New Health Plans Must Offer Free Screenings

BY MARY ELLEN SCHNEIDER

New health plans will soon be required to offer a range of recommended preventive health services to patients free of charge under the Affordable Care Act.

The requirements will affect new private health plans in the individual and group markets starting with plan years that begin on or after Sept. 23. The Health and Human Services department estimates that in 2011, the rules will impact about 30 million people in group health plans and another 10 million in individual market plans. The new rules do not apply to grandfathered plans.

The administration released an interim final regulation detailing the new requirements in July.

Under the final rule, health plans may not collect copayments, coinsurance, or deductibles for a number of recommended preventive services. However, insurers may collect a fee for the associated office visit if the preventive health service was not the primary purpose of the visit.

Patients may also incur cost sharing if they go out of network for the recommended screenings.

The services that are covered include those given an evidence rating of "A" or "B" from the U.S. Preventive Services Task Force.

Those services include breast and colon cancer screenings, diabetes screenings, blood pressure and cholesterol testing, and screening for vitamin deficiencies during pregnancy. Tobacco cessation counseling is also given a high evidence rating by the U.S. Preventive Services Task Force and would be covered under the new rule.

Health plans will have some extra time to begin covering newly recommended services. For recommendations that have been in effect for less than a year, plans will have 1 year to comply after the effective date, according to the interim final rule.

Health plans will also be required to cover the list of adult and childhood vaccines recommended by the Advisory Committee on Immunization Practices.

Covered services include blood pressure and cholesterol testing, breast and colon cancer screenings, diabetes screenings, and tobacco cessation counseling.

For children, the rule also requires health plans to cover all preventive care recommended under the Bright Futures guidelines.

The guidelines include screenings, developmental assessments, immunizations, and regular well-child visits from birth to the age of 21 years. These guidelines were developed jointly by the Health Resources and Services Administration and the American Academy of Pediatrics.

The rule also calls for coverage of additional preventive services for women, which will be developed by an independent group of experts. The recommendations from that group are expected by Aug. 1, 2011.

There was no word from HHS on whether those recommendations are likely to include coverage for contraceptives, something many reproductive health advocates have been lobbying for in recent months.

HHS officials expect that the move to expand coverage and eliminate out-of-pocket costs for these services will decrease costs for many Americans, especially those at high risk for certain health conditions.

At the same time, the change is expected to increase premiums for those who are enrolled in nongrandfathered plans. The federal government has estimated that premiums in the affected plans could increase by about 1.5% on average. ■

A list of the recommended preventive services is available online at www.healthcare.gov/center/regulations/prevention/recommendations.html.