



PREVIEWING THE FUTURE OF HEALTH SCREENINGS

Written By Lara Carabello

No-cost-share coverage for preventive care and health screenings may have narrowly escaped the chopping block as the Supreme Court of the United States (SCOTUS) seems likely to uphold a key Affordable Care Act (ACA) mandate.

But the jury is still out.

Hearings held in mid-April and then again in May -- *Kennedy v. Braidwood Management*— focused upon the statutory relationship between the HHS secretary and the members of the US Preventive Services Task Force (USPSTF) – not the value of screenings. The question centers on the issue of whether Congress has 'by law' vested the secretary of the HHS with the authority to appoint members of the USPSTF. The outcome of the case is expected to impact various federal advisory panels rather than on employers' preventive services benefits.

A ruling expected by the end of June will determine the fate of these benefits, affecting employers with 50 or more full-time employees. ACA provisions cover medications and screenings recommended by several sources:

- USPSTF: a volunteer panel of experts that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services.
- Health Resources and Services Administration (HRSA): recommends a variety of screenings for women, including HIV, syphilis, and anxiety and for newborns, encompassing a wide range of heritable disorders; supports screenings for conditions like urinary incontinence and breast cancer, alongside contraceptive care, and domestic violence screening.
- Advisory Committee on Immunization Practices (ACIP): a federal advisory committee that develops recommendations on the use of vaccines in the US civilian population.

BACKGROUND ON THE "BRAIDWOOD" CASE

The lawsuit challenged the ACA's process for determining which services must be covered by health insurance, arguing whether a volunteer expert panel can dictate insurer coverage mandates without presidential or congressional approval. Plaintiffs argued that because USPSTF task force members aren't appointed by the president and confirmed by Congress, it's unconstitutional for this body to have the authority to dictate what health insurers must cover.

Instead, they claimed only "principal officers" who go through that process, like the secretary of Health and Human Services (HHS) and those under these officers' command, should have that power. A ruling against the ACA provision could shift power to the HHS secretary, enabling future administrations to approve or veto preventive care coverage, depending upon political priorities.

The lawsuit reached the Supreme Court after the Fifth Circuit Court of Appeals sided with employers, who had argued they should not be required to provide certain services. These employers also challenged the mandate on religious grounds, arguing that the ACA's requirement that plans cover medication for HIV prevention violated the Religious Freedom Restoration Act (RFRA).

Proponents of the mandate argue that covering these benefits at no cost-share leads to earlier detection of serious medical conditions, earlier medical intervention, and more positive patient outcomes, which can decrease the number of high-cost claims in the population and deter costs. Critics oppose the increased costs to employers/plan sponsors and may also oppose certain preventive services on religious grounds, such as the requirement to cover pre-exposure prophylaxis for HIV (PrEP) or birth control.

While some expect that SCOTUS will uphold the mandate, legal and medical experts say that either way the court decides, the ruling could have profound ramifications for the future of preventive health care in the United States. If SCOTUS sides with the Justice Department, the mandate will remain in force.

But affirming the authority of the Secretary of HHS to overrule the expert panels may empower this cabinet-level executive branch department of the federal government to deviate from



how this policy is implemented. The outcome could give the administration broader latitude to shape the recommendations issued by the entities that were originally established with the goal of providing independent analysis and review.

FATE OF SCREENINGS

Kevin Conroy, the chief executive officer of screening test firm Exact Sciences, thinks that quality rating programs and market forces will cause employers and other payers to continue to cover common cancer screening tests -- even if the SCOTUS kills the mandate.

"Payers are highly motivated to get patients screened," Conroy told analysts during a recent meeting.

Screenings are considered a subset of preventive care services and interventions that also include routine check-ups, vaccinations, health counseling and lab tests, all designed to help people stay healthy, detect health problems early, determine the most effective treatments and prevent certain diseases. They also include programs for health monitoring, along with counseling and education to help individuals take care of their own health.

