

# Preventing Serious Illness

WITH ROUTINE CARE AND SCREENINGS



# Saving Lives Through Preventive Care and Health Screenings

## Key Takeaways

- Every American deserves access to preventive care and screenings to catch conditions early before they progress.
- Many preventive screenings and services recommended by the U.S. Preventive Services Task Force, the Advisory Committee on Immunization Practices, and the Health Resources and Services Administration are covered with no cost to patients, including routine cancer screenings, annual wellness visits, and recommended vaccines.
- Health insurance providers are leading the way by encouraging the people they serve to get their recommended preventive services and incentivizing providers to ensure that their patients are up to date with these important preventive screenings.

Section 2713 of the Public Health Service Act and interim final regulations state that non-grandfathered group health plans and health insurance coverage offered in the individual or group market must provide coverage for a range of preventive services without cost-sharing (such as copayments, deductibles, or co-insurance) for patients receiving these services. These benefits include the evidence-based items or services recommended by the U.S. Preventive Services Task Force (USPSTF) with a rating of “A” or “B”; immunizations recommended for routine use by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC); care and screenings provided for in the Health Resources and Services Administration (HRSA) Bright Futures Guidelines (Periodicity Schedule) for infants, children, and adolescents; and preventive care and screening provided for in the HRSA supported Women’s Preventive Services Guidelines.

### **Every American deserves access to preventive care and screenings that are essential to reducing the risk for many diseases.**

Cancer screenings, dental check-ups, routine physical exams, and vaccinations are key to keeping Americans of all ages healthy and identifying potential problems early. Proactively seeking care and tackling health issues helps people stay healthy and reduces the risk of patients’ conditions advancing and requiring additional care.

Many preventive services are covered with no cost to patients as a requirement of the Affordable Care Act (ACA). These services include vaccinations, several cancer screenings, contraceptive services, and pre-exposure prophylaxis (PrEP) for HIV, among others.

Routine cardiovascular exams save tens of thousands of adult lives each year. Vaccines save the lives of roughly 42,000 children on an annual basis. However, despite the clear health benefits of preventive care and screening, most people are not safeguarding their health this way. In 2018, 24% of Americans didn’t go to the doctor for a routine checkup, [1 in 3 adults](#) haven’t visited the dentist in over a year, and [only 33% of Americans](#) received their flu shot in the past year, according to a 2019 report by CDC’s Behavioral Risk Factor Surveillance System.

The emergence of the COVID-19 pandemic in the first quarter of 2020 [disrupted](#) health care in the United States. Stay-at-home orders were issued, and professional societies recommended pausing routine cancer screening, among other routine services, during the early stages of the pandemic. In addition, people cited fear of COVID-19 as a reason to avoid medical care, and concerns about the benefits of preventive medical care versus risk of COVID-19 infection may have resulted in more deferred care. The reduced number of people who take advantage of recommended preventive care continues to be a major public health challenge.

Health insurance providers have stepped up to help close the gaps in preventive care through partnerships with providers, increased patient outreach, incentives, and more. Health plans are also adapting their policies and covered services as innovations become available to ensure that their members are receiving the most effective and affordable care. This issue brief offers information on the current landscape of preventive services, challenges in getting patients to use them, and opportunities and examples of actions by health insurance providers to help get Americans back on track towards a healthy life.

# Innovations in Routine Wellness Visits

The annual physical exam serves as a wellness check for patients to meet with a primary care doctor and discuss their health issues and preventive screenings. Patients may receive routine bloodwork, a mental health assessment, testing for sexually transmitted infection (STI), and updates on recommended vaccines, among other services. These annual check-ups can serve as an opportunity to connect with a clinician to review personal and family health history and build a relationship, which can be valuable when more extensive care is needed.

Routine preventive care among patients has fallen significantly during the COVID-19 pandemic. Some estimates show that fewer than 35% of people got their annual check-up in the first half of 2020, with the onset of the pandemic. But even before the pandemic, only 41% of males and 43% of females were up-to-date on their recommended preventive screenings, according to [HealthyPeople 2020](#). In many instances, these preventive screenings recommended by the USPSTF – including cancer screenings, mental health screenings, or screenings for STIs – are available to patients in primary care settings, frequently at their annual routine physical or wellness visit.

