

August 4, 2011

New Guidelines for Women's Preventive Health Care

On August 1, 2011, the Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) issued [guidelines](#) for women's preventive care services that must be covered by non-grandfathered group health plans on a first-dollar basis, pursuant to section 2713 of the Public Health Services Act (PHSA) as amended by the Patient Protection and Affordable Care Act (PPACA). The guidelines were issued pursuant to interim final regulations on preventive care, which were issued by the tri-agency task force in July 2010. The July 2010 regulations required plans to cover certain detailed preventive care services and immunizations as recommended by the United States Preventive Services Task Force and the Advisory Committee on Immunization Practices for the Centers for Disease Control and Prevention. In addition, the July 2010 rules mandated coverage for women's preventive care and screening as provided for in comprehensive guidelines supported by HRSA to be released on or before August 1, 2011. The latest guidance sets forth these coverage requirements.

The guidelines require coverage of the following items:

- Annual well-woman visits;
- Screening for gestational diabetes at the first prenatal visit for pregnant women who are at high-risk for diabetes, and between 24 and 28 weeks of gestation for all other pregnant women;
- Human papillomavirus testing beginning at age 30 and no more frequently than every 3 years after;
- Annual counseling for sexually transmitted infections;
- Annual counseling and screening for AIDS;
- Breastfeeding support, supplies, and counseling in conjunction with each birth;
- Annual screening and counseling for interpersonal and domestic violence; and
- Contraceptive methods and counseling.

The tri-agency task force also issued an [amendment](#) to the July 2010 regulations giving HRSA the authority to waive the requirement to cover contraception for certain religious employers, and the HRSA guidelines include this exemption. The amended regulations are published in the August 3, 2011 Federal Register, and are effective August 1, 2011.

The women's health preventive coverage guidelines are effective August 1, 2011, and this preventive care must be covered by non-grandfathered plans no later than plan years beginning on or after August 1, 2012.



If you have any questions about this Legal Alert, please feel free to contact any of the attorneys listed below or the Sutherland attorney with whom you regularly work.

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