Most health plans extend coverage to a wide range of screenings, including those for cancer, diabetes, cholesterol, and other conditions, at no cost to the employee -- no deductible, co-payment, or coinsurance.

The ACA also mandates coverage for women's preventive care, including screenings for cervical cancer and prenatal care. The USPSTF now advises that women should have the option of taking their own test samples for cervical cancer screening, and US regulators recently approved the first cervical cancer testing kit from Teal Health. This test allows women to collect their own samples at home before shipping them to a laboratory to detect the HPV virus that causes cervical cancer. Women in their 20s should get a Pap test every three years, but from age 30 to 65, they can get an HPV test every five years.

On a positive note and further endorsement of the value of screening, a new study presented at the American Association for Cancer Research Annual Meeting 2025 found that mortality from breast cancer decreased in women ages 20 to 49, from 9.70 per 100,000 in 2010 to 1.47 per 100,000 in 2020, even though the incidence has increased. The research attributed the mortality decline to advances in treatment and detection.

Furthermore, USPSTF now recommends physicians screen pregnant and postpartum women for domestic or intimate partner violence, pointing to the value of behavioral interventions to effectively reduce domestic violence in postpartum and pregnant women and women of reproductive age. In a sign of the times, syphilis cases are at a 3-year high despite widespread adoption of screening guidelines as the USPSTF just renewed its recommendation for early and universal screening for syphilis during pregnancy.

At Northwell Direct, a wholly owned subsidiary of Northwell Health, the largest health care system in NY as well as the largest private employer in New York State, Sandy Balwan, MD, chief medical officer, says, "Screening and prevention are foundational and are critical components of our population health strategy. The USPSTF guidelines are built into the foundation of our initiatives, especially those with level A and B recommendations such as breast cancer, colorectal and hypertension screening."

She insists that screening costs are affordable for most, as many plans are required to cover these tests under the ACA. Common screenings like mammograms, colonoscopies, Pap smears and others are often free of charge to the members if performed in the plan's network.



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“By definition, good screening tests should be cost-effective, accurate (low false positive results and false negative results), safe to administer, able to detect a high number of cases or preclinical diseases that are common, have high morbidity and mortality and lead to demonstrated improved health outcomes,” continues Dr. Balwan. “Therefore, if a screening test is implemented, diseases that burden a significant portion of the population would be detected early, lead to improved health outcomes, and lower total cost of care for patients over time.”

She points to one study in which the annual screening of employees and spouses found that for every 10,000 participants screened, 287 (2.9%) had previously unrecognized hyperglycemia (laboratory evidence of diabetes; A1C >6.4% or FG >125 mg/dL), and estimated that within 1 year, for every 1000 patients with confirmed diabetes, about 105 would experience complications. Within 5 years, about 489 would experience complications, including 50 patients with CVD, 68 patients with retinopathy, 168 patients with neuropathy, and 203 patients with nephropathy. The average annual cost of diabetes with complications is about \$30K.

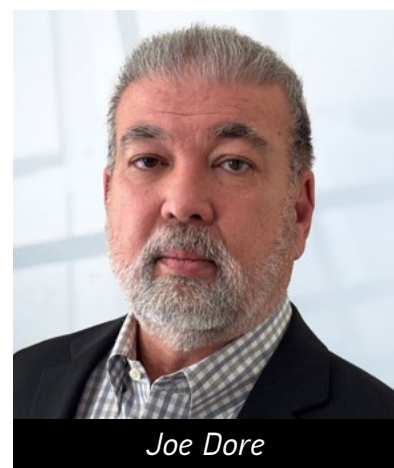
SOCIAL MEDIA MISINFORMATION

In a cross-sectional study of social media posts on Instagram and TikTok, most posts about five popular medical tests were misleading or failed to mention important harm, including overdiagnosis or overuse. As reported in JAMA, the tests included full-body magnetic resonance imaging, the multicancer early detection test and tests for Anti-Mullerian hormone (produced by the ovaries in females and the testes in males), gut microbiome, and testosterone.

