliminating cost sharing for all colonoscopies and mammograms in eligible populations, not just for tests coded as preventive, may better support the policy's goal.

## THE STUDY

The authors used data from a national insurer for all beneficiaries aged 50 to 64 years who were enrolled in small business plans at any time between October 2008 and May 2012. There were 63,246 men and women eligible for colorectal cancer screening and 30,802 women eligible for breast cancer screening. In a retrospective analysis, the authors compared colonoscopy and mammography rates for beneficiaries still subject to cost sharing (in grandfathered plans), with those in plans that eliminated cost sharing (intervention plans).

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Mehta SJ, Polsky D, Zhu J, Lewis JD, Kolstad JT, Loewenstein G, Volpp KG. [ACA-Mandated Elimination of Cost Sharing for Preventive Screening Has Had Limited Early Impact](#). Am J Manag Care. 2015; 21(7):511-517.

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Dr. Shivan Mehta is Director of Operations at the [Penn Medicine Center for Innovation](#) and Instructor of Medicine at the [Perelman School of Medicine](#). A gastroenterologist by training, Dr. Mehta works to develop, test, and implement new



health care delivery interventions across Penn Medicine's health system. He also conducts health services research looking at how health care systems can leverage behavioral economics, design thinking, and information technology to improve population health through medication adherence and cancer screening. Learn more about Dr. Mehta's work [here](#).



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