

HHS Mandates Copay-Free Contraception

BY JANE ANDERSON

Starting next August, all new health plans will be required to provide copayment-free coverage of a range of women's preventive services, including contraception, the Health and Human Services department announced.

Covered services include well-woman visits; screening for gestational diabetes; DNA testing for the human papillomavirus in women age 30 and older; counseling for sexually transmitted infections; HIV screening and counseling; Food and Drug Administration-approved contraceptive methods as well as sterilization procedures; breastfeeding support and supplies; and screening and counseling for domestic violence, according to the HHS.

New private health plans must offer these recommended services without copayments, coinsurance, or deductibles under the Affordable Care Act. The requirements take effect for plan years beginning on or after Aug. 1, 2012. HHS estimates that about 34 million women ages 18-64

years will be in new private health plans by 2013. The new requirements do not apply to so-called "grandfathered" plans — those in existence today.

The list of women's preventive services was developed for HHS by an expert panel of the Institute of Medicine. HHS accepted all of the IOM's recommendations, which were released July 19. "These historic guidelines are based on science and existing literature and will help ensure women get the preventive health benefits they need," HHS Secretary Kathleen Sebelius said in a statement.

The decision to provide copayment-free contraceptives was a controversial one, but also "common sense," Ms. Sebelius said during a news briefing on Aug. 1.

"Since birth control is the most common drug prescribed to women ages 18-44, insurance plans should cover it," she said. "Not doing it would be like not covering flu shots or any of the other basic preventive services that millions of Americans count on every day."

HHS plans to allow religious institu-

tions that offer insurance to their employees to opt out of covering contraception. HHS issued an interim final rule that allows these groups to buy or sponsor group health insurance that does not cover contraception if it violates the group's beliefs. The interim final rule is modeled after similar religious exemptions in place in the 28 states that already require insurance companies to cover contraception.

The list of preventive services was recommended by an expert panel of the Institute of Medicine. The IOM said that each of the services identified by IOM committee members is critical to ensure "women's optimal health and well-being." Their recommendations are based on a review of existing guidelines and on an assessment of the evidence of the effectiveness of different preventive services.

"Every single one of the recommendations is a service we believe HHS [the Department of Health and Human Services] should consider covering without a copay," said panel chair Dr. Linda Rosenstock, dean of the University of California, Los

Angeles. In a press briefing, Dr. Rosenstock noted that the final decision on whether a woman should receive a particular service will remain between that woman and her physician. However, she said, "It is appropriate to decrease the barriers to what we have identified to be evidence-based, effective preventive measures."

The report won praise from the American Congress of Obstetricians and Gynecologists. "I'm delighted with the terrific work the IOM committee did," said Dr. James N. Martin Jr., ACOG president and director of the division of maternal-fetal medicine and obstetric services at Winfred L. Wiser Hospital for Women and Infants in Jackson, Miss. "The recommendation for coverage of the annual well-woman visit is going to go very nicely with the other things suggested, especially the recommendation for [copayment-free] contraception," he said in an interview. ■

Mary Ellen Schneider, New York Bureau, contributed to this story.


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