WHAT'S AT STAKE?

Self-insured employers have a vested interest in keeping employees healthy since the price tag that accompanies extensive and pricey medical care can impact their health plans with significantly higher financial burdens than preventing medical emergencies or diseases with a routine check-up or screening.

Joe Dore, President, USBenefits Insurance Services, emphasizes, “It’s likely that everyone agrees that any preventative healthcare measure is a positive to ensure illness is discovered in the earliest possible stages. Simple coughs, aches, and unexplained illness can be signs of serious concerns, such as autoimmune issues, heart disease, diabetes, cancer, and mental health.”



He says health screenings should be a part of an annual check-up, noting, “However, for most people, this isn't the case and is often unaffordable. Healthcare screenings should become a part of an employer's wellness program, possibly with some form of financial assistance and/or incentives to encourage this practice. This is especially true for self-funded groups, who can have more control of their risk management and financial objectives.”

Reinstating cost-sharing or declining coverage for screening services would discourage preventive care and increase costs for those who receive them, according to a report from the Employee Benefit Research Institute (EBRI). As a leading nonpartisan, tax-exempt organization dedicated to research and education on employee benefits, EBRI expressed concern that reintroducing cost-sharing could deter care on the individual beneficiary level and likely worsen health inequities, with little impact on employers' overall spending.

A CLOSER LOOK AT SCREENINGS

"The most valuable screenings are those that target conditions that can lead to chronic diseases, such as diabetes, hypertension, and high cholesterol," offers Dr. Balwan. "Early detection through screenings like blood pressure checks, cholesterol panels and glucose tests can help prevent the progression of these conditions, which are often costly to manage long-term."

She adds that cancer screenings, such as breast cancer and colorectal cancer, are crucial for early detection and can save lives by identifying cancers before symptoms appear or in early stages, where treatment can be curative. The value of these screenings lies in their ability to catch potentially serious conditions early, leading to better outcomes and lower treatment costs in the long run.

Source: Hackensack Meridian Health

CANCER

The American Cancer Society stresses that early detection of breast and cervical cancer through screening can improve survival and reduce mortality by finding cancer at an early stage when treatment is more effective and less expensive.

One study of the patient population of Kaiser Permanente of Northern California affirmed that when free cancer screenings became available, the incidence rate of colorectal cancer declined by 17%, and outcomes have improved. Moreover, the CDC said that modern mammography programs can lower breast cancer mortality by more than 40%, and Pap smears have helped to decrease more than 50% in cervical cancer incidence and mortality over the past 30 years.

What's especially relevant and sometimes troubling for employers is that cancer is occurring in more adults at younger ages—before they turn 40 or 50 and sometimes even earlier. Researchers at Yale Medicine

HEALTH SCREENINGS EVERYONE SHOULD GET

Your health is unique to you and many things can influence which screening you should get and when. Talk to your doctor about which screenings may be right for you and when you should get them.

EVERYONE



- ✓ Blood Pressure - All ages
- ✓ Physical Exam (height, weight and BMI) - All ages
- ✓ Vision - All ages
- ✓ Dental - All ages
- ✓ Cholesterol - Starting at age 17+
- ✓ Diabetes (Fasting Plasma Glucose) - Starting at age 35+
- ✓ Colonoscopy - Starting at age 45+
- ✓ HIV Screening - Starting at age 15+

MEN

AGE 50+

- ✓ Prostate Cancer Screening

WOMEN

AGE 21+

- ✓ Cervical Cancer Screening
- ✓ Breast Examination

AGE 40+

- ✓ Cervical Cancer Screening
- ✓ Breast Examination
- ✓ Mammogram

AGE 60+

- ✓ Cervical Cancer Screening
- ✓ Breast Examination
- ✓ Mammogram
- ✓ Osteoporosis Screening (65+)

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characterize this trend as “early-onset” cancers, which are diagnosed in adults between the ages of 18 and 49. Because advancing age is the top risk factor for cancer in general, they view the recent rise in early onset as worrisome.

