



Client Bulletin

Keller»Benefit
Services

Health Care Reform:

New Preventive Services Recommendations

The Department of Health and Human Services (HHS) has issued a new rule expanding the preventive services required to be covered by non-grandfathered health plans. As a reminder, non-grandfathered health plans must cover certain preventive services with no deductible, co-pay, or coinsurance - see our [July 19, 2010 bulletin](#) for more information. The US Preventive Services Task Force and other medical organizations maintain the list of recommended preventive services. As additional preventive services are recommended, non-grandfathered health plans must begin covering those services generally within 12 months.

Based upon the July 2011 recommendations by the Institute of Medicine (IOM), non-grandfathered health plans will have to cover the following women's preventive services at no cost to plan participants **for plan years beginning on or after August 1, 2012:**

- **Contraception and contraceptive counseling** - all FDA-approved contraceptive methods and sterilization procedures except abortifacient drugs. Religious employers are exempt.
- **Breastfeeding support, supplies, and counseling** - includes the cost of purchasing or renting breast pumps and nursing related supplies
- **Annual well-woman visits**
- **Gestational diabetes screening**
- **High-risk human papillomavirus (HPV) DNA testing**
- **Sexually transmitted infection (STI) counseling, HIV screening and counseling**
- **Domestic violence screening**

Note: Some non-grandfathered plans may already cover some of these services at 100%.

For more details, please refer to the [HRSA Guidelines for Women's Preventive Services](#) or the July 2011 IOM "[Clinical Preventive Services for Women: Closing the Gaps](#)" Report.

Please contact your Keller consultant with any questions.