

New FAQs Address Issues Related to Contraceptive Coverage under Group Health Plans

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The federal Treasury, DOL, and HHS (collectively, the "**Agencies**") jointly issued a new set of FAQs to address various issues regarding the requirement for most employer-provided and other applicable group health plans to cover contraceptives without cost-sharing under the preventive care mandate of the Affordable Care Act (the "**Contraceptive Coverage Mandate**"). In particular, the FAQs are intended to (i) respond to reports that individuals continue to experience difficulty accessing contraceptive coverage without cost sharing; (ii) clarify application of the Contraceptive Coverage Mandate to fertility awareness-based methods and emergency contraceptives; and (iii) address the preemption of state law by the Contraceptive Coverage Mandate.

Specific issues addressed in the FAQs include the following:

- The requirement for plans to cover items and services that are integral to the furnishing of a recommended preventive service, such as anesthesia necessary for a tubal ligation procedure;
- The requirement for a plan to cover, without cost-sharing, FDA-approved emergency contraception (levonorgestrel or ulipristal acetate), including products sold over-the-counter, when prescribed by a provider;
- Circumstances under which plans may use reasonable medical management techniques for the determination and application of coverage for contraceptive products or services; and
- The preemption of state laws that prevent the application of the Contraceptive Coverage Mandate.

The FAQs are available [here](#). The Agencies' news release regarding the FAQs is available [here](#).