

## BENEFIT NEWS BRIEFS

### ***Preventive Services for Women in Non-Grandfathered Health Plans Beginning 1<sup>st</sup> Plan Year on or after August 1, 2012***

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As a reminder, in follow-up to [Benefit News Briefs 2011-49](#), we are again reporting on Guidelines under the *Affordable Care Act* (ACA) which will require **non-grandfathered** health plans to cover recommended women's preventive services without cost sharing (co-payment, co-insurance or a deductible).

The Guideline's compliance date is the **first day of the first plan year beginning on or after August 1, 2012**, unless the ACA is overturned by the U.S. Supreme Court.

For example, non-grandfathered plans that have a January 1 plan year beginning, will have to be in compliance by January 1, 2013. Plans with Plan Year beginning dates of August through December will need to be compliant on their Plan Year beginning date in 2012.

The preventative services regulation, under which authority these Guidelines are applicable to group health plans, is found at [ERISA regulation Section 2590.715-2713](#) and 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. This criteria is to be used for any future updates to the Guidelines. 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](http://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 adopted the Guidelines for women's preventive services to fill the gaps in the current preventive services guidelines for women's health. Previously, these 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:

<b>Type of Preventive Service</b>	<b>HHS Guideline for Health Insurance Coverage</b>	<b>Frequency</b>
<b>Well-woman visits</b>	<i>Well-woman preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care. This well-woman visit should, where appropriate, include other preventive services listed in this set of guidelines, as well as others referenced in Section 2713.</i>	<i>Annual, although HHS recognizes that several visits may be needed to obtain all necessary recommended preventive services, depending on a woman's health status, health needs, and other risk factors.</i>
<b>Screening for gestational diabetes</b>	<i>Screening for gestational diabetes.</i>	<i>In pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.</i>
<b>Human papillomavirus testing</b>	<i>High-risk human papillomavirus DNA testing in women with normal cytology results.</i>	<i>Screening should begin at 30 years of age and should occur no more frequently than every 3 years.</i>
<b>Counseling for sexually transmitted infections</b>	<i>Counseling on sexually transmitted infections for all sexually active women.</i>	<i>Annual</i>
<b>Counseling and screening for human immune-deficiency virus</b>	<i>Counseling and screening for human immune-deficiency virus infection for all sexually active women.</i>	<i>Annual</i>
<b>Contraceptive methods and counseling</b>	<i>All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.</i>	<i>As prescribed</i>
<b>Breastfeeding support, supplies, and counseling</b>	<i>Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.</i>	<i>In conjunction with each birth</i>
<b>Screening and counseling for interpersonal and domestic violence</b>	<i>Screening and counseling for interpersonal and domestic violence.</i>	<i>Annual</i>

*Non-grandfathered plans must provide coverage without cost sharing consistent with the Guidelines in the first plan year that begins on or after August 1, 2012.*

Under the "Frequency" column for "Well-woman visits", the Guidelines advise the user to "Refer to recommendations listed in the July 2011 IOM report titled *Clinical Preventive Services for Women: Closing the Gaps* concerning individual preventive services that may be obtained during a well-woman preventive service visit."

This [250 page report](http://www.nap.edu/catalog.php?record_id=13181) is available for free download online at: [http://www.nap.edu/catalog.php?record\\_id=13181](http://www.nap.edu/catalog.php?record_id=13181). The section on *Well-woman visits* begins on page 123 of the report. That section is available by "[clicking here](#)." The list of individual preventive services that may be obtained during a well-woman preventive service visit are found in *Table 5-6, List of Preventive Services to be Obtained During Well-Woman Preventive Services Under Recommendation 8*, available by "[clicking here](#)."

HHS notes that the rules governing coverage of preventive services still allows 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. See *Preventive Services Fact Sheet* at: <http://www.healthcare.gov/news/factsheets/2011/08/womensprevention08012011a.html>.

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

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