While routine visits are common among children and adolescents, these figures fall off as people reach the “young and healthy” phase of life, before rebounding in older age. People aged 18 to 59 had [25% lower rates](#) of annual physical use, compared to people over age 60. Yet many of the recommended preventive screenings begin well before age 60, including screenings recommended for people of all ages, such as Hepatitis C virus screening, screening for prediabetes, and screening for hypertension. Men, in particular, [neglect routine wellness checkups](#) and believe they are healthier than they are, leaving them potentially unaware of issues that could be harmful to their health.

To screen people in the most effective means via their routine annual physical, health insurance providers encourage people to get their preventive wellness check-ups.

**Cigna** recognizes that people may have skipped their routine annual physicals for a variety of reasons – long wait times, inconvenient travel for in-person appointments, cost for after-hours care, and fear of COVID-19. To circumvent some of these barriers, Cigna offers virtual wellness screenings so



customers can access care wherever, whenever they need it. Cigna’s process involves some components of in-person care but scheduled at the patient’s convenience – patients first make a lab visit at LabCorp or Quest Diagnostics office for bloodwork and biometric screenings, then have a video or phone visit with a Board-certified primary care physician once the results are available. With the telehealth physician visit, patients receive the same quality of care they would expect with an in-person visit, including discussions of social and familial health risk factors, emotional and psychological well-being, as well as the results of the lab and biometric work. Patients can then develop an action plan with their clinician, including any necessary referrals or action steps, and the option to designate this provider as their primary care clinician, who is available virtually.

As part of its ongoing efforts to promote health equity, **CVS Health** is expanding its Project Health initiative, a community-based health screening program, to new regions of the country. The initiative brings mobile screening units to historically underserved communities. The mobile units offer free biometric screenings including blood pressure, cholesterol, glucose level, and body mass index to detect early risks of chronic conditions such as diabetes, hypertension, and heart disease. Patients can also use the opportunity to meet with a nurse practitioner who can provide referrals for treatment and information on follow-up care, serving as a substitute for an in-office routine wellness visit and offering a bridge to more consistent preventive care. The Project Health program was originally established in 2006 and has delivered \$140 million in free screenings to over 1 million Americans.

# Preventive Care for Oral Health

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The [Office of Disease Prevention and Health Promotion](#) calls oral health “an essential part of staying healthy” and categorizes oral health as a “leading health indicator,” linked to several chronic diseases, including diabetes, heart disease, and stroke. The [Mayo Clinic](#) calls oral health “a window to your overall health.” Yet [only 44.5% of people aged 2 and older](#) had a dental visit in the previous 12 months, a rate which was essentially unchanged prior to the COVID-19 pandemic.

The COVID-19 pandemic undoubtedly disrupted health care for many Americans, with untold millions neglecting or delaying needed care, including preventive service visits. As it relates to dental health care, [nearly half](#) of Americans delayed going to the dentist due to the pandemic. This was especially pronounced among older Americans, with an [estimated 5.7 million Medicare enrollees](#) putting off dental care during the pandemic.

In addition to those who delayed or avoided dental care, [many more Americans](#) reported snacking more on sweets, skipped brushing, or reported flossing less frequently during the pandemic. According to the [American Dental Association’s Health Policy Institute](#), dentists saw increases in cavities and periodontal disease, cracked teeth, and sore jaws during the pandemic.

Dental health is an important part of a person’s overall health. And like preventive medical care and screenings, preventive dental care has an important role in keeping a person healthy. Maintaining good oral health is part of many Americans’ daily lives, too – good habits like brushing, flossing, and routine dental visits for oral exams and teeth cleaning can carry significant long-term benefits. Only a few decades ago, it was almost a foregone conclusion that a person’s teeth would rot and fall out, causing a person significant pain and discomfort. Today, habits that start in early childhood can help a person maintain good oral hygiene for a lifetime and protect a person’s mouth – and the rest of their body. Our mouths can be an entry point for bacteria, which can have impacts on heart health, pneumonia, and even pregnancy and birth complications.