A new government study conducted by scientists from the National Cancer Institute provides the most complete picture yet of early-onset cancers in people 15 to 49 years old. Findings show the largest increases are in breast, colorectal, kidney and uterine cancers. Of 33 cancer types, 14 cancers had increasing rates in at least one younger age group and about 63% of the early-onset cancers were among women.

When it comes to determining the right age for screening, experts say to be aware of family history. For example, women who are at average risk for breast cancer may start biennial mammography screening at age 40, according to the newest USPSTF recommendations. However, women with a family history of breast cancer are generally advised to start when they are 10 years younger than the first-degree relative (a mother and/or sister) was at their time of diagnosis.

Unfortunately, more women are hearing the words ‘late-stage, invasive breast cancer’ when they’re initially diagnosed. A new study from the Radiological Society of North America finds that late-stage breast cancer, which has metastasized or spread to other parts of the body, is much harder to treat. The results showed women 20-39 years of age experienced the largest annual increase in late-stage breast cancer diagnosis at initial presentation (2.9%).

GENETIC CANCER SCREENINGS

Genetic testing for cancer without requiring a co-payment is a mandated benefit under the ACA for individuals who meet specific criteria outlined by the USPSTF. This includes genetic counseling and BRCA testing to assess the risks of developing breast and ovarian cancer for individuals with relevant personal or family cancer histories.

Up to 10% of cancers are thought to be related to inherited genetic factors and can be readily identified by commercially available multigene tests; as Dr. Balwan points out, “Primary care practices are often a point of contact for patients. As such, they are well-suited to risk-stratify and offer genetic cancer screenings to individuals. Patients with a strong family history of cancer, certain early-onset cancers, or specific genetic syndromes should be prioritized for risk assessment and testing. By preventing more advanced and costly cancer treatment, integrated genetic cancer screenings can be cost-effective in the long run. “

She cautions that it is important for primary care practices to balance this with cost-effectiveness and ensure that genetic screenings are used in the right populations to avoid unnecessary testing. It should be part of a broader personalized care strategy alongside other screenings and preventive measures.

DECLINING CANCER SCREENINGS

Among the reasons cited for patients missing their cancer screening are lack of awareness that they need to be screened for a certain type of cancer, don’t have any symptoms of disease or lack family history of illness. People also express fear of bad news, personal embarrassment, inconvenience, logistical barriers -- difficulty finding a babysitter, taking time off from work, or finding transportation -- and distrust/dislike of doctors or skepticism of the healthcare system, especially among younger adults.

- 2025 Prevent Cancer Foundation Survey: Only half of Americans are getting regular cancer screenings and routine medical care, a significant 10 percentage-point downswing from last year’s survey. Only 65% of women over age 40 had a routine mammogram; just 32% of men are up to date on their

testicular cancer screenings; only 36% of adults said they are up to date on skin cancer checks.

- Aflac's third annual 2025 "Wellness Matters Survey": Most Americans (94%) put off getting a health check-up or screening. There is also widespread confusion regarding what insurance does and doesn't cover. Previous Aflac surveys show that millennials are most lax about health or wellness screenings, and millennials avoided tests such as pap smears, STD screenings, full body skin cancer exams and blood tests at much higher rates than other generations.

"A UNION ON A MISSION"

Preventative cancer care is not always convenient, especially for employees with unique schedules outside the traditional nine-to-five. Blue-collar workers in industries such as trucking and warehouse and supply can find it challenging to make time for cancer screenings and other types of care because of the amount of time they spend on the road or the timing of their shifts.

But the need for diligence in overall preventative care is especially important for this population: Studies show truck drivers are at higher risk for certain cancers, such as lung and prostate, the latter being the cause of death for an estimated 35,000 men in 2024, according to the American Cancer Society.

