ACA AFFORDABLE CARE ACT

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Healthcare Reform

In Focus: *Women's Preventive Service Guidelines from the Health Resources & Services Administration*

Women's preventive services are required to be covered without cost sharing in accordance with the Health Resources and Services Administration's updated guidelines for plan years beginning on or after Dec. 20, 2017. Until the new guidelines become applicable, non-grandfathered group health plans are required to provide coverage without cost sharing consistent with the previous HRSA guidelines and the Public Health Service Act section 2713 for any items or services that continue to be recommended. Based on recommendations developed by the Women's Preventive Services Initiative, the updated guidelines complement and build upon recommendations from organizations such as the U.S. Preventive Services Task Force. The chart below shows the updated guidelines and the previous ones.

HRSA Guidelines for Plan Years On or After Dec. 20, 2017[1]	HRSA Guidelines Prior to Those For Plan Years on or after Dec. 20, 2017
Well-woman preventive visits Includes at least one preventive care visit per year beginning in adolescence and continuing across the lifespan to ensure that the recommended preventive services, including preconception, and services necessary for prenatal and interconception care are obtained	**Well-woman visits** Includes 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. *(Effective for plan years on or after 8/1/12)*
Breastfeeding services and supplies Comprehensive lactation support services (including counseling, education and breastfeeding equipment and supplies) during the antenatal, perinatal and the postpartum period to ensure the successful initiation and maintenance of breastfeeding	**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 purchasing and renting breastfeeding equipment. Frequency is in conjunction with each birth. *(Effective for plan years on or after 9/1/09)*
Contraception Adolescent and adult women will have access to all Food and Drug Administration (FDA)-approved contraceptive methods[2], effective family-planning practices and sterilization procedures available as part of contraceptive care to prevent unintended pregnancy and improve birth outcomes. Contraceptive care should include contraceptive counseling, initiation of contraceptive use and follow-up care (for example, management and evaluation, as well as changes to and removal or discontinuation of the contraceptive method).	**Contraceptive (FDA-approved) methods as prescribed and contraceptive counseling** Women will have access to all FDA-approved contraceptive methods[2], sterilization procedures and patient education and counseling. (This includes "emergency contraceptives," "abortifacient" drugs, and insertion and removal of IUDs.) Frequency is as prescribed. Effective Jan. 1, 2014, over-the-counter contraception is covered if it is FDA approved and prescribed for a woman by her provider.

The statements above do not apply to women who are participants or beneficiaries in group health plans sponsored by religious employers.	*(Effective for plan years on or after 8/1/12)* *Effective Aug. 1, 2013, the statements above do not apply to women who are participants or beneficiaries in group health plans sponsored by religious employers.*
Screening and counseling for interpersonal and domestic violence Screening of adolescents and women for interpersonal and domestic violence at least annually, and, when needed, providing or referring for initial intervention services	Domestic violence screening and counseling Screening and counseling for interpersonal and domestic violence *(Effective for plan years on or after 1/1/14)*
Screening for gestational diabetes mellitus Screening for women after 24 weeks of gestation (preferably between 24 and 28 weeks of gestation) or for those at high risk of developing gestational diabetes, screening before 24 weeks of gestation—ideally at the first prenatal visit, based on current clinical best practices	Gestational diabetes screenings Screening for women after 24 weeks of gestation and those at high risk of developing gestational diabetes. *(Effective for plan years on or after 1/1/15)*
Infection Prevention education and risk assessment for human immunodeficiency virus (HIV) infection in adolescents and women at least annually throughout the lifespan. All women should be tested for HIV at least once during their lifetime. Additional screening annually or more often may be appropriate for adolescents and women with an increased risk of HIV infection. Screening for HIV is recommended for all pregnant women upon initiation of prenatal care with retesting during pregnancy based on risk factors	Human immunodeficiency virus (HIV) screening and counseling Annual screening and counseling on human Immunodeficiency Virus (HIV) infections for all sexually active women *(Effective for plan years on or after 1/1/12)*
Screening for cervical cancer Cervical cancer screening for average-risk women aged 21 to 65 years. For women aged 21 to 29 years, cervical cancer screening using Pap test every three years. Co-testing with Pap test and human papillomavirus (HPV) testing is not recommended for women younger than 30 years old. Women aged 30 to 65 years should be screened with Pap test and HPV testing every five years or Pap test alone every three years. Women who are at average risk should not be screened more than once every three years.	Human papillomavirus DNA testing for women age 30 and older Women who are 30 or older will have access to human papillomavirus (HPV) DNA testing screening no more frequently than every three years. *(Effective for plan years on or after 1/1/12)*

Counseling for sexually transmitted infections Behavioral counseling for sexually active adolescents and adult women at an increased risk for sexually transmitted infections STIs. For adolescents and women not identified as high risk, counseling to reduce the risk of STIs should be considered, as determined by clinical judgement.	**Sexually transmitted infections counseling** Screening and counseling on sexually transmitted infections (STIs) for all sexually active women. *(Effective for plan years on or after 1/1/12)*
Breast cancer screening for average-risk women Mammography screening no earlier than age 40 and no later than age 50 for average-risk women. Screening mammography should occur at least biennially and as frequently as annually. Screening should continue through at least age 74, and age alone should not be the basis to discontinue screening. Women at increased risk should also undergo periodic mammography screening. However, recommendations for additional services are beyond the scope of this recommendation.	*HRSA did not provide earlier guidelines on breast cancer screening for average-risk women.*

[1] *Released on Dec. 20, 2016*

[2] *The full range of contraceptive methods for women approved by the FDA include: (1) sterilization surgery for women, (2) surgical sterilization via implant for women, (3) implantable rods, (4) copper intrauterine devices, (5) intrauterine devices with progestin (all durations and doses), (6) shot or injection, (7) oral contraceptives ("combined" pills), 8) oral contraceptives (progestin only) (9) oral contraceptives (extended or continuous use), (10) the contraceptive patch, (11) vaginal contraceptive rings, (12) diaphragms, (13) contraceptive sponges, (14) cervical caps, (15) female condoms, (16) spermicides, (17) emergency contraception (Levonorgestrel), (18) emergency contraception (ulipristal acetate) and additional methods as identified by the FDA. Additionally, instruction in fertility awareness-based methods, including the lactation amenorrhea method, although less effective, should be provided for women desiring an alternative method.*

PLEASE NOTE: This document is designed to provide a high-level overview of aspects of the Affordable Care Act (ACA), as modified by the Health Care and Education Reconciliation Act. It is not comprehensive and does not constitute legal or tax advice for healthcare reform implementation. Please consult a professional benefit adviser or legal counsel regarding how the law may impact your specific benefit plan.

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