

HHS' Health Resources and Services Administration Adopts Additional Guidelines for Coverage of Women's Preventive Services Without Cost Sharing

In July 2010 interim final rules implementing the ACA requirement that group health plans (both insured and self-insured) cover preventive services without imposing cost-sharing on beneficiaries were released. The rules required such preventive services as mammograms, colonoscopies, cancer screenings, blood pressure and cholesterol tests, counseling to lose weight or quit smoking, health checkups, and immunizations for children to be covered without requiring patients to pay deductibles, copayments, or coinsurance.

These rules provided that as new preventive services are added to the list of covered services, insurers and health plan providers have one year to implement them under the rules. Today, August 1, 2011, the HHS' Health Resources and Services Administration adopted additional Guidelines for Women's Preventive Services that are now added to the list and must be covered without cost sharing under the Affordable Care Act (ACA). The guidelines were recommended by the independent Institute of Medicine (IOM) and based on scientific evidence. Additional women's preventive services that will be covered without cost sharing requirements include:

- **Well-woman visits:** This would include an annual well-woman preventive care visit for adult women to obtain the recommended preventive services, and additional visits if women and their providers determine they are necessary.
- **Gestational diabetes screening:** This screening is for women 24 to 28 weeks pregnant, and those at high risk of developing gestational diabetes.
- **HPV DNA testing:** Women 30 or 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:** Women will have access to annual counseling on HIV and sexually transmitted infections (STIs).
- **Contraception and contraceptive counseling:** Women will have access to all Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling (not including 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:** Screening and counseling for interpersonal and domestic violence should be provided for all women.

These services must be included in health plans (unless grandfathered) without cost sharing for plan years beginning on or after August 1, 2012 (January 1, 2013 for calendar year plans). The rules governing coverage of preventive services which allow plans to use reasonable medical management to help define the nature of the covered service apply to women's preventive services. Plans will retain the flexibility to control costs and promote efficient delivery of care by, for example, continuing to charge cost-sharing for branded drugs if a generic version is available and is just as effective and safe for the patient to use.

HHS also released an amendment to the interim final rules on preventive services that allows religious institutions that offer insurance to their employees the choice of whether or not to cover contraception services. This religious exception is reported to be modeled on the most common accommodation for churches available in the majority of the 28 states that already require insurance companies to cover contraception.

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