At Teamsters Health & Welfare Fund of Philadelphia and Vicinity, a partnership with Color Health is helping its 6,300 union members prioritize their health and practice early intervention. Since 2020, Teamsters has worked with Color to offer genetic testing, preventative cancer screenings and 24/7 cancer support.

One employee received an early-stage diagnosis for a cancer that may otherwise have been deadly. The cost savings of later-stage treatments for this one member covered the genetic testing program for the year.

Source: Employee Benefit News, February 2025

COST OF CANCER SCREENINGS

Despite multiple reports of the value of cancer screening to save lives, a study published in The Annals of Internal Medicine and based on data for the year 2021 shows that it comes at a high cost. The US spent \$43 billion annually on screening to prevent five cancers: breast, cervical, colorectal, lung and prostate cancers, and the study concluded that the total was less than the reported cost of cancer treatment within the first 12 months after diagnosis. More than 88% of screening was paid for by private insurance, and the rest mostly by government programs.

Cancer screening makes up a substantial proportion of what is spent every year on cancer in the United States, which most likely exceeds \$250 billion. For Karen E. Knudsen, chief executive of the American Cancer Society, the value of screening for cancers is clear, as early detection allows a better chance of survival. She says the cost is small compared to the cost of being diagnosed with late-stage disease.

However, other researchers contend that screening is overused, arguing that there is a weak link between early detection and cancer survival and that the money invested in cancer testing is not being well spent. A dermatology researcher at the University of Texas at Austin who studies screening maintains that some

studies repeatedly fail to show that people live longer if they are screened -- screening barely lowers the death rate from the cancer being screened since some cancers are deadly from the start and detecting them may not help.

BOOSTING CANCER SCREENING RATES

Public education campaigns are among the most important steps for improving cancer screening rates, advises Prevent Cancer Foundation. Their survey data indicates patients are 73% more likely to get a routine screening when they learn the benefits. Additional findings point to these opportunities for early detection:

- Offering more screening modalities could make cancer screening more convenient. Around 42% of respondents said they'd complete a routine cancer screening if an at-home test was made available to them.
- 32% of patients said they'd get a cancer screening if they were more affordable. While the ACA mandates free preventive screenings for most cancers, follow-up diagnostic testing is not part of that mandate, and these costs are proven to deter patients from getting a cancer screening in the first place.
- 61% of respondents said they'd like a text, phone call or email reminder message to help them prioritize cancer screening, and 51% said it'd be helpful to connect with a patient navigator to answer questions or connect them to care.
- 73% of adults worry about cancer screenings, with a third specifically worrying about the possibility of finding out they actually have the illness.

Cancer screening might indicate how likely people are to beat the disease. Research reported in JAMA compared cancer-detection trends in states that have banned short-term health insurance policies, which tend to provide few, or no cancer screening benefits, with cancer-detection trends in states that allow easy access to short-term health insurance. The team found that in the states that allowed easy access to short-term health insurance, cancer-detection improvement trends were about 2.3% worse than in the states that banned the use of short-term health insurance.

Dr. Balwan emphasizes that Northwell encourages employees to participate in health screenings by offering incentives such as wellness credits that result in decreased premiums for employees and dependents.

" These incentives help increase engagement and emphasize the importance of proactive health management," she continues. "Throughout the year, we deploy ongoing campaigns to encourage our members to obtain their annual preventive visit exams and to obtain age-appropriate cancer screenings, with the ability to schedule appointments with one click."

Northwell also conducts onsite screenings at various client workplaces to make it easier for employees to access these services. As Balwan explains, "We partner with top Northwell Health providers who specialize in occupational health services to ensure that screenings are delivered efficiently and with the highest quality. This approach eliminates barriers like time constraints and makes it convenient for employees to prioritize their health."



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MENTAL HEALTH

As the modern workplace evolves and with expectations around employee well-being, discussions about mental health become more prominent. Gallup research shows that organizations prioritizing mental well-being see higher engagement, lower turnover, and improved productivity.

