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BENEFIT NEWS BRIEFS

New Preventive Services Recommendation Affects NON-GRANDFATHERED Health Plans

In June 2012, the U.S. Preventive Services Task Force (Task Force) released a recommendation that clinicians screen patients for obesity, which is defined as having a body mass index (BMI) of 30 or higher. Further, the recommendation says patients who meet or exceed that BMI level should be "*offered or referred*" to "*intensive, multicomponent behavioral interventions*" to help them lose weight.

This is a "Grade B" recommendation and under the *Affordable Care Act* (ACA) will become a requirement of coverage for non-grandfathered plans only on the first day of the first plan year that is one year after the recommendation guidance was issued. One year after the recommendation was issued will be June 2013.

For example, a non-grandfathered plan with a January 1 plan year start date, will have to be in compliance by January 1, 2014. Non-grandfathered plans with a January through May start date will also have to be compliant by the 2014 plan year start date.

Plans with a July through December start date will need to be compliant by the first day of their 2013 plan year.

The recommendation is available by "*clicking here*" or at:
http://www.uspreventiveservicestaskforce.org/uspstf/uspsobes.htm.

Other documents regarding the recommendation include:

Supporting Document	Related Items
Recommendation Statement	*Clinical Summary*
	Consumer Fact Sheet
Evidence Report	*Evidence Synthesis*

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Under the *ACA*, a group health plan, or a health insurance issuer offering group health insurance coverage, must provide coverage for evidence-based items or services that have a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force with respect to the individual involved, and may not impose any cost-sharing requirements (such as a copayment, coinsurance or deductible) with respect to those items or service.

The *ACA* preventive services regulation, under which authority the Task Force recommendations are applicable to group health plans, is found at *ERISA Regulation Section 2590.715-2713.* The regulation generally states that preventive service recommendations are not effective until the first day of the first plan year that is one year after the recommendation or guidance is issued. This criteria is also to be used for any future updates to the recommendation or guideline. See *Benefit News Briefs 2010-57* for more information on the preventive services regulation.

The Task Force gave the following rationale for issuing the recommendation:

> The prevalence of obesity in the United States is high, exceeding 30% in adult men and women. Obesity is associated with such health problems as an increased risk for coronary heart disease, type 2 diabetes mellitus, various types of cancer, gallstones, and disability. These comorbid medical conditions are associated with higher use of health care services and costs among obese patients.
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> Obesity is also associated with an increased risk for death, particularly in adults younger than 65 years. The leading causes of death in obese adults include ischemic heart disease, diabetes, respiratory diseases, and cancer (for example, liver, kidney, breast, endometrial, prostate, and colon). Weight loss in obese individuals is associated with a lower incidence of health problems and death.

According to the Task Force, the most effective interventions were comprehensive and were of high intensity (12 to 26 sessions in a year). Although the Task Force could not determine the effectiveness of other specific intervention components, most of the higher-intensity behavioral interventions included multiple behavioral management activities, such as group sessions, individual sessions, setting weight-loss goals, improving diet or nutrition, physical activity sessions, addressing barriers to change, active use of self-monitoring and strategizing how to maintain lifestyle changes. Weight-loss outcomes improved when interventions involved more sessions (12 to 26 sessions in the first year).

While the plain language of the recommendation calls for clinicians to "offer or refer" patients with a body mass index of 30 or higher to an "intensive, multicomponent behavioral interventions," it is unclear if health plans will have to cover the interventions. Upcoming HHS Guidance on this issue will be helpful. At the very least non-grandfathered health plans will be covering obesity screenings.

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