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New Preventive Care FAQs Contain Some Surprises

New Affordable Care Act FAQs (Part XXVI, for those keeping track) were issued on May 11, 2015, addressing preventive care coverage. Employers may be particularly interested in the guidance provided for coverage of contraceptives.

In particular, the FDA has identified *18 specific methods of contraception*, and at least one type within each of these 18 methods that must be covered with no cost-sharing. For example, simply providing coverage for one type of hormonal contraception at no cost (such as birth control pills) is insufficient. Instead, coverage at no cost must be provided for all 3 oral contraceptive methods (combined, progestin-only, and extended/continuous use), injectables, implants, the contraceptive ring, the patch, emergency contraception (Plan B/Plan B One Step/Next Choice), emergency contraception (Ella), and IUDs with progestin. Recognizing that this clarifying guidance may be at odds with how plans are currently designed, plans are not required to be modified to reflect each of the methods identified by the FDA (currently 18) until plan years that begin at least 60 days after the guidance was published (January 1, 2016, for calendar year plans).

The FAQs also provide additional guidance on the coverage of BRCA testing, genetic testing for breast cancer, preventive care for dependent children (which includes well-women care, if age appropriate), sex-specific preventive care (which cannot be limited to sex assigned at birth or the gender recorded by the plan, if it is otherwise recommended by the individual's medical provider), and coverage of anesthesia in connection with a preventive colonoscopy.

The FAQs are available here.