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Additional Women's Preventive Care Services Announced

The Patient Protection and Affordable Care Act, signed into law by President Obama on March 23, 2010, directed the Department of Health and Human Services ("HHS") to identify comprehensive preventive care services for women to be offered by certain employer-sponsored group health plans at no cost. In July of 2010, the Department of the Treasury, the Department of Labor, and HHS (the "Departments") issued regulations requiring that certain preventive care services be offered to participants effective generally as of January 1, 2011 (for calendar year plans), including mammograms, cervical cancer screening, and prenatal care. HHS also commissioned the Institute of Medicine to recommend additional preventive care services. On August 1, 2011, HHS announced that it would adopt the guidelines put forth by the Institute of Medicine. According to the HHS announcement, unless an exemption applies (discussed below), group health plans must offer the following services to participants at no cost (i.e. no copayment, coinsurance, or deductible), when the services are provided by a network provider:

- Well-woman visits
- Screening for gestational diabetes
- Human papillomavirus testing
- Counseling for sexually transmitted infections
- Counseling and screening for HIV
- Contraceptive methods and counseling
- Breastfeeding support, supplies, and counseling
- Screening and counseling for domestic violence

This announcement was supplemented by interim final regulations published by the Departments in the Federal Register on August 3, 2011. Group health plans must also continue to offer those preventive services originally identified in the July 2010 regulations.

Exemptions

Group health plans that are not subject to the Affordable Care Act because of the Act's grandfather-provisions are not required to offer any of the preventive services identified by HHS.

Additionally, group health plans sponsored by certain religious employers are not required to offer no-cost contraceptive services.

Effective Date

Those group health plans that are not grandfathered from the application of the Affordable Care Act must offer the identified preventive care services to participants at no-cost as of the first day of the first plan year that starts on or after August 1, 2012. For group health plans that use the calendar year as their plan year, these services must be offered at no-cost as of January 1, 2013.

If you have any questions about what preventive services your group health plan must offer, please contact the attorney in the Benefits and Compensation practice group with whom you work.

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