Summary: This section would waive beneficiary coinsurance requirements for most preventive services, requiring Medicare to cover 100 percent of the costs. Services for which no coinsurance or deductible would be required are the personalized prevention plan services and any covered preventive service if it is recommended with a grade of A or B by the U.S. Preventive Services Task Force.

Status update: On June 20, 2011, the Centers for Medicare and Medicaid Services (CMS) released a new report showing that more than 5 million Americans with traditional Medicare – or nearly one in six people with Medicare – took advantage of one or more of the recommended preventive benefits now available for free. According to the report, over 5.5 million beneficiaries in traditional Medicare used one or more of the preventive benefits now covered without cost-sharing including, most prominently, mammograms, bone density screenings, and screenings for prostate cancer.

Next steps:
- January 1, 2011 – Provision goes into effect
- June 20, 2011 – CMS released a report regarding the use of these free services.

Additional information:
- A or B recommendations of the USPSTF -- [http://www.uspreventiveservicestaskforce.org/recommendations.htm](http://www.uspreventiveservicestaskforce.org/recommendations.htm)
- Center for Medicare and Medicaid Services (CMS) information on preventive services in Medicare -- [http://www.cms.gov/PrevntionGenInfo/](http://www.cms.gov/PrevntionGenInfo/)
- CMS information on colorectal cancer screening -- [http://www.cms.gov/ColorectalCancerScreening/02_ProviderResources.asp](http://www.cms.gov/ColorectalCancerScreening/02_ProviderResources.asp)

Long summary:
Sec. 4104. Removal of barriers to preventive services in Medicare (as modified by sec. 10406).
Eliminates cost sharing requirements for Medicare covered preventive services that are recommended (rated A or B) by the U.S. Preventive Services Task Force. Further defines preventive services as screening and preventive services, initial preventive examination, and personalized
prevention plan services. Personalized prevention plan would be developed at the annual wellness visit and is further defined under section (hh)(1) of the Social Security Act (that defines it as a plan for an individual that includes a health risk assessment that meets the guidelines established by the Secretary . . . of the individual that is completed prior to or as part of the same visit with a health professional. . . and that takes into account the results of the health risk assessment). Also waives the deductible (but not the coinsurance) for colorectal cancer screening tests regardless of coding, subsequent diagnosis, or ancillary tissue removal during the screening procedure.

**Effective date.** Effective January 1, 2011

**Legislative text:**

SEC. 4104. REMOVAL OF BARRIERS TO PREVENTIVE SERVICES IN MEDICARE.
(a) DEFINITION OF PREVENTIVE SERVICES.—Section 1861(ddd) of the Social Security Act (42 U.S.C. 1395x(ddd)) is amended—
(1) in the heading, by inserting “Preventive Services” after “Services”;
(2) in paragraph (1), by striking “not otherwise described in this title” and inserting “not described in subparagraph (A) or (C) of paragraph (3)”; and
(3) by adding at the end the following new paragraph:
"(3) The term ‘preventive services’ means the following:
"(A) The screening and preventive services described in subsection (ww)(2) (other than the service described in subparagraph (M) of such subsection).
"(B) An initial preventive physical examination (as defined in subsection (ww)).
"(C) Personalized prevention plan services (as defined in subsection (hh)(1))."
(b) PAYMENT AND ELIMINATION OF COINSURANCE IN ALL SETTINGS.—Section 1833(a)(1) of the Social Security Act (42 U.S.C. 1395l(a)(1)), as amended by section 4103(c)(1), is amended—
(1) in subparagraph (T), by inserting “(or 100 percent if such services are recommended with a grade of A or B by the United States Preventive Services Task Force for any indication or population and are appropriate for the individual)” after “80 percent”;
(2) in subparagraph (W)—
(A) in clause (i), by inserting “(if such subparagraph were applied, by substituting ‘100 percent’ for ‘80 percent’)” after “subparagraph (D)”;
(B) in clause (ii), by striking “80 percent” and inserting “100 percent”;
(3) by striking “and” before “(X)”;
(4) by inserting before the semicolon at the end “(Y) with respect to preventive services described in subparagraphs (A) and (B) of section 1861(ddd)(3) that are appropriate for the individual and, in the case of such services described in subparagraph (A), are recommended with a grade of A or B by the United States Preventive Services Task Force for any indication or population, the amount paid shall be 100 percent of (i) except as provided in clause (ii), the lesser of the actual charge for the services or the amount determined under the fee schedule that applies to such services under this part, and (ii) in the case of such services that are covered OPD services (as defined in subsection (t)(1)(B)), the amount determined under subsection (t)”.
(c) WAIVER OF APPLICATION OF DEDUCTIBLE FOR PREVENTIVE SERVICES AND COLORECTAL CANCER SCREENING TESTS.—Section 1833(b) of the Social Security Act (42 U.S.C. 1395l(b)), as amended by section 4103(c)(4), is amended—
(1) in paragraph (1), by striking “items and services described in section 1861(s)(10)(A)” and inserting “preventive services described in subparagraph (A) of section 1861(ddd)(3) that are recommended with a grade of A or B by the United States Preventive Services Task Force for any indication or population and are appropriate for the individual,”; and
(2) by adding at the end the following new sentence: “Paragraph (1) of the first sentence of this subsection shall apply with respect to a colorectal cancer screening test regardless of the code that is billed for the establishment of a diagnosis as a result of the test, or for the removal of tissue or other matter or other procedure that is furnished in connection with, as a result of, and in the same clinical encounter as the screening test.”
(d) EFFECTIVE DATE.—The amendments made by this section shall apply to items and services furnished on or after January 1, 2011.