Experts [recommend that most people see a dentist](#) for a preventive visit once or twice a year. [Dental check-ups](#) include teeth cleaning, which includes removal of excess tartar and plaque from a person’s teeth, tooth polishing, and an oral exam, where a dentist checks on teeth, gums, soft palette,

tongue, throat, and neck. X-rays may be appropriate in some circumstances, which can reveal further insight into a person’s dental health. These preventive visits give an opportunity for a trained provider to engage with a person about their oral health and to evaluate conditions that may impact a person’s overall health, too – with some states allowing [dentists to provide services including vaccines](#) for COVID-19 and some advocating for [increased primary care training for dentists](#).

Dental insurance providers are working to keep their patients engaged in their oral health. Plans are conducting targeted outreach to encourage people to return to the dentist’s office and are using innovative approaches, including tele-dentistry, to make care convenient and accessible.

**Florida Blue** has launched an innovative program to help people with chronic health conditions improve their oral and overall health. Florida Blue is able to use medical claims data to identify members who have been diagnosed with one (or more) relevant conditions – diabetes, coronary artery disease, stroke, Sjogren’s syndrome, head and neck cancers, oral cancer, and pregnancy – to offer evidence-based dental benefits at no additional cost to the member. Members with Florida Blue medical and dental coverage are auto-enrolled in the program and become eligible to receive benefits that are proven to help the member better manage their specific chronic condition(s). Members have no co-payments or deductibles for these services, as long as the member’s standard plan covers periodontal root planning and scaling. Early results of the program show roughly [8% reduction in total medical costs](#) and 27% decrease in in-patient or non-elective costs among those who utilize their dental benefits compared to those who do not. Florida Blue will expand the program to include members with chronic obstructive pulmonary disease (COPD), end-stage renal disease (ESRD), and metabolic syndrome effective January 1, 2023.

**Delta Dental** is working with its members and network dentists to reinforce the importance of oral health in physical and mental health. Poor oral health can contribute to or worsen conditions like diabetes, heart disease and dementia. To help their members manage their oral health, Delta Dental is working to close some of the gaps that could prevent a person from getting the care and services they need. There are social and economic factors that impact access, like the inability to take time away from work, physical (both geographic and personal) challenges with getting to a dentist

in a rural area or finding a dentist able to treat physically or cognitively impaired individuals. To address these challenges, Delta Dental of South Dakota, for example, operates 3 mobile clinics to travel the state and focus on underserved and Native American populations. In Tennessee, Delta Dental works with dental residency programs and the state department of health to fill the void and bring care to “dental deserts.” In Illinois, Delta Dental brings dental clinics directly to workplaces to lower the time barrier to access. Recognizing the importance of prevention and oral health to overall health, Delta Dental is working across the country to fund new water fill stations in schools that have access to fluoridated water, address early oral health challenges with kindergarten through fourth grade populations, and to expand the role of the dentist to, for example, screen at-risk patients for diabetes and high blood pressure. Delta Dental of Michigan introduced a plan that covers special health care needs patients and worked with the University of Pennsylvania on a free dentist education program to increase proficiencies in treating these individuals.



# Importance of Breast Cancer Screening

Breast cancer is the second most common type of cancer diagnosed in women in the United States, estimated at over [285,000 newly diagnosed cases and over 43,000 deaths in 2022](#) alone. Studies have shown that the risk of being diagnosed with breast cancer is due to a combination of both genetic and environmental factors. Women who have a family history are recommended to talk to a health care provider about potential genetic risk factors and the best screening options available, important steps for breast cancer prevention. In addition to genetic factors, lifestyle choices such as keeping a healthy weight and regular exercise, limiting alcohol intake, and breastfeeding may help to lower breast cancer risk.

The National Cancer Institute estimates that as of 2019, [76.4%](#) of females aged 50-74 had a mammography within the past 2 years. However, the emergence of COVID-19 in early 2020 caused significant delays in health care procedures, including preventive services like breast cancer screening. The CDC reported that the total number of breast cancer screenings received by women through the National Breast and Cervical Cancer Early Detection Program [declined by 87% during April 2020](#), as compared with the previous 5-year averages. Other barriers to breast cancer screening include pain or embarrassment associated with mammography and lack of knowledge about the importance of screening. Prolonged delays in screening may lead to delayed diagnoses and poor health consequences, and efforts must be made to ensure this population gets back on track.

