Guidance Released on Required Preventive Services for Women under Health Reform

August 11, 2011

The Patient Protection and Affordability Care Act (i.e., health care reform) provides that, for the first plan year beginning on or after September 23, 2010, non-grandfathered group health plans must provide certain immunizations and certain other preventive care measures without cost-sharing. The Health Resources and Services Administration (HRSA) recently adopted guidelines regarding the required preventive services for women. Under these guidelines, eight categories of services must be covered: contraceptive methods and counseling, well-woman visits, screening for gestational diabetes, human testing, counseling for sexually transmitted infections, counseling and screening for human immune-deficiency virus, breastfeeding support, supplies and counseling, and screening and counseling for interpersonal and domestic violence. However, HRSA may establish exemptions with respect to group health plans established by or maintained by religious employers with respect to any requirement to cover contraceptive services. Non-grandfathered group health plans and issuers must provide coverage for these benefits for the first plan year beginning on or after August 1, 2012. The HRSA Guidelines can be found here.