



BENEFIT NEWS BRIEFS

New Guidelines Expand Access to Preventive Services for Women in Non-Grandfathered Health Plans

New Guidelines under the Affordable Care Act will require **non-grandfathered** health plans to cover recommended women's preventive services without cost sharing (co-payment, co-insurance or a deductible). The Guidelines are effective August 1, 2011 but health plans do not have to comply until the **first day of the first plan year beginning on or after August 1, 2012**. For example, non-grandfathered plans that have a January 1 plan year beginning, will have to be in compliance by January 1, 2013. The preventative services regulation at ERISA regulation Section 2590.715-2713(b) generally states that preventative service guidelines are not effective until the first day of the first plan year that is one year after the guidance is issued. See [Benefit News Briefs 2010-57](#) for more information on the preventative services regulation.

The *Guidelines for Women's Preventive Services* are available at: www.hrsa.gov/womensguidelines and a *Fact Sheet* with more information is available by "[clicking here.](#)" The interim final rule adopting the Guidelines is available at: <http://www.gpo.gov/fdsys/pkg/FR-2011-08-03/pdf/2011-19684.pdf> or by "[clicking here.](#)"

According to the Health and Human Services (HHS) press release, HHS is adopting new Guidelines for women's preventive services to fill the gaps in current preventive services guidelines for women's health. Previously, preventive services for women had been recommended one-by-one or as part of guidelines targeted at men as well. Additional women's preventive services that will be covered by **non-grandfathered** health plans *without cost sharing requirements* such as a co-payment, co-insurance or a deductible include:

- **Well-woman visits:** This would include an annual well-woman preventive care visit for adult women to obtain the recommended preventive services and additional visits if women and their providers determine they are necessary. These visits will help women and their doctors determine what preventive services are appropriate, and set up a plan to help women get the care they need to be healthy.

- **Gestational diabetes screening:** This screening is for women 24 to 28 weeks pregnant, and those at high risk of developing gestational diabetes. It will help improve the health of mothers and babies because women who have gestational diabetes have an increased risk of developing type 2 diabetes in the future. In addition, the children of women with gestational diabetes are at significantly increased risk of being overweight and insulin-resistant throughout childhood.
- **HPV DNA testing:** Women who are 30 or older will have access to high-risk human papillomavirus (HPV) DNA testing every three years, regardless of pap smear results. Early screening, detection, and treatment have been shown to help reduce the prevalence of cervical cancer.
- **STI counseling and HIV screening and counseling:** Sexually-active women will have access to annual counseling on HIV and sexually transmitted infections (STIs). These sessions have been shown to reduce risky behavior in patients, yet only 28% of women aged 18 to 44 years reported that they had discussed STIs with a doctor or nurse.
- **Contraception and contraceptive counseling:** Women will have access to all Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling. These recommendations do not include abortifacient drugs.
- **Breastfeeding support, supplies, and counseling:** Pregnant and postpartum women will have access to comprehensive lactation support and counseling from trained providers, as well as breastfeeding equipment.
- **Domestic violence screening:** Screening and counseling for interpersonal and domestic violence should be provided for all women. Screening is effective in the early detection and effectiveness of interventions to increase the safety of abused women.

In addition, HHS notes that the rules governing coverage of preventive services which allow plans to use reasonable medical management to help define the nature of the covered service apply to women's preventive services. Accordingly, Plans will retain the flexibility to control costs and promote efficient delivery of care by continuing to charge cost sharing for branded drugs if a generic version is available and just as effective and safe.

These new Guidelines apply to non-grandfathered health plans only.

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