



Several little-known provisions of the new health care overhaul law take effect in coming months that could have a lasting impact on the nation's health care system.

They include eliminating co-payments for certain preventive services such as mammograms, giving the government more power to review health insurers' premium increases and allowing states to expand Medicaid coverage to low-income adults without children.

Here's a quick look at some of the changes that are occurring this year:

PREVENTION FOR LESS

What: Insurers won't be able to require co-payments or deductibles for certain preventive services such as breast cancer screenings every one to two years, cholesterol blood tests and screenings for some sexually transmitted diseases. Insurers also will have to cover recommended immunizations at no cost to patients. Some health care analysts have suggested that premiums may rise as a result of this and other new requirements, but administration officials say that any increase in premiums would be minuscule.

When: The change takes effect Sept. 23, which means it applies to plan years that begin after that. For many plans, their new years begin after Jan. 1.

Status: The Department of Health and Human Services says regulations are on their way. Paul Bonta, the associate executive director for policy and government affairs at the American College of Preventive Medicine, predicts that manufacturers of vaccines and diagnostic tests will push for their products to be labeled preventive services in a bid to have them covered at no cost to consumers.

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