Early detection of breast cancer through screening saves lives, increases life expectancy, and decreases incidence of late-stage breast cancer diagnoses. According to the American Cancer Society, when breast cancer is detected early and is in a localized stage, the 5-year relative survival rate is 99%. The USPSTF currently [recommends](#) biennial screening mammography for women aged 50 to 74 years, and allows women aged 40 to 49 years old to choose to begin biennial screening if they believe the potential benefit outweighs potential harms. For women over age 75, there is not enough evidence that the benefits of screening outweigh the harms.

In addition to biennial routine mammogram, clinicians can conduct manual breast abnormality evaluations. During an annual well-woman visit, health care providers will perform a clinical breast exam to carefully check for lumps or other unusual changes in breast tissue. Like this test, patients can also perform a breast self-exam at home to maintain awareness of any changes to the look and feel of their breasts and be able to discuss them with their health care provider.



The USPSTF also warns that all women undergoing regular screening mammography are at risk of obtaining false-positive results and unnecessary follow-up biopsies, known as “overdiagnosis.” Beginning mammography screening at a younger age and screening more frequently may increase the risk for overdiagnosis and subsequent overtreatment. Breast Magnetic Resonance Imaging (MRI) and breast ultrasound are sometimes used along with mammograms to screen women who have dense breast tissue or are at high risk for developing breast cancer. However, the rates of false-positive or abnormal results from an MRI are much higher than from a mammogram and are not recommended for screening women with average risk. Across multiple sources of breast cancer screening guidelines, there is insufficient evidence that tools such as ultrasonography, MRI, and digital breast tomosynthesis (DBT), or “3D mammography,”

provide a favorable [benefit-to-harm ratio](#), which is why a regular screening mammography is the preferred method of assessment and diagnosis. Despite not being recommended by the USPSTF, some states still require coverage of breast MRI and/or ultrasound as a preventive service, which can lead to inconsistencies across geographies and confusion in what type of screening should be provided.

Breast cancer screening cannot prevent breast cancer, but it can help find breast cancer earlier, and early detection can reduce breast cancer morbidity and mortality. It is important for health care providers to discuss the risk factors for breast cancer and the importance of screening with their patients to help address any concerns they may have about the exam.

Health insurance providers are committed to improving women's health and promoting the importance of preventive care. In light of the high rates of missed routine visits and preventive screenings, health insurance providers are using innovative strategies to engage their members to help them get back on track with their recommended care schedules.

In 2021, [CalOptima](#) conducted a population needs assessment that identified a low incidence of breast cancer screenings among members who are Chinese (49%) and members who are Korean (57%), compared to the national average (76%). That's why in 2022, CalOptima partnered with Alinea Medical Imaging and is now offering a mobile mammogram option, with translators on hand, to try to address the lower number of preventative screenings among its members in Orange County. Additionally, CalOptima offers a \$25 gift card to all eligible members ages 50 to 74 who complete a breast cancer screening mammogram.

[HealthPartners](#) is sending preventive care and screening reminders to its members to help them catch up on appropriate recommended care. Claims data is used to identify members who need a reminder, and members may be contacted by case management staff, email, and social media communications. Minnesota Senior Health Options members also get an incentive for completing a mammogram through the HealthPartners "Partners in Excellence" program. From 2015 to 2017, breast cancer screening rates increased by 1 percentage point in HealthPartners commercial and public insurance programs.

# Cervical Cancer Prevention and Screening

Cervical cancer represents less than 1% of all new cancer cases in the United States, with most cases [occurring among women who have not been adequately screened](#). While women of all ages are at risk for developing cervical cancer, the majority of cases occur in women over age 30. Infection of the cervix with human papillomavirus (HPV), the most common sexually transmitted infection (STI) in the United States, is the most common cause of cervical cancer, although not all women with HPV infection will develop cervical cancer.

