



Health Care Reform

LEGISLATIVE BRIEF

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Recommended Preventive Care Services

To make preventive care more accessible and affordable, the Affordable Care Act (ACA) requires non-grandfathered health plans and issuers to cover certain preventive care services without imposing any cost-sharing. Essentially, ACA's preventive care mandate requires non-grandfathered health plans and issuers to provide coverage for recommended preventive care services without charging deductibles, copayments or coinsurance when services are provided by an in-network provider. This mandate does not apply to grandfathered plans.

ACA's preventive care mandate generally became effective for plan years beginning on or after Sept. 23, 2010. Most of ACA's recommended preventive care services are currently effective for health plans and issuers. However, there are a number of recommendations that will become effective for future plan years.

This Legislative Brief summarizes the recommended preventive care services that non-grandfathered health plans and issuers must cover without imposing cost-sharing. It also highlights a number of recommended preventive care services that recently became effective or will go into effect in the near future for health plans and issuers.

BASIC GUIDELINES

The preventive care services that must be covered by non-grandfathered health plans and issuers without cost-sharing are:

- Evidence-based items or services that have an A or B rating in the current recommendations of the United States Preventive Services Task Force (USPSTF);
- Immunizations for routine use in children, adolescents and adults that are currently recommended by the Centers for Disease Control and Prevention (CDC) and included on the CDC's immunization schedules;
- For infants, children and adolescents, evidence-informed preventive care and screenings provided for in the Health Resources and Services Administration (HRSA) guidelines; and
- For women, evidence-informed preventive care and screenings provided in guidelines supported by HRSA.

A list of the recommended preventive care services is available at healthcare.gov.

UPDATES TO RECOMMENDED PREVENTIVE CARE SERVICES

Most of the recommended preventive care services became effective for the plan year beginning on or after Sept. 23, 2010 (that is, Jan. 1, 2011, for calendar year plans). However, the preventive care services recommendations are updated from time to time.

To allow for transition time, health plans and issuers generally have at least one year from the time a new service is added to the list of recommended preventive care services to comply with the new requirement.

Compliance with new recommendations or guidelines is required for plan years beginning one year or later after the recommendation or guideline is issued. For this purpose, a recommendation or guideline of the USPSTF is considered to be issued on the last day of the month on which the Task Force publishes or otherwise releases it.

Recommended Preventive Care Services

The following preventive care services were added to the list after Sept. 23, 2009, and were not in effect for plan years beginning on Sept. 23, 2010. Depending on when the plan year starts, some of these preventive care services may already be in effect for a plan or issuer, while others will become effective in the future.

PREVENTIVE CARE SERVICES		
Service	Effective Date	Description
Medications for risk reduction of primary breast cancer in women (added September 2013)	Plan years beginning on or after Sept. 24, 2014	For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene
Intimate partner screening – women of childbearing age (added January 2013)	Plan years beginning on or after Jan. 31, 2014	Screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services
Obesity screening and counseling – adults (added June 2012)	Plan years beginning on or after June 30, 2013	Screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m ² or higher to intensive, multicomponent behavioral interventions
Falls prevention in older adults – vitamin D and exercise or physical therapy (added May 2012)	Plan years beginning on or after May 31, 2013	Vitamin D supplementation to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls Exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls
Skin cancer behavioral counseling (added May 2012)	Plan years beginning on or after May 31, 2013	Counseling children, adolescents and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer
Cervical cancer screening (added March 2012)	Plan years beginning on or after March 31, 2013	Screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every three years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and HPV testing every five years
Osteoporosis screening – women (added January 2012)	Plan years beginning on or after Jan. 31, 2013	Screening for osteoporosis in women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors
Gonorrhea prophylactic medication – newborns (added July 2011)	Plan years beginning on or after July 31, 2012	Prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum

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Visual acuity screening in children (added January 2011)	Plan years beginning on or after Jan. 31, 2012	Vision screening for all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors
Women's preventive health services (added Aug. 1, 2011)	Plan years beginning on or after Aug. 1, 2012	Recommendation includes well-woman visits, gestational diabetes screening, HPV DNA testing for women age 30 and older, sexually transmitted infection counseling, HIV screening and counseling, FDA-approved contraception methods and contraceptive counseling, breastfeeding support, supplies and counseling and domestic violence screening and counseling Exceptions to the contraceptive coverage requirement apply to religious employers
MMR/varicella vaccine (added May 7, 2010)	Plan years beginning on or after May 7, 2011	New recommendation related to combination measles, mumps, rubella and varicella vaccine
Pneumococcal vaccine (added March 12, 2010)	Plan years beginning on or after March 12, 2011	Expanded recommendation on pneumococcal vaccine
Influenza vaccine for all adults 19 to 49 years of age (added March 2, 2010)	Plan years beginning on or after March 2, 2011	Expanded recommendation on influenza vaccine for all adults 19 to 49 years of age
Obesity screening and counseling for children (added January 2010)	Plan years beginning on or after Jan. 31, 2011	Screening for children age six years and older for obesity and offering them or referring them to comprehensive, intensive behavioral interventions to promote improvement in weight status
HPV screening (added Jan. 8, 2010)	Plan years beginning on or after Jan. 8, 2011	Vaccination with the bivalent (as opposed to quadrivalent) HPV vaccine and vaccination of males
Depression screening in adults (added December 2009)	Plan years beginning on or after Dec. 31, 2010	Screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment and follow-up
Meningococcal vaccine (added Sept. 25, 2009)	Plan years beginning on or after Sept. 25, 2010	Coverage for certain individuals who had previously received the meningococcal conjugate vaccine

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