

NEW STANDARDS FOR COVERAGE OF WOMEN'S PREVENTIVE CARE SET TO GO INTO EFFECT

Beginning on August 1, 2012, the guidelines for coverage of women's preventive care announced last August by the U.S. Department of Health and Human Services (HHS) will go into effect. Under the Affordable Care Act (ACA), non-grandfathered health plans must provide coverage for preventive services free of charge. As this change went into place for plan years beginning on or after September 23, 2010, most non-grandfathered plans have now implemented this change. The women's preventive care guidelines should be incorporated into non-grandfathered plans in the first plan year that begins on or after August 1, 2012.

TYPE OF PREVENTIVE SERVICE	HHS GUIDELINE FOR HEALTH INSURANCE COVERAGE	FREQUENCY
Well-Woman Visits	Well-woman preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care. This well-woman visit should, where appropriate, include other preventive services listed in this set of guidelines, as well as others referenced in section 2713.	Annual, although HHS recognizes that several visits may be needed to obtain all necessary recommended preventive services, depending on a woman's health status, health needs, and other risk factors.* (see end note on page 2)
Screening for Gestational Diabetes	Screening for gestational diabetes.	In pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.
Human Papillomavirus Testing	High-risk human papillomavirus DNA testing in women with normal cytology results.	Screening should begin at 30 years of age and should occur no more frequently than every three (3) years.
Counseling for Sexually Transmitted Infections	Counseling on sexually transmitted infections for all sexually active women.	Annual.
Counseling and Screening for Human Immunodeficiency Virus (HIV)	Counseling and screening for human immunodeficiency virus infection for all sexually active women.	Annual.

TYPE OF PREVENTIVE SERVICE	HHS GUIDELINE FOR HEALTH INSURANCE COVERAGE	FREQUENCY
Contraceptive Methods and Counseling. [†] (see end note below)	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	As prescribed.
Breastfeeding Support, Supplies, and Counseling	Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.	In conjunction with each birth.
Screening and Counseling for Interpersonal and Domestic Violence	Screening and counseling for interpersonal and domestic violence.	Annual.

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* Refer to recommendations listed in the July 2011 IOM report entitled Clinical Preventive Services for Women: Closing the Gaps concerning individual preventive services that may be obtained during a well-woman preventive service visit.

† Group health plans sponsored by certain religious employers, and group health insurance coverage in connection with such plans, are exempt from the requirement to cover contraceptive services. A religious employer is one that: (1) has the inculcation of religious values as its purpose; (2) primarily employs persons who share its religious tenets; (3) primarily serves persons who share its religious tenets; and (4) is a non-profit organization under Internal Revenue Code section 6033(a)(1) and section 6033(a)(3)(A)(i) or (iii). Non-exempted, non-grandfathered group health plans established or maintained by non-profit organizations with religious objections to contraception coverage have been given safe harbor from the contraception coverage mandate until the first plan year beginning on or after August 1, 2013. Regulations governing how plans sponsored by such institutions are to ultimately comply with the mandate have not yet been issued.