Federal Mandate for Women’s Preventive Services

SYNOPSIS OF MANDATE

The goal of this federal mandate is to provide coverage for preventive services at no additional cost to the member. Women will now be provided with these preventive services where no deductible is administered and services are provided in-network. Religious organizations can be exempt if they meet the criteria listed below. Final regulations will be listed by the government during the safe harbor. The safe harbor will identify how contraceptives should be covered for the religious-affiliated groups.

WHAT DOES THE MANDATE COVER?

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Guideline for Insurance Coverage</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Well Women Visits.</td>
<td>Well women preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care. This well women visit should, where appropriate, include other preventive services listed in this set of guidelines.</td>
<td>Annually. Although the Department of Health and Human Services recognizes that depending on a woman’s health status, health needs, and other risk factors, several visits may be needed to obtain all necessary recommended preventive services.</td>
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<tr>
<td>Screening for Gestational Diabetes.</td>
<td>Screening for gestational diabetes.</td>
<td>In pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.</td>
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<td>Human Papillomavirus (HPV) Testing.</td>
<td>High risk human papillomavirus DNA testing in women with normal cytology results.</td>
<td>Screening should begin at 30 years of age, and should occur no more than every three years.</td>
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<tr>
<td>Counseling for Sexually Transmitted Diseases (STD).</td>
<td>Counseling regarding sexually transmitted diseases for all sexually active women.</td>
<td>Annual.</td>
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<tr>
<td>Counseling and Screening for Human Immune-Deficiency Virus (HIV).</td>
<td>Counseling and screening for human-immune deficiency virus for all sexually active women.</td>
<td>Annual.</td>
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<tr>
<td>Contraceptive Methods and Counseling.</td>
<td>All FDA approved contraceptive methods, sterilization procedures, and patient education &amp; counseling for all women with reproductive capacity.</td>
<td>As prescribed.</td>
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<td>Breast Feeding support, supplies, and counseling.</td>
<td>Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breast feeding equipment.</td>
<td>In conjunction with each birth.</td>
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<tr>
<td>Screening and counseling for interpersonal and domestic violence.</td>
<td>Screening and counseling for interpersonal and domestic violence.</td>
<td>Annual.</td>
</tr>
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</table>

**WHAT IS THE CRITERIA FOR RELIGIOUS EXEMPTION?**

Contraception coverage can be exempt in two ways and applies to both the groups and the health insurer. The first exemption provides that members may obtain contraception coverage through the NYS Women’s Health Mandate which allows coverage through a stand alone, direct pay, and contraceptive-only product. Members pay the premium and the defined cost-share. The direct pay contracts are the only state mandates that aren’t superseded by this federal mandate. The other exemption includes that a religious employer may be exempt if they meet the criteria below.

- Purpose is the inculcation of religious values.
- Primarily employs or serves persons who share its religious tenets.
- A non-profit organization according to the Internal Revenue Code.
- Group presents a notarized affidavit.

There has also been a temporary safe harbor for religious affiliated organizations who oppose providing contraceptive coverage. This temporary exemption states that these religious affiliated organizations are not required to provide coverage for contraception until August 1, 2013.
COMMON QUESTIONS

Q: Does this mandate only pertain to women of a certain age?
A: All ages are covered unless an age restriction is described (HPV testing).

Q: Can groups pick between women’s preventive and healthcare reform?
A: No. If healthcare reform is already implemented, they will receive women’s preventive upon renewal.

Q: Are brand contraceptives covered under contraceptive coverage?
A: Yes. However if there is a generic equivalent available, there will be a cost share charge for the brand drug.

Q: If a group doesn’t have prescription coverage, will contraceptives be covered?
A: If a group doesn’t have prescription coverage, contraceptives will not be covered.

Q: Does the mandate cover emergency contraceptives like Plan B?
A: Yes, with prescription.

Q: Does the mandate cover abortion?
A: No, the mandate does not address or cover abortion in any way.

Q: Does the mandate cover sterilization?
A: Yes, women sterilization procedure are covered.

Q: Does the mandate allow purchasing of breast feeding equipment?
A: No. The mandate will only provide coverage for rentals of equipment.

Q: Are the old NYS mandates still in effect?
A: No. This federal mandate supersedes all New York State mandates.

Q: Where can I find additional information?