

New Federal Protections Expand Coverage Without Cost-Sharing Of Contraceptives and Other Women's Preventive Services

Tens of millions of American women will gain insurance coverage of contraception and other preventive services without out-of-pocket costs, such as copayments or deductibles, under new guidelines adopted on August 1 by the U.S. Department of Health and Human Services (DHHS).¹ The guidelines for women's preventive care were recommended on July 19 by an advisory panel of the Institute of Medicine (IOM),² convened in response to an amendment authored by Sen. Barbara Mikulski (D-MD) to the Patient Protection and Affordable Care Act (ACA) of 2010. The requirement will affect new private health plans written on or after August 1, 2012; because most insurance plans are renewed with the calendar year, January 2013 is the earliest point that large numbers of women will benefit.

Government bodies and private-sector experts have long recognized contraceptive services as a vital and effective component of preventive and public health care (related articles, Spring 2010, page 2, and Winter 2011, page 7). An extensive body of research shows that contraceptive use helps women avoid unintended pregnancy and improve birth spacing, resulting in substantial benefits for the health and well-being of women, infants, families and society.³ The evidence strongly suggests that coverage without cost-sharing of contraceptive counseling and the provision of all methods approved by the Food and Drug Administration, as specified by the guidelines, is a low-cost or even cost-saving means of helping

women overcome financial barriers to choosing a contraceptive method they will be able to use consistently and effectively. That may be particularly important with respect to long-acting, reversible methods (such as the IUD and the implant), which are extremely effective and cost-effective in the long run, but have high up-front costs.

The IOM recommendations, developed after an exhaustive review of the scientific evidence, fill important gaps in an initial list of preventive services that became required for private plans as of September 2010 under a provision of the ACA (related article, Fall 2010, page 19). That initial list of services—based on three sets of existing government-supported guidelines—includes many related to reproductive health, including breast and cervical cancer screening, screening and counseling for HIV and other sexually transmitted infections (STIs), vaccination for human papillomavirus, specified aspects of prenatal care and counseling for adolescents on reproductive health issues. In addition to contraceptive services and supplies, the new recommendations will add coverage for an annual well-woman preventive care visit, counseling and equipment to support breastfeeding, and screening and counseling for domestic violence, as well as enhancements to coverage related to HIV, other STIs, cervical cancer and pregnancy care.

However, while the DHHS endorsed the IOM recommendations in full, it also included an exemption that

makes it possible for religious employers to opt out of the contraceptive coverage provision. Such an exemption—which could inhibit some women's access to care—was not required by the health care reform law. DHHS is accepting public comments through September 30, and reproductive health advocates are looking to mitigate any harmful impact on women in the final rule.

Moreover, not all plans would be affected by the preventive services requirement, at least, not in the short run. Existing plans are “grandfathered,” meaning that they are exempt from the requirement, so long as no significant negative changes such as benefit reductions or cost-sharing increases are made to them. DHHS has projected that most plans will likely lose grandfathered status within a few years.⁴—*Adam Sonfield*

REFERENCES

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