

The Affordable Care Act: Guidelines for Women's Preventative Services Summary

As part of the Affordable Care Act (ACA), the U.S. Department of Health & Human Services (HHS) recently announced additional guidelines for Women's Preventive Servicesⁱ that have been adopted to 'fill the gaps' in current preventive service guidelines for women's health. These new guidelines will require insurance companies to cover additional preventive health benefits for women beyond the initial ACA provisions- which require coverage without cost-sharing for other recommended preventive services. The goal of these new guidelines is to ensure a comprehensive set of preventive services for women, including preventive screenings, well-woman visits, support for breastfeeding equipment, contraception and domestic violence screening.ⁱⁱ

What Does This Mean for Student Health Insurance Programs?

When will the ruling take effect?

- Non-grandfathered plans and issuers are required to provide coverage without cost sharing consistent with these guidelines in the first plan year (in the individual market, policy year) that begins on or after August 1, 2012. Therefore, these regulations will take effect for 2012-2013 Student Health Insurance Plans, in accordance with the final HHS Rule (pending) regulating Student Health Insurance Plans.

How will the management of health insurance costs be affected?

- The regulations 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. Though cost-sharing for these services will be eliminated, 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.

Will religious institutions be exempt from this ruling?

- It is not clear at this time if institutions defined as 'religious institutions' will be exempt from this ruling. The regulations do include an exemption for 'religious **employers**,' however, the definition of 'religious employers' within this regulation is much narrower than the IRS definition of 'religious institution.' Because of this, the current regulations would not include most religious-based colleges and universities. The definition of 'religious institution' for the purpose of these regulations is currently limited to churches, their integrated auxiliaries and religious orders.ⁱⁱⁱ

Who determined what was to be included in the new guidelines?

- The Department of HHS directed the independent Institute of Medicine (IOM) to conduct a scientific review and provide recommendations on specific preventive measures that meet women's unique health needs and help keep women healthy. HHS' Health Resources and Services Administration (HRSA) used the IOM report issued July 19, when developing the guidelines. The IOM's report relied on independent physicians, nurses, scientists, and other experts to make these determinations based on scientific evidence.

What is covered under these guidelines?^{iv}

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.
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 3 years.
Counseling for sexually transmitted infections	Counseling on sexually transmitted infections for all sexually active women.	Annual.
Counseling and screening for human immune-deficiency virus	Counseling and screening for human immune-deficiency virus infection for all sexually active women.	Annual.
Contraceptive methods and counseling	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.

ⁱ Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services under Patient Protection and Affordable Care Act: Amendment 8/3/11- <http://www.regulations.gov/#!documentDetail;D=HHS-OS-2011-0023-0002>

ⁱⁱ Affordable Care Act Ensures Women Receive Preventive Services at No Additional Cost- 8/1/11 <http://www.hhs.gov/news/press/2011pres/08/20110801b.html>

ⁱⁱⁱ HHS' birth-control rule intrude on Catholic values- 9/30/11 http://www.washingtonpost.com/opinions/hhss-birth-control-rules-intrude-on-catholic-values/2011/09/27/gIQA0j8s9K_story.html

^{iv} Women's Preventive Services: Required Health Plan Coverage Guidelines- <http://www.hrsa.gov/womensguidelines/>