The percentage of women in the United States who are overdue for cervical cancer screening [has increased from 14% in 2005 to 23% in 2019](#). Like other preventive screening services, the COVID-19 pandemic paused routine procedures including cervical cancer screening, adding to the population-wide decreases in screening rates. Between 2018 and 2020, past-year cervical cancer screening decreased from 58% in 2018 to 52% in 2020 after 4 previous years (2014-2018) of mostly stable screening prevalence; in 2020, an estimated [4.47 million fewer](#) women reported receiving cervical cancer screening in the past year than in 2018. Additionally, disparities in cervical cancer screening and Pap tests may be due to lack of knowledge about risk factors for cervical cancer as well as fear of the examination and its physical discomfort. The most common reason study participants gave for not receiving timely screening was [lack of knowledge about screening](#) or not knowing they needed screening. Though cervical cancer is preventable, disease incidence may continue to rise if rates of timely screening do not improve.

Screening for cervical cancer is often discussed and advised by a health care provider during an annual well-woman visit. It usually takes several years for changes in cervical cells to become cancer, and cervical cancer screening can detect these changes before they become dangerous. If cervical cancer is detected, when it is found early and is in a localized stage, the 5-year relative survival rate is about [92%](#) according to the American Cancer Society. The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology (Pap test) in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (co-testing). The USPSTF recommends against screening for cervical cancer in women younger than 21, and older than 65 who have had adequate prior screening and are not at high risk.

The USPSTF also warns that screening more frequently than every 3 years with cytology alone confers little additional benefit, with a large increase in harms including unnecessary treatment of transient lesions. Treatment of lesions that would otherwise resolve on their own is harmful because it can lead to procedures with unwanted adverse effects, including the potential for cervical incompetence and preterm labor during pregnancy.

The HPV vaccine is another important tool in helping to protect from HPV infections. In a study of nearly 1.7 million women, HPV vaccine [reduced cervical cancer incidence by 90%](#), particularly when girls are vaccinated before age 17. The ACIP recommend vaccination against HPV at age 11 or 12 with catch up vaccination recommendations for all persons through age 26. However, the HPV vaccine does not protect against all types of HPV, and regular cancer screening is still recommended.

To increase consumer awareness of the benefits of cervical cancer screening, it is important for health care providers to recommend the screening and assuage fears, and for all health care stakeholders to use culturally appropriate messages in awareness campaigns focused on the belief that screening is potentially lifesaving.

Health insurance providers help increase awareness of cancer screening and incentivize their members to seek preventive care for diseases like cervical cancer. Here are a few examples of the great work being done to encourage Americans to get there recommended cervical screening and HPV vaccines.

**CareSource** incentivizes preventive care for its members through a rewards program for getting and staying healthy. Adults 18 years and older are automatically enrolled in the MyHealth program and online portal, and all members must do to start earning rewards is to log in, set communication preferences and identify their primary care provider. For female CareSource members ages 18 to 64, completion of an annual cervical cancer screening earns a \$15 reward each year. Rewards are automatically added to the member's account as health activities are completed and claims are processed. Rewards can then be used to shop on the CareSource Online Store or redeemed for gift cards at stores such as TJ Maxx, Sephora, Panera, Dominos, and more.

**Highmark Inc.** promotes cervical cancer prevention with the HPV vaccine by connecting with providers, encouraging





them to make the vaccine routine, and ensuring kids of appropriate age receive the HPV vaccine along with other routine vaccines. Providers are encouraged to share the proven benefits of the vaccine for both males and females, and to emphasize clinical evidence when responding to concerns. [Highmark](#) distributes a list to providers of members who are either turning or are currently aged 9 - 12 years old, as well as a letter to their parents to highlight the vaccine's safety and reinforce the importance of the HPV vaccine in cancer prevention. Highmark has also created an internal performance quality metric tied to HPV vaccine delivery and provides financial incentives for providers who maintain high clinical quality, as measured by targeted indicators. Highmark works with both patients and parents to dispel myths about the HPV vaccine.

# Advances in Colorectal Cancer Screening

Colorectal cancer, a disease that causes the cells in the colon or rectum to grow out of control, is the [third](#) leading cause of cancer-associated [death](#) for both men and women in the United States. There are over 140,000 new diagnoses of colorectal cancer in the United States each year, making it the [third most common type](#) of cancer. The risk of colorectal cancer increases with age, and those individuals diagnosed with inflammatory bowel disease, have a family history of colorectal cancer, smoke, drink, and do not exercise regularly are at an even greater risk of colorectal cancer.