Mental health screenings allow for early identification and treatment intervention that leads to better outcomes. The National Alliance on Mental Illness advises that early treatment may also lessen long-term disability and prevent years of suffering.

Dani Kimlinger, CEO, MINES and Associates, reflects on her market experience, "Several of our client organizations do encourage or incentivize employees to participate in mental health screenings, and in some cases, they integrate these check-ins into their broader wellness programs. We partner with employers to offer both online screening tools and direct assessments."

An example of an organization that Kimlinger works with is a public entity that does this well.

"Employees receive half a day of PTO for completing twice-yearly "mental health check-ups," she explains. "This is like scheduling a routine dentist appointment: a proactive approach that helps identify potential needs and supports ongoing well-being. While not every employer engages in these, we do screen for every client who requests counseling services. We provide the clinical support and guide individuals toward the right resources."



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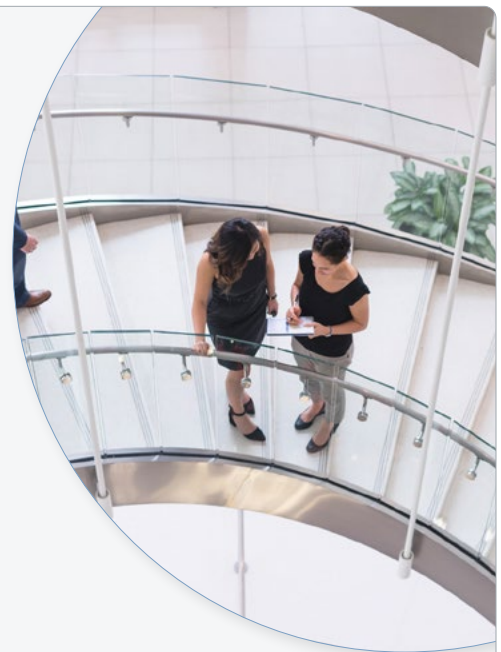
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Kimlinger believes mental health and emotional well-being assessments such as integration of Screening, Brief Intervention and Referral to Treatment (SBIRT) and Patient Health Questionnaire (PHQ) are particularly valuable.

“These screenings identify conditions such as depression, anxiety, or substance use concerns,” she continues. “These screenings help us determine if someone is engaging in substance abuse, is depressed, or may be at risk for harm to self or others, which allows us to intervene promptly and connect them with the most appropriate care.”

Although “physical health” screenings such as getting blood work done are most often thought of as important screenings, she cautions that mental health check-ins can often be overlooked, yet they play a critical role in an employee’s overall health and productivity.

Kimlinger reports hearing concerns from clients and addresses any anxiety or misinformation about screening by emphasizing confidentiality and highlighting how these screenings can lead to personalized support.

“By offering education and open conversations about what screenings involve, such as a brief questionnaire to gauge risk factors, we help normalize the process,” she explains. “In addition, we remind employees that the goal is to provide proactive support and assistance. Through confidential counseling services, coaching, peer support, mindfulness, and other resources, our team supports clients at every step, ensuring they feel safe and informed throughout the process.”

DIABETES

The number of undiscovered cases of diabetes is astounding. More than 38 million people have diabetes, but fewer than 30 million of them know it. Nearly nine million adults with diabetes are undiagnosed, according to the National Diabetes Statistics Report.

The CDC reports that medical costs for people with diabetes are double the costs for those without. In fact, diabetes is the most expensive chronic condition, with health care costs and lost work and wages totaling \$413 billion a year.

