Accelerating Action to Implement HHS Women's Preventive Services Guidelines for Well-Woman Visits including Preconception Care

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Background:

On August 1, 2012, an estimated 47 million U.S. women gained greater control over their health care and access to eight preventive health services without paying more out of their own pocket. Because women's preventive services have been less studied and often uncovered by health insurance, they received special attention in the Affordable Care Act (Section 2713), made possible by passage of the Women's Health Amendment (lead by Senator Barbara Mikulski and sometimes called the "Mikulski" amendment).

The U.S. Department of Health and Human Services (HHS) new federal guidelines on women's preventive services require "non-grandfathered" health insurance plans to cover certain recommended preventive services specifically for women without charging a co-pay, co-insurance, or deductible beginning in plan years starting on or after August 1, 2012. These services include well-woman visits, screening for gestational diabetes, HPV DNA testing, domestic violence screening and counseling, HIV screening and counseling for sexually transmitted infections, breastfeeding supplies, contraceptive methods and family planning counseling.

In terms of well-woman visits and preconception care, the HHS Guidelines call for: "*Well-woman 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-woman visit should, where appropriate, include other preventive services listed in this set of guidelines, as well as others referenced in section 2713.*" http://www.hrsa.gov/womensguidelines/

For leaders across the country engaged in the Preconception Health and Health Care (PCHHC) Initiative, the opportunity now is to accelerate and operationalize the implementation of well woman visits and preconception care in the context of the new HHS women's clinical preventive services guidelines. Action is needed through the policy, clinical, public health, and consumer arenas.

This work will be grounded by the evidence summarized in the Institute of Medicine (IOM) report on *Clinical Preventive Services for Women: Closing the Gaps* (http://www.iom.edu/Reports/2011/Clinical-Preventive-Services-for-Women-Closing-the-Gaps/Action-Taken.aspx). The choice of these eight areas was the result both evidence review and expert judgment with attention to three criteria: (1) the condition affects a broad population, (2) an intervention has the potential to significantly improve health or well-being, and (3) the scientific evidence supports the recommendation. The IOM committee considered the current practices and policies of public and private insurers as well as professional organizations. (Gee, 2012; Gee et al., 2011) The IOM report recommendation 5.8 calls for "*At least one well-woman preventive care visit annually for adult women to obtain the recommended preventive services, including preconception and prenatal care. The committee also recognizes that several visits may be needed to obtain all necessary recommended preventive services, depending on a woman's health status, health needs, and other risk factors.*" (IOM, 2010)

The PHHC Initiative Clinical Work Group report on content of preconception care for women of reproductive age (Jack et al., 2008) can guide implementation of preconception care in the context of well woman visits. In an accompanying piece in this issue of Preconception e-news, Merry-K Moos highlights evidence and opportunities in clinical care. New information and existing tools might be used to design clinical quality improvement projects for individual practices or collaborative groups of providers.

Opportunities for Policy and Finance Action

In the policy arena, leaders in preconception health and health could take action in the following areas:

- **Learn the overall scope of preventive services covered without cost sharing**. The provisions that eliminate co-payments, co-insurance, and deductibles for preventive benefits are effective for plan years beginning on or after September 23, 2010, except for the women's health provisions which become effective August 1, 2012. With the exception of some plans defined by the ACA as "grandfathered" plans, the ACA requires all private health plans – individual, small group, large group, and self-insured employer plans – to cover a range of preventive services without any patient cost sharing. (Note this is not the same as Essential Health Benefits.) The coverage of these preventive services for males and females of all ages offers access to many of the services already offered to Members of Congress. Most are of particular benefit to women and children. The four categories of preventive services are:
  1. ***Evidence-based screening, counseling, and services*** (based on the recommendations of the U.S. Preventive Services Task Force Recommendations A and B),
  2. ***Routine immunizations*** for children and adults (as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention),
  3. ***Children's preventive services*** (based on Bright Future s guidelines of the American Academy of Pediatrics - AAP and Health Resources and Services Administration -HRSA and the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children), and
  4. ***Preventive services for women*** (based on Institute of Medicine recommendations and HHS-HRSA guidelines).

- **Learn what a "grandfathered plan" is and educate others**. Plans with "grandfather" status include any group or an individual health insurance plan/policy that: a) existed on March 23, 2010, when the Affordable Care Act became a law, and b) meets specified conditions. Grandfathered plans are exempt from many of the requirements of the Affordable Care Act, although they are not exempt from many consumer protections (e.g., no lifetime or annual limits permitted, must extend coverage to age 26 under parents policy). Many plans have grandfathered status now but will shift over time as they modify coverage or issue new policies. The federal Department of Health and Human Services (HHS) anticipates that 45% of large employer plans and 66% of small employer plans may relinquish their grandfathered status by 2013, as a result of plan modifications.

- **Encourage all health plans that cover large numbers of women in your state or community to promote the benefits and inform their enrollees**. Not only are these services similar to a list of preventive services recommended by the National Business Group on Health, but many private employers already cover these services, particularly well-woman visits. America's Health Insurance Plans (AHIP) reports that virtually all policies in the large and small group market cover some preventive services without cost sharing. Many managed care organizations are also strongly committed to coverage of preventive health services. These new guidelines may, however, provide an opportunity to discuss coverage of preconception care screening and health promotion as part of a larger package.

  Plans can adopt these guidelines on a voluntary basis today. The effective date for a new health plan to cover a new or updated preventive service is the plan or policy year beginning on or after the date that is one year after the date of the release of the guidelines. Thus, health plans have to incorporate changes and inform enrollees. Some plans and insurers may be able to implement the new policy on women's preventive services right away, depending on their current benefits.

- **Provide information to consumers**. Women need to know about these benefits so they can decide what health services they want to use, without worry about cost. Women, as health care consumers, need information about these new benefits and cost sharing guidelines. The promise of preventive services into a consumer-friendly, effective and efficient system of coverage will require state and local action and will

need to incorporate a strong consumer voice. (Visit www.ccsp.org to find out more.) State and local preconception health leaders can directly inform women using HHS materials or their own. For example, a state public health department might release state-specific information materials for consumers or for media. A state insurance agency might inform state employees and consumers. A federally funded local Healthy Start program, community health center, or WIC office might provide consumer education.

- **Encourage adoption of these guidelines in Medicaid**. The Affordable Care Act and related guidelines do not state clearly that these HHS guidelines for women's clinical preventive services apply to Medicaid. However, states may decide to provide coverage for these preventive services now or in January 2012, when many health reform changes will be adopted. An August 2012 Commonwealth Fund Issue Brief on *Addressing Women's Health Needs and Improving Birth Outcomes: Results from a Peer-to-Peer State Medicaid Learning Project* contains a policy checklist to help state Medicaid and public health leaders identify opportunities to expand use of preconception and interconception care which fit within their programs' eligibility requirements, quality improvement objectives, and health system resources. The brief includes examples from ongoing work in seven states (CA, FL, IL, LA, NC, OK, and TX). Their leadership, plans, policies, and programs may inspire the work of others.

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