Though there were over [140,000 new cases](#) of colorectal cancer in 2019, the incidence of colorectal cancer is [actually decreasing](#) since its peak in the early 2000s. Despite declining trends, colorectal cancer incidence among people under 50 is rising, and the disease [disproportionately affects the Black community](#), as African Americans are about 20% more likely to develop colorectal cancer and 40% more likely to die from the disease compared to other racial/ethnic groups. Disparities in colorectal cancer screening and completion of colonoscopies have been [linked](#) to lack of coordination between primary care and specialty care, fear of the procedure and lack of knowledge about screening, and fear of cancer diagnosis. Patients may also face social barriers like transportation challenges or lack the language skills to interact with staff, requiring an interpreter, or the inability to take time off work for screening.

Screening for colorectal cancer reduces [mortality](#), and use of certain screening tools can reduce colorectal cancer incidence. There are a number of different [screening methods](#) for colorectal cancer, including a stool test or direct visualization tests such as flexible sigmoidoscopy, colonoscopy, and Computed Tomography (CT) colonography. The recommended frequency of screening varies by test taken and patient risks. The least invasive means of screening for colorectal cancer is through a stool test, such as Cologuard, which are often recommended to be repeated every year. Flexible sigmoidoscopy and CT colonography, and colonoscopy screenings are recommended every 5 or 10 years, respectively.

The USPSTF [recommends](#) that all adults aged 45 to 75 years should be screened for colorectal cancer and that those between the ages of 76 and 85 should make the decision to

be screened with their physician. In 2020, about 71% of adults between the ages of 50 to 75 were up-to-date with [colorectal screening](#), though almost 20% have never been screened. Recent research has also [found significant decreases in the number of individuals receiving colonoscopies and using screening tests](#) like the fecal immunochemical test (FIT) during the COVID-19 pandemic, likely associated with hospital access restrictions and lack of referrals. People at an increased risk of getting colorectal cancer should talk to their doctor about when to begin screening, which test is right for them, and how often to get tested.

Health insurance providers understand the value of colorectal cancer screenings. These early screenings are an important tool against one of the deadliest cancers in the United States.

**Cigna** has promoted the use of virtual colonoscopies, which uses an MRI or CT scanner to make a three-dimensional image of the colon and rectum. Virtual colonoscopies are safer, take less time to complete, are less invasive than a normal colonoscopy, and may be more convenient, as these scans can be conducted at an MRI or CT imaging center with that capacity. Cigna is enthusiastic about the opportunities created by using this alternative screening approach and hopes that by reducing barriers to screening they can encourage more people to receive their recommended preventive care.

**Independence Blue Cross** has partnered with the Colorectal Cancer Alliance to bring more colorectal cancer screenings to residents of Philadelphia through a program called Cycles of Impact. Independence hopes that Cycles of Impact will help address disparities around colorectal cancer screenings, specifically among Black Americans in the Philadelphia area. The goals of the program are to increase awareness and access to preventive screenings through targeted community engagement and outreach, personalized screening recommendations, and dissemination about options for treatment for those diagnosed with colorectal cancer. Through a \$2.5 million dollar investment in Cycles of Impact, Independence has set a goal to screen at least 2,400 people and prevent 60 or more cancer diagnoses. Independence, through this program and others, is trying to close some of the screening and care gaps among more Americans who are at risk for colorectal cancer.

# Routine Vaccines for Children and Adults

About [42,000 adults and 300 children die](#) each year from vaccine preventable diseases (other than COVID-19), such as influenza, pneumonia, measles, hepatitis, and others. Between [8 and 13 million](#) people are infected and over 300,000 people are hospitalized from these diseases. Vaccines against these infections are safe and widely effective in preventing a wide range of diseases from childhood through the adult lifespan.

Since the late 18th century, vaccines have been used to preserve life and protect against crippling ailments. Childhood and adult vaccinations are important for the prevention of [several devastating diseases](#) including polio, measles, mumps, chickenpox, and Hepatitis B and provide durable protection that can last decades. As a result of vaccines, [Polio](#) caused by wild poliovirus, a disabling and potentially deadly disease, has not been seen in the United States in 30 years. [Chickenpox](#) was the cause of over 100 deaths in 1994; today, fewer than 20 individuals die a year and there has been an 84% drop in hospitalizations in the United States. Each year, the [flu vaccine](#) helps to prevent between 40% and 60% of influenza infections. The CDC estimates that the COVID-19 vaccines helped [prevent](#) 27 million infections and over 230,000 deaths through December 2021.