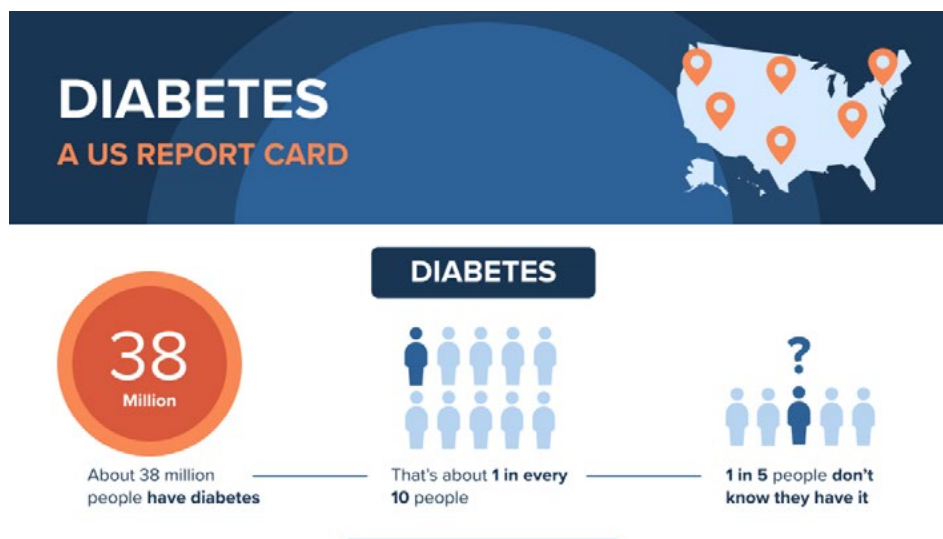
Diabetes is often described as a “silent killer” because it can inflict damage long before any outward signs appear. In the absence of a diagnosis, people do not get the care they need to prevent damage to their blood vessels and nerves that could lead to serious complications, like heart and kidney damage and diabetic retinopathy.

There is an urgent call for intensive screening for diabetes in the primary care setting to ensure that anyone who meets the criteria of being at risk gets screened. Intensive screening also allows providers to detect prediabetes in their patients. According to the National Diabetes Statistic Report, there are 97.6 million people aged 18 years or older -- 38% of the adult US population -- who have prediabetes.

Screening primarily relies upon blood tests. The American Diabetes Association's Standards of Care 2025 guidelines emphasize the use of antibody-based screening for pre-symptomatic type 1 diabetes in high-risk individuals. For type 2 diabetes and prediabetes, the focus remains on A1C, fasting plasma glucose, and oral glucose tolerance tests.

The ADA and USPSTF recently expanded their criteria for who should be screened, with the goal of identifying more patients with type 2 diabetes and prediabetes. For example, in addition to screening patients with risk factors such as obesity, a family history of diabetes, a sedentary lifestyle, and a history of gestational

diabetes, guidelines now recommend that screening for type 2 diabetes and diabetes begin at age 35 years, regardless of whether a patient has any other risk factors.



Source: 2025
Disease Control and Prevention (CDC)

Centers for

OVERCOMING BARRIERS TO SCREENING

Attorneys writing for the National Law Review advise that until SCOTUS renders an opinion, employers subject to the ACA should continue to cover the preventive services recommended by the USPSTF at no cost-share to their employees. They say that if the challenge is successful, employers may be able to impose cost-sharing on certain preventive services and/or benefits, which may initially reduce healthcare costs.

Babst, Calland, Clements & Zomnir, P.C. counsel, "However, it is important to remember that federal law sets the floor, and not the ceiling for required covered benefits – and that while imposing cost-sharing on employees may have an immediate financial gain in the short-term, shifting costs to employees can cause delays in care, which can lead to later medical interventions, higher cost claims, and ultimately, a sicker workforce."

Employers should also be aware of the resources available from the



CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP), providing breast and cervical cancer screenings, diagnostic tests, and treatment referral services to US communities that are limited income, underserved, underinsured, or uninsured.

ONSITE HEALTH SCREENINGS

Onsite workplace health screenings are becoming increasingly popular, with the latest Reward and Employee Benefits Association (REBA) and Axa Employee Well-being Research finding that screening or health assessments are now offered by 59% of employers. Maximizing the value of health screening is now recognized as an opportunity to extend health benefits across the entire workforce, as REBA offers these suggestions:

1. Effective launch/introduction

Set aside time, resources, and budget to properly launch and promote screenings.

