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HEALTH CARE REFORM UPDATE

NEW GUIDELINES FOR WOMEN'S PREVENTIVE SERVICES

On August 1, 2011, the Department of Health and Human Services (HHS) adopted additional [Guidelines for Women's Preventive Services](#) – including frequency of care – that will be covered without cost sharing in new health plans beginning August 2012. A [fact sheet](#) with an overview of the new requirements is available from healthcare.gov.

Prior to August 1, recommended preventive services for women were addressed specifically or as part of guidelines that targeted men as well. Because women have unique needs and high rates of chronic disease, including diabetes, heart disease, and stroke, removing cost sharing requirements should improve access to important preventive services and help keep them healthy.

Included in the new guidelines are:

- Expanded definition of services included in Well-woman visits
- Screening for gestational diabetes
- Human papillomavirus (HPV) testing
- Counseling for sexually transmitted infections
- Screening and counseling for HIV
- Contraception
- Breastfeeding counseling, support and supplies
- Screening and counseling for domestic violence

New health plans will need to include these services without cost sharing for plan years beginning on or after August 1, 2012. For calendar-year plans, the new plan requirements will be effective January 1, 2013. Health plans that are considered grandfathered plans would be exempt.

The existing rules that apply to all preventive health services apply to the services in the Health Resources and Services Administration (HRSA) Guidelines as well, including limits on the frequency, type, and location of services if not specified in the guidelines.

Insurers can use “reasonable medical management” to control costs and promote the efficient delivery of care. For example, an insurer could charge a copayment for a brand-name drug if a lower-cost generic version is available and equally safe and effective.

The new standards require coverage of the full range of contraceptive methods approved by the Food and Drug Administration including emergency contraceptives and sterilization procedures. Health plans offered by religious employers would be exempt from this requirement.

As your partner, we are committed to working closely with you to help you understand how your plan designs and costs may be impacted, and what steps you are required to take to comply with this legislation. Finally, we hope you continue to find our updates helpful and invite you to share your questions and comments by emailing us at health.reform@trion.com or calling 610-945-1198. Past issues of our *Health Care Reform Update* are available at <http://www.trion.com/healthreform>.

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