

Health Reform Update

Access to Preventive Services Expanded for Women

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On August 1, 2011, the U.S. Department of Health and Human Services issued new guidelines that will ensure women receive preventive health services at no additional cost. These guidelines expand on the final interim regulations previously issued by HHS, which require plans to cover preventive services, without cost-sharing, such as mammograms, colonoscopies, blood pressure checks and childhood immunizations.

Interim Final Regulations on Preventive Care

Last summer, HHS released interim final regulations regarding preventive health services under the Affordable Care Act. Those rules, effective for the first plan year that begins on or after September 23, 2010, require group health plans and health insurance carriers to provide coverage for, and not impose any cost sharing requirements (such as a copayment, coinsurance or deductible) on, preventive items and services. These regulations do not apply to grandfathered plans. For a specific list of the guidelines and recommendations for preventive care items and services, see <http://www.healthcare.gov/law/about/provisions/services/lists.html>.

Under the interim final regulations, plans are permitted to use reasonable medical management techniques to determine the frequency, method, treatment, or setting for a preventive item or service to the extent not specified in the recommendation or guideline. It should be noted that a plan may provide coverage for items or services that are not required by the law, and may impose cost-sharing requirements on the additional services.

Out-of-Network Providers and Office Visits

The regulations provide that plans are not required to provide coverage for recommended preventive items and services delivered by an out-of-network provider when the plan provides such coverage through in-network providers. If a plan does so, it may impose cost-sharing requirements on those items and services. The regulations also provide guidance on how to apply the cost-sharing requirement for office visits during which recommended preventive services are rendered. If a preventive item or service is billed separately from an office



visit, a plan may impose cost-sharing requirements for the visit. Even if a preventive item is not billed separately from an office visit, where the primary purpose of the office visit is not the delivery of a preventive item or service, a plan may impose cost-sharing requirements. However, if a preventive item or service is not billed separately from an office visit, and the primary purpose of the office visit is the delivery of a preventive item or service, a plan may not impose cost-sharing requirements with respect to the office visit.



Additional Guidelines Issued for Women's Health and Well-Being

As promised, HHS released clarification on the prior guidance concerning women set forth in the interim final regulations. For the first time, these new guidelines build on the prior rules by making sure women have access to a full range of recommended preventive services without cost sharing. These new guidelines are effective for the first plan year beginning on or after August 1, 2012.

Under these new guidelines, women's preventive services that must be covered without charging a patient a copayment, coinsurance or deductible include:

Well-woman visits: this includes annual well-woman preventive care visits including preconception and prenatal care for adult women, as well as additional visits if women and their providers determine they are necessary.

Gestational diabetes screening: this screening is for pregnant women that are 24 to 28 weeks pregnant, and also for those at high risk of developing gestational diabetes.

HPV DNA testing: women who are 30 and older will have access to high-risk human papillomavirus (HPV) DNA testing every three years, regardless of pap smear results.

STI counseling and HIV screening and counseling: sexually-active women will have access to annual counseling on HIV and sexually transmitted infections (STIs).

Contraception and contraceptive counseling: women will have access to all FDA-approved contraceptive methods, sterilization procedures and patient education and counseling. This does 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: counseling for interpersonal and domestic violence should be provided for all women.

In addition to these guidelines, HHS issued an interim final rule allowing religious organizations to choose whether to buy or sponsor group health insurance that does not cover contraception if that is inconsistent with their beliefs.