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## Health Care Reform: Women's Preventive Care

### New guidelines expand coverage

One provision of the health care reform law requires health plans to cover certain preventive care measures for participants. Recently, that provision was expanded to include additional preventive care for women.

Preventive care is intended to promote good health, avoid illness and catch disease in its early stage for more effective treatment. The original preventive care provision, which is currently in effect, includes the following care at no cost to you:

- Healthy pregnancy services, such as screening for harmful conditions, smoking and alcohol use counseling, and breast-feeding counseling
- Obesity, blood pressure, cholesterol and diabetes screenings
- Cancer preventive services, including mammograms, Pap smears, HPV vaccine, colon cancer screening and tobacco cessation interventions

#### Coverage Expanded for Women

Recently, the Department of Health and Human Services (HHS) released additional guidelines that expand preventive services for women. The reasoning was that women have

unique health needs and higher rates of chronic disease, such as diabetes, heart disease and stroke.

#### What is Covered?

As with the current preventive care

“ Health plans that begin after Aug. 1, 2012 will be required to cover additional preventive services for women at no cost to the patient. ”

coverage requirements, health plans will be required to cover these additional preventive services with no copay, coinsurance or deductible for the patient. The following items are included in the expanded coverage:

- Well-woman visits (annual preventive care visit for adult women to obtain recommended preventive services)

- Gestational diabetes screening for women 24 to 28 weeks pregnant, and women at high risk
- Human papillomavirus (HPV) testing for women 30 and older, once every three years
- Annual counseling for HIV and sexually transmitted infections for all sexually active women, plus annual HIV testing
- Contraceptives and contraceptive counseling
- Breastfeeding support, supplies and counseling
- Domestic violence screening

Be sure to check your plan's specific rules before receiving care. These new rules only apply to non-grandfathered health plans. Though plans are required to provide these services free of charge, they do have the option to use cost-controlling measures, such as making you pay for a brand name drug if a comparable generic is available, or charging a copayment for preventive services received at an out-of-network facility.

#### When Does This Take Effect?

These new rules take effect for plans beginning after Aug. 1, 2012.