2. Regular reminders

Repeat. Repeat. Repeat the message with regular communications, newsletters and reminder invitations that go directly to employee inboxes.

3. Remove barriers to testing

Make it as easy as possible for employees to attend an appointment and potentially introduce an onsite health assessment day. Dispel the "fear factor" among employees who may be worried about test results or the actual screening procedure. Provide education and communication about the value of screening.

4. Leadership support

Train line managers to encourage the adoption of a screening benefit and provide top-down support from leadership. When senior managers set an example and share their experience with screening via the intranet or team meetings, employees have an example to follow.

5. Sharing stories

Real-life experiences and sharing stories are powerful ways to spread the message about the value of health assessments. If an employee has learned something new about his/her health and has been able to tackle it – and, most importantly, is willing to talk about it – others will be motivated.

6. Effective integration

Create clear paths for employees to take their health assessment results through to providers.

Make health assessments part of ongoing communications, campaigns, or charity fundraising activities – October is Breast Cancer Awareness Month, and November is Diabetes Month as well as Ovarian Cancer Awareness Month.

7. Actionable insight

Aggregate screening data and use it to create change. This will enable a better understanding of underlying health issues affecting the workplace and overall business performance, facilitating decision-making and information-sharing to create health initiatives. The goal is to help motivate individuals to make lifestyle changes, lower sickness absenteeism, boost engagement and improve productivity.

8. Repeat testing

Repeat testing annually or every 24 months and track patterns and trends.

PLOTTING THE FUTURE

The Forbes Business Council reports that more than 150 million people, including 37 million children, with private health insurance receive preventive health services at no cost to them under the ACA.

If the mandate is struck down or any ambiguity is left surrounding its validity, coverage and access are at risk, warns Richard Hughes IV, partner, Epstein Becker Green.

He maintains that while this is less likely to manifest in the form of overnight coverage rescissions for major services, like mammograms or colonoscopies, degradation of coverage is more likely to occur gradually through increased utilization management. This might include prior authorization, stricter adherence to or narrowing of recommended age ranges or cohorts, formulary management of products like PrEP for HIV, or the imposition of cost-sharing.

The consequences of this decision have health experts worried, as a Morning Consult survey found that at least 2 in 5 US adults said they are not willing to pay for 11 of the 12 preventive services currently covered by the ACA. Some observers predict that even \$20 copays can reduce adherence substantially to cancer screenings, which could ultimately lead to more cancers being diagnosed at advanced stages.

This eventuality would be alarming for employers struggling to avoid high healthcare expenses. If employees choose to forgo preventive care and screening because of associated costs, companies will carry a heavier burden from more expensive and time-consuming care related to later-stage diseases. Screenings can be recognized as incredibly cost-effective. Preventing disease progression, like advanced cancer, tends to be a lot less expensive than treating it.

Dr. Balwan asserts that education is a critical part of the Northwell approach to health screenings, adding, “Many employees may feel anxious or reluctant to participate in screenings due to fear, misinformation, or lack of understanding. To address this, we provide educational materials, monthly educational bulletins, and email reminders that explain the importance of screenings and how early detection can save lives. By fostering an environment of trust and open communication, we aim to alleviate concerns and encourage employees to take an active role in their health.’

For employers with significant workforce turnover, there is another consideration. As people move to different jobs and states or get older, and as the insurance provider changes, there may be a time gap between the first screening and when the individual is actually diagnosed with the disease. It is conceivable that some employers may decide it’s not worth it to keep paying fully for all members to undergo screenings if they are not forced to do so.

As employers await a decision from the highest court that could impact access to free health screenings, they need to weigh the advantages of preventive care vs. “sick care.” Some industry observers regard this as “pay now or pay more later,” as the evidence supporting health screenings is compelling.■

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