Updated HRSA Guidelines Expand Preventive Health Services That Must Be Covered Without Cost-Sharing

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HHS Notice: Update to the Health Resources and Services Administration-Supported Women's Preventive Services Guidelines, 89 Fed. Reg. 106522 (Dec. 30, 2024)

Available at ***https://www.govinfo.gov/content/pkg/FR-2024-12-30/pdf/2024-31228.pdf***

The HHS Health Resources and Services Administration (HRSA) has issued updated preventive services guidelines for women, which it approved on December 20, 2024. As a reminder, non-grandfathered group health plans and insurers must cover without cost-sharing certain preventive services specified by HRSA, the United State Preventive Services Task Force (USPSTF), and the CDC's Advisory Committee on Immunization Practices (ACIP). Recommendations and guidelines are updated periodically, and plans generally must cover newly recommended services in plan years beginning on or after the date that is one year after the guideline is issued.

The following preventive services, as updated by the new HRSA guidelines, must be covered without cost-sharing for plan years beginning on or after December 20, 2025:

- *Screening and Counseling for Intimate Partner and Domestic Violence.* Annual screening for adolescent and adult women and, if needed, intervention services such as counseling, education, harm reduction strategies, and appropriate supportive services.
- *Breast Cancer Screening for Women of Average Risk.* Annual or biennial mammography screening beginning no earlier than age 40 and no later than age 50 and continuing through at least age 74; additional imaging if necessary to complete the screening process or address findings—including, if indicated, magnetic resonance imaging (MRI), ultrasound, and pathology evaluation.
- *Patient Navigation Services for Breast and Cervical Cancer Screening.* Individualized navigation services including, but not limited to, person-centered assessment and planning, health care access and health systems navigation, referrals to appropriate support services (e.g., language translation, transportation, and social services), and patient education.

EBIA Comment: Ongoing litigation has challenged the structure of the USPSTF, HRSA, and ACIP and their authority to determine the preventive health services that must be covered without cost-sharing under the Affordable Care Act. Thus far, only the recommendations of the USPSTF have been impacted, and even those recommendations remain intact, except as to the parties in the lawsuit. With the challenge now headed to the U.S. Supreme Court, sponsors, administrators, and advisors of non-grandfathered plans should follow developments, keep abreast of updated recommendations, and ensure

that plan coverage and documentation are revised by the required deadlines. For more information, see EBIA's Group Health Plan Mandates manual at Section XIV ("Required Preventive Health Services Coverage"), EBIA's Health Care Reform manual at Section XII.C ("Coverage of Preventive Health Services"), and EBIA's Self-Insured Health Plans manual at Section XIII.C.1 ("Preventive Health Services").

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