

Compliance Directions

ACA Preventive Services Update and COVID-19 Vaccinations

Gallagher

The Patient Protection and Affordable Care Act (ACA) requires non-grandfathered group health plans to cover without cost sharing (copays, deductibles, or coinsurance) certain in-network preventive care services. These cost sharing requirements, however, do not apply for preventive care services provided by out-of-network providers. The ACA preventive services coverage requirement applies to both fully insured and self-insured group health plans. While grandfathered plans are not required to implement these changes, some grandfathered plans may choose to offer preventive care services without cost sharing. Specific preventive services that must be covered without cost sharing include:

- Items or services with an “A” or “B” rating from the U.S. Preventive Services Task Force (USPSTF). After the Supreme Court Decision in *Braewood Management Inc. v. Becerra* upheld the USPSTF appointments, the Fifth Circuit Court of Appeals directed the federal trial court that initially heard the case to address whether the Health Resources and Services Administration (HRSA) and the Advisory Committee on Immunization Practices (ACIP) have proper authority to issue preventive health service recommendations. For more information on this topic, see Directions article, [Fifteen Years Later, ACA Litigation Continues](#).
- Immunizations recommended by the ACIP for children and adults;
- Preventive care and screenings for infants, children, and adolescents from HRSA, including the Periodicity Schedule of the Bright Futures Recommendations for Pediatric Health Care (Bright Futures) and the Discretionary Advisory Committee on Heritable Disorders in Newborns and Children
- Preventive care and screenings for women supported by HRSA (Women’s HRSA).

Updated and New Preventive Services

Preventive services and recommended vaccine schedules are added or updated regularly throughout the year. For group health plans subject to the mandate, the recommendation must be covered beginning with the first plan year that begins on or after one year following publication of the new or updated recommendation. However,

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plans may begin implementing the change sooner, particularly in situations where a new plan year begins shortly after the recommendation is published.

For plans beginning on or after January 1, 2026, several updated recommendations are set to go into effect, such as breast cancer screening for women aged 40 at average risk (Women's HRSA), Intimate Partner and Domestic Violence Screening at Counseling (USPSTF), and Osteoporosis to Prevent Fractures Screening (USPSTF).

A new recommendation was published and is effective for plan years beginning on or after January 1, 2026, issued by the Women's HRSA, to provide patient navigation services for breast and cervical cancer screening and follow-up, as relevant, to increase utilization of screening recommendations based on an assessment of the patient's needs for navigation services.

For a full list of updated recommendations and effective dates from USPSTF, ACIP, Bright Futures, and Women's HRSA, see our [ACA Preventive Services Tracker](#).

Changes to COVID-19 Vaccinations

Changes to the COVID-19 ACIP vaccine recommendations were updated in December 2024:

For plan years beginning on or after January 1, 2026, plans must begin covering the following recommended dosages:

- Individuals older than 65 and individuals aged six months to 64 years with moderate or severe immunocompromise receive a second COVID-19 vaccine dose 6 months after their last dose, and
- Individuals aged six months or older with moderate or severe immunocompromise may receive additional doses based on shared clinical decision-making.

As a reminder, the ACA preventive services mandate requires that when a recommendation or guideline is changed, the plan must implement the change beginning with the first plan year that begins one year after the date the recommendation or guideline is adopted. If a guideline or recommendation is removed, the plan is required to cover the service until the last day of the plan year during which the change occurred, except in situations where the service is subject to a safety recall.

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or is otherwise determined to pose a significant safety concern. No such recall or safety concern has been issued by the CDC.

As a reminder, plans that change cost-sharing or remove coverage for a vaccine, mid-year or otherwise, must amend its plan through its amendment process and notify participants by issuing a Summary of Material Reduction (SMR).

Employers will want to work with their carriers or TPAs to ensure that vaccinations are being covered with zero cost-sharing according to ACIP recommendations. More changes are expected with respect to comments made by the Health and Human Services Secretary. Stay tuned for any future updates.

The intent of this article is to provide general information on employee benefit issues. It should not be construed as legal advice and, as with any interpretation of law, plan sponsors should seek proper legal advice for application of these rules to their plans.