

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 rules do not apply to grandfathered plans.

The administration released an interim final regulation detailing the new requirements on July 14.

Under the final rule, health plans may not collect copayments, coinsurance, or deductibles for a number of recommended preventive services. However, they may collect fees for the associated office visit if the preventive service wasn't the primary purpose of the visit. Patients may also incur cost sharing if they go out of network for the recommended screenings.

The covered services 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.

The rule also calls for coverage of additional preventive services for women, which will be developed by an independent group of experts. The rec-

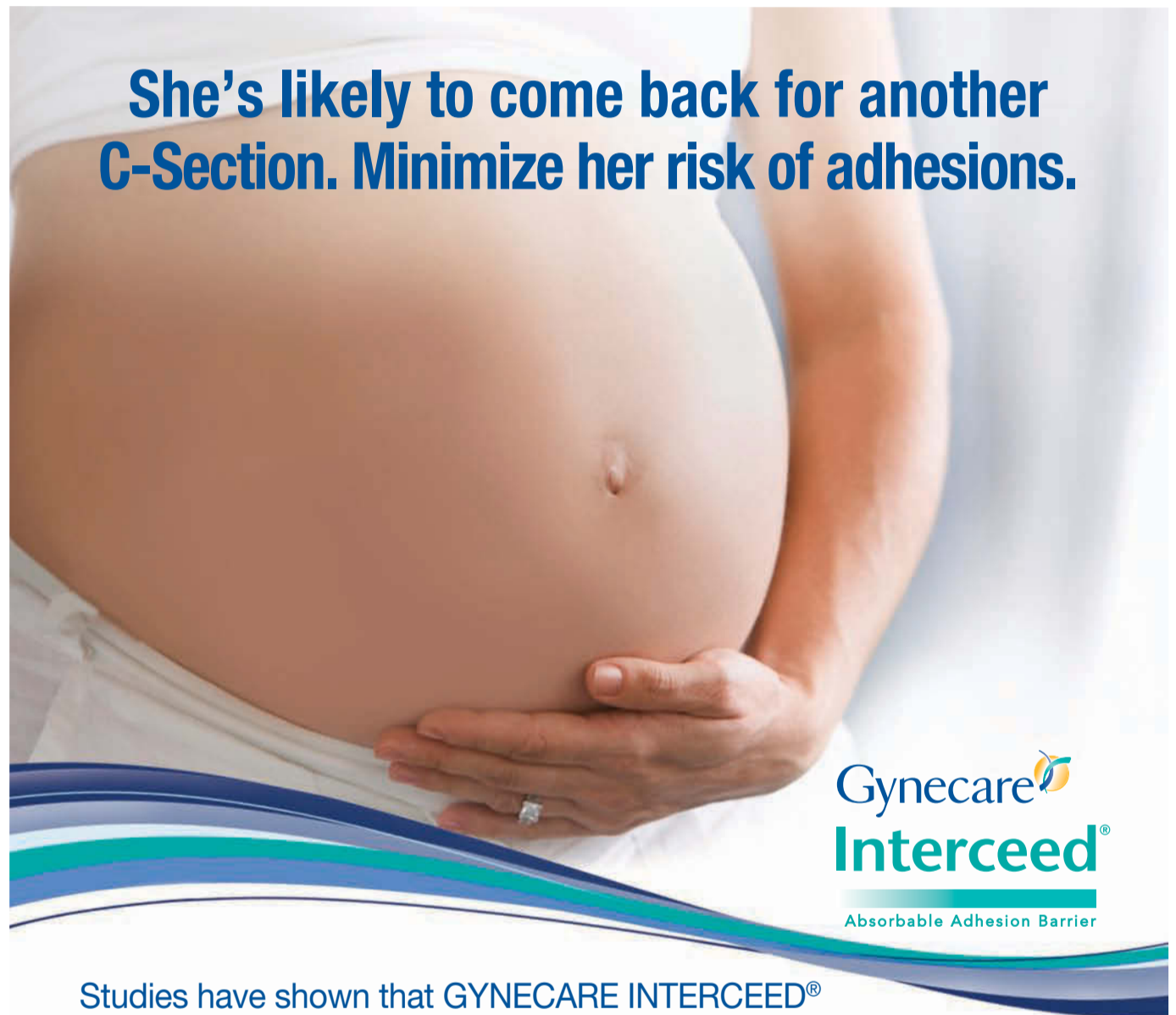
ommendations from that group are expected by Aug. 1, 2011. There was no word from HHS on whether those recommendations are likely to include coverage for contraceptives, something many reproductive health advocates have been lobbying for in recent months.

