



BENEFIT NEWS BRIEFS

***Updated Preventive Services Recommendations
Affects Non-Grandfathered Health Plans Only***

The U.S. Preventive Services Task Force (Task Force) recently published updated “B” recommendations concerning screening for depression in adults and children. Task Force recommendations of preventive services with an “A” and “B” are applicable to non-grandfathered group health plans, including multiemployer group health plans, under the [final preventive services regulations](#), and must be provided by the health plan without any cost-sharing from the participant or covered person.

Screening For *Depression* In Adults

On [January 26, 2016](#), the Task Force published a [final B recommendation](#) on screening for depression in adults and recommended screening the general adult population, including pregnant and postpartum women, for depression. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

Recommendation Summary		
Population	Recommendation	Grade (What's This?)
General adult population, including pregnant and postpartum women	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	B

Prior to this 2016 “B” recommendation statement, the [2009 Task Force recommended](#) screening *all adults* when staff-assisted depression care supports are in place and *selective screening* based on professional judgment and patient preferences when such support is not available. In recognition that such support is now much more widely available and accepted as part of mental health care, the current 2016 recommendation statement has omitted the recommendation

regarding selective screening, as it no longer represents current clinical practice. The current statement also specifically recommends screening for depression in pregnant and postpartum women, subpopulations that were not specifically reviewed for the 2009 recommendation.

Screening For Major Depressive Disorder In Children And Adolescents

On **February 9, 2016**, the Task Force also published a **final B recommendation statement** on screening for major depressive disorder (MDD) in children and adolescents. The Task Force recommended screening adolescents ages 12 to 18 for MDD. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

Recommendation Summary		
Population	Recommendation	Grade (What's This?)
Adolescents aged 12 to 18 years	The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	B

In 2009, the Task Force recommended screening for MDD in adolescents (age 12 to 18 years) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive behavioral therapy or interpersonal), and follow-up and concluded that the evidence was insufficient to make a recommendation for children (age 7 to 11 years). The current recommendation reaffirms these positions but removes the mention of specific therapies in recognition of decreased concern over the harms of pharmacotherapy in adolescents when they are adequately monitored.

Reminder Of Effective Date Rule

Coverage for all new or updated "A" or "B" recommendations and guidelines that go into effect after the passage of the Affordable Care Act (ACA) must be covered by non-grandfathered group health plans for the first plan year beginning on or after the date that is one year after the new recommendation or guideline goes into effect.

Here, where the changes are fairly insubstantial, the updated recommendations should generate little extra cost to health plans.

Screening For Depression In Adults

One year from the effective date of January 26, 2016 is January 26, 2017 and the first plan year after that for a calendar year plan would begin January 1, 2018. The required effective date for non-calendar year plans would be calculated in a similar manner.

Screening For Major Depressive Disorder In Children And Adolescents

One year from the effective date of February 9, 2016 is February 9, 2017 and the first plan year after that for a calendar year plan would begin January 1, 2018. The required effective date for non-calendar year plans would be calculated in a similar manner.

Additional Resources

These USPSTF A or B recommendations can be found online at:

<http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations-by-date/>.

One can sign up for email updates regarding draft or new recommendations at:

<http://www.uspreventiveservicestaskforce.org/Page/Name/email-updates>.

See *Benefit News Briefs 2015-50* for a more detailed look at the preventive services required to be provided by *non-grandfathered* plans under the *Affordable Care Act (ACA)*, including *preventive services* like these that have a rating of A or B in the current recommendations of the USPSTF.

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