

### Women's Access to Preventive Services Affirmed by HHS

On Feb. 20, 2013, the Department of Health and Human Services released a set of Frequently Asked Questions which clarified many issues related to implementation of the Affordable Care Act's preventive services requirement. The FAQ is an important step towards ensuring that insurance plans and issuers implement the Women's Preventive Health Services provision so that women get the comprehensive and affordable services guaranteed by the Affordable Care Act. While the FAQ leaves some implementation questions unanswered, the National Women's Law Center is pleased that the Department addressed several major issues to make sure that women have the contraceptive coverage required by the law. The chart below summarizes contraceptive coverage implementation issues and how the FAQ responds to them.

Issue	FAQ
Are plans required to cover all contraceptive methods without cost sharing?	Yes. The FAQ requires that women have access to the <i>full range</i> of FDA-approved contraceptive methods. This includes, <i>but is not limited to</i> , barrier methods, hormonal methods, and implanted devices, as well as patient education and counseling. Therefore, women should have coverage of all FDA-approved contraceptive methods, meaning a range of pills, the ring, the patch, the shot, implants, hormonal intrauterine devices, non-hormonal intrauterine devices, barrier methods, and sterilization procedures. ( <i>see Question 14 of the FAQ</i> )
Are plans required to provide coverage of contraceptives other than the pill?	Yes. Plans cannot limit their contraceptive coverage to only oral contraceptives. The HRSA Guidelines require women to have access to the <i>full range</i> of contraceptive methods. ( <i>see Question 14 of the FAQ</i> )  Additionally, FDA-approved intrauterine devices (IUDs) and implantable contraceptives, prescribed by a provider, are specifically required to be covered. ( <i>see Question 17 of the FAQ</i> )
Are plans required to cover the specific contraceptive prescribed by a woman's health care provider?	Yes, although plans have limited use of reasonable medical management techniques to control costs and promote efficient delivery of care. For example, if a provider prescribes a drug and there is a generic equivalent available, a plan may cover the generic without cost-sharing and impose cost-sharing on the branded drug. If a generic version is not available, then a plan or issuer must provide coverage for the brand name drug without cost-sharing. However, the plan must have a waiver process that enables the woman to access the branded drug without cost-sharing when a generic drug is available should her provider determine that the branded drug is medically appropriate for her. ( <i>see Question 14 of the FAQ</i> )
Can plans use so-called "reasonable medical management techniques" to limit coverage? For example, some plans require an enrollee to use one method of	Yes, in some circumstances. While the FAQ did not clarify the term "reasonable medical management techniques," it requires every plan to have a waiver process that would enable women to have access to the contraceptive method that her provider

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<p>contraception and show it doesn't work before another drug will be covered.</p>	<p>determines is medically appropriate for her needs, in consultation with the woman. This waiver process could override a "medical management technique." (see <i>Question 14 of the FAQ</i>)</p>
<p>Are FDA-approved, over-the-counter contraceptives covered?</p>	<p>Yes, in some circumstances. For an over-the-counter contraceptive method to be included in the HRSA Guidelines, and therefore receive the no cost sharing protection, it must be <i>both</i> FDA-approved and prescribed for a woman by her provider. Thus, over-the-counter methods that are prescribed are available without cost-sharing. (see <i>Question 15 of the FAQ</i>)</p> <p>Additionally, contraception for men is excluded from the HRSA Guidelines. (see <i>Question 15, footnote 10 of the FAQ</i>)</p>
<p>Will services <i>related to</i> the preventive services be covered? Such as to remove an IUD?</p>	<p>Yes. All services related to follow-up and management of side effects, counseling for continued adherence, and device removal are part of the services included in the HRSA Guidelines. Therefore, all such services must be covered without cost-sharing. (see <i>Question 16 of the FAQ</i>)</p>
<p>Can women get preventive services from an out-of-network provider?</p>	<p>Yes, in some circumstances. For any preventive service, if the plan does not have a provider in its network who can provide that service, the plan cannot impose cost-sharing when a person accesses the service from an out-of-network provider. (see <i>Question 3 of the FAQ</i>)</p>
<p>Can plans place quantity limits on contraceptives of less than one year?</p>	<p>Not addressed in FAQ.</p>
<p>How should plans update their coverage when new contraceptives are approved by the FDA?</p>	<p>Not addressed in FAQ.</p>