Despite the enormous public health benefits that vaccinations bring, there are some in the general public that doubt their safety and effectiveness. Vaccine hesitancy is not a new phenomenon. However, in recent years the number of parents who believe vaccination to be unsafe and unnecessary for their children is growing. A U.S. national survey in 2019 found that approximately 1 in 4 parents had serious concerns about vaccinating their children. A study of children in kindergarten found that for the 2020-21 school year, 94% of students received the state-required entry vaccines, an approximately 1 percentage point decrease from the previous school year.

The COVID-19 vaccine is the latest example of vaccine hesitancy and anti-vaccine efforts. Despite clear benefits, only three-quarters of individuals 18 years of age and older are fully vaccinated against the COVID-19 virus, and only half have received a recommended booster dose.

The ACIP, a committee that provides advice and guidance on effective control of vaccine-preventable diseases in the United States, carefully reviews data from vaccine trials and other studies to make recommendations on which vaccines should be given to which age groups and at what intervals. Once ACIP recommendations are made, they become part of the CDC's recommended [Pediatric Immunization Schedule](#) or [Adult Immunization Schedule](#). The FDA, CDC and ACIP continue to monitor vaccines after they have been added to the recommended immunization schedule to ensure vaccines are safe and effective.

Health insurance providers understand the critically important role vaccines play in our nation's public health. Insurance providers work with physicians, nurses, community organizations, and other public health stakeholders to increase the vaccination rates in both children and adults through education, outreach, and by covering the cost of all ACIP recommended routine vaccinations. To encourage children and adults to receive their recommended vaccines, health insurance providers are offering innovative solutions to encourage preventive immunizations.



Since the COVID-19 pandemic, health insurance providers have used innovative [tactics and programs](#) to increase vaccine uptake. Copays, deductibles, and coinsurance for the administration of COVID-19 vaccines were waived for all commercial members. In an innovative partnership, AHIP and its members collaborated with the Blue Cross Blue Shield Association and Association of Community Affiliated Health Plans to vaccinate 2 million seniors living in high-risk communities within 100 days of program launch. The [Vaccine Community Connectors \(VCC\) program](#) leveraged data on social determinants of health to improve equity and break down barriers to vaccine access and provide education on the importance of COVID-19 vaccines. The VCC facilitated important public-private partnerships in several states and was extended to encompass Medicaid enrollees and other underserved populations of all ages.

**Health Partners** in Minnesota has [partnered](#) with local public health departments and respected individuals within the community to combat measles outbreaks in the state by promoting vaccination, reporting disease incidence for tracing, and working to develop and disseminate tailored messaging to affected communities. After getting the measles outbreak under control, Health Partners and public health officials continued their collaboration to continue vaccination efforts in at-risk communities to prevent future outbreaks. The attention paid to the measles outbreak also created an opportunity for education on other vaccine-preventable diseases, benefitting the Twin Cities area beyond the affected communities.

**Elevance Health**, formerly Anthem Inc., has [partnered](#) with Pfizer Inc. and non-profit Vaccinate Your Family to launch [Let's Vaccinate](#), to help providers address disparities for vaccine-preventable diseases. Let's Vaccinate distributes culturally appropriate messaging about vaccines and their benefits specifically targeted for different populations, such as infants and children, adolescents and teens, adults, and pregnant women. The partnership also spotlights health equity education resources to help provider practices better address disparities in their offices.

**Preventive health screenings and services promote timely, whole person care and can help in detecting more serious conditions early when they are more treatable. Health insurance providers see firsthand the vital role that preventive care plays in overall health. The range of initiatives, incentives, and programs put in place by health insurance providers underscores the importance of maintaining awareness of our health and acting on any issues or changes. By working together with providers and community partners and promoting equitable access to preventive services, we can improve affordable access and high value care so everyone can get the care they need, when they need it, to achieve their best health.**

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## ABOUT AHIP

AHIP is the national association whose members provide health care coverage, services, and solutions to hundreds of millions of Americans every day. We are committed to market-based solutions and public-private partnerships that make health care better and coverage more affordable and accessible for everyone.