



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 "A" recommendations concerning (1) screening for syphilis infection in nonpregnant adults and adolescents, (2) screening for colorectal cancer and (3) a "B" recommendation on low-dose aspirin use. Task Force recommendations of preventive services with "A" and "B" ratings 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.

Use Of Low-Dose Aspirin For The Primary Prevention Of Cardiovascular Disease And Colorectal Cancer

On [April 12, 2016](#), the Task Force published a [final "B" recommendation](#) on the use of low-dose aspirin use for the primary prevention of cardiovascular disease and colorectal cancer.

Population	Recommendation	Grade (What's This?)
Adults aged 50 to 59 years with a ≥10% 10-year CVD risk	The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.	B

This 2016 recommendation updates the [2009 USPSTF recommendation](#) on aspirin use to prevent cardiovascular disease and the [2007 recommendation](#) on aspirin and nonsteroidal anti-inflammatory drugs (NSAIDs) use to prevent colorectal cancer. Prior to this 2016 “B” recommendation statement, the 2009 Task Force gave an “A” recommendation for *all adults* age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighed the potential harm due to an increase in gastrointestinal hemorrhage. The 2007 Task Force gave a “D” recommendation against the routine use of aspirin and NSAIDs to prevent colorectal cancer in individuals at average risk for colorectal cancer.

The 2016 “B” recommendation refines the recommendation for low-dose aspirin use and limits the target group by recommending:

“low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.”

A consumer [Fact Sheet](#) is also available.

Screening For Syphilis Infection In Nonpregnant Adults And Adolescents

On [June 7, 2016](#), the Task Force also published a [Final “A” Recommendation](#) on screening for syphilis infection in nonpregnant adults and adolescents.

Population	Recommendation	Grade (What's This?)
Asymptomatic, nonpregnant adults and adolescents who are at increased risk for syphilis infection	The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.	A

This 2016 “A” Recommendation is consistent with and updates the [2004 Task Force Recommendation](#). The current 2016 Recommendation Statement includes updated information on prevalence and risk factors in the United States and data on newer screening tests and approaches. Screening for syphilis infection in pregnant women that was included in the 2004 Recommendation is now addressed in a separate Recommendation Statement.

A consumer [Fact Sheet](#) is also available.

Screening For Colorectal Cancer

On [June 16, 2016](#), the Task Force also published a [Final "A" Recommendation](#) on screening for colorectal cancer.

Population	Recommendation	Grade (What's This?)
Adults aged 50 to 75 years	The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. The risks and benefits of different screening methods vary. See the Clinical Considerations section and the Table for details about screening strategies.	A

This is an update of the [2008 Task Force Recommendation](#). The current 2016 Recommendation upholds the same timeframes as the 2008 Recommendation as follows: Direct Visualization Tests screening with colonoscopy every 10 years, or flexible sigmoidoscopy every 5 years. Other methods are listed in the Table linked to the [Final "A" Recommendation](#). In the current 2016 Recommendation, instead of emphasizing specific screening approaches, the Task Force has instead chosen to highlight that there is convincing evidence that colorectal cancer screening substantially reduces deaths from the disease among adults aged 50 to 75 years and that not enough adults in the United States are using this effective preventive intervention.

A consumer [Fact Sheet](#) is also available.

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. We apply this rule in calculating the implementation dates for the Task Force Recommendations as shown below.

Use of Low-Dose Aspirin

One year from the effective date of April 12, 2016 is April 12, 2017. 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 Syphilis Infection In Nonpregnant Adults And Adolescents

One year from the effective date of June 7, 2016 is June 7, 2017. 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 Colorectal Cancer

One year from the effective date of June 16, 2016 is June 16, 2017. 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.

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

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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