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 enrollees in non-grandfathered plans. The federal government estimates that premiums in the affected plans could increase about 1.5% on average.

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

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INDEX OF ADVERTISERS

Amgen Inc.	
Prolia	30-32
Bayer HealthCare LLC	
Citracal	25
Bayer HealthCare Pharmaceuticals Inc.	
Natazia	18-20
Beyaz	46-48
Ethicon, Inc.	
Gynecare Interceed	37
Ferring Pharmaceuticals Inc.	
Lysteda	27-28
The GlaxoSmithKline Group	
Cervarix	5-7
Lilly USA, LLC	
Evista	8-11
LocumTenens.com	
Website	29
Merz Pharmaceuticals	
Mederma	13
Pfizer Inc.	
Premarin	15-17
PharmaDerm	
Veregen	35-36
Teva Women's Health, Inc	
ParaGard	33-34
WebMD	
Medscape Mobile	23

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CONTRAINDICATIONS: The use of GYNECARE INTERCEED® is contraindicated in the presence of frank infection. GYNECARE INTERCEED® is not indicated as a hemostatic agent. Appropriate means of achieving hemostasis must be employed.

WARNINGS: The safety and effectiveness of GYNECARE INTERCEED® Adhesion Barrier in laparoscopic surgery or any procedures other than open (laparotomy) gynecologic microsurgical procedures have not been established.

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restrict it. If the product comes in contact with blood prior to completing the procedure, it should be discarded, as fibrin deposition cannot be removed by irrigation and may promote adhesions formation. Ectopic pregnancies have been associated with fertility surgery of the female reproductive tract. No data exist to establish the effect, if any, of GYNECARE INTERCEED® on the occurrence of ectopic pregnancies. No adequate studies have been conducted in women who have become pregnant within the first month after exposure to GYNECARE INTERCEED®. No teratogenic studies have been performed. Therefore, avoidance of conception should be considered during the first complete menstrual cycle after use of GYNECARE INTERCEED®. The safety and effectiveness of using GYNECARE INTERCEED® in combination with other adhesion prevention treatments have not been clinically established. GYNECARE INTERCEED® is supplied sterile. As the material is not compatible with autoclaving or ethylene oxide sterilization, GYNECARE INTERCEED® must not be resterilized. Foreign body reactions may occur in some patients. Interactions may occur between GYNECARE INTERCEED® and some drugs used at the surgical site. Pathologists examining sites of GYNECARE INTERCEED® placement should be made aware of its usage and of the normal cellular response to GYNECARE INTERCEED® to facilitate proper evaluation of specimens.

ADVERSE REACTIONS: The type and frequency of adverse events reported are consistent with events typically seen following surgery. Postsurgical adhesions may occur in the presence of GYNECARE INTERCEED®.

For more information, please call 1-888-GYNECARE to speak with a nurse.

1. Franklin RR, Trout JR, Marks MG, Wiseman D. INTERCEED® Barrier in the prevention of post-operative adhesions following laparotomy: meta-analysis of its efficacy and safety. Poster presented at: 51st Annual Meeting of the American Society for Reproductive Medicine (ASRM); October 7-12, 1995; Seattle, WA.

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