United Actuarial Services, Inc.
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BENEFIT NEWS BRIEFS

USPSTF Reissues a Number of Preventive Services Recommendations

Affects Non-Grandfathered Group Health Plans

The U.S. Preventive Services Task Force *(USPSTF)* recently published a number of final Recommendation Statements with an "A" or "B" grade recommendation. USPSTF preventive services with "A" or "B" recommendations are applicable to non-grandfathered group health plans, including multiemployer group health plans, under the final preventive services regulations, and must be provided by the health plan without any cost-sharing from the participant or covered person. More information on the Recommendations can be found in the USPSTF Newsroom.

The four Recommendation Statements we will review had *previously been released as "A" or "B" recommendations*. As such, **affected non-grandfathered plans will most likely have few action items to come into compliance.** Continued review of the Plan Document/SPD for consistency as Recommendations are issued would seem to be appropriate. The four Recommendations that we will be discussing are:

(1) Tuberculosis Screening for Latent Tuberculosis Infections;
(2) Interventions to Support Breastfeeding;
(3) Statin Use as a Preventive Medication; and
(4) Folic Acid Supplements for Women of Child-Bearing Age.

Tuberculosis Screening

The USPSTF released a final "B" recommendation statement on *Latent Tuberculosis Infection: Screening* in adults. The USPTF recommends screening among adults who are at increased risk but do not have symptoms of tuberculosis.

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There are two types of screening tests for LTBI currently available in the United States: (1) the Mantoux tuberculin skin test (TST) and (2) interferon-gamma release assays (IGRA). Screening frequency could range from one-time only screening among persons who are at low risk for future tuberculosis exposure to annual screening among those who are at continued risk of exposure.

The USPSTF last issued a recommendation on screening for tuberculosis in 1996. At that time, the USPSTF recommended screening for tuberculosis infection with the TST in asymptomatic, high-risk persons ("A" recommendation) and consideration of bacille Calmette–Guérin vaccination for selected high-risk individuals only ("B" recommendation). Given the changes in the epidemiology of the disease, and development of newer screening technologies, the USPSTF decided to update the topic and issue a recommendation using its current methodology.

Recommendation Summary

Population	Recommendation	Grade (What's This?)
Asymptomatic adults at increased risk for infection	The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk.	B

For more information see the September 6, 2016 USPSTF Bulletin.

Interventions to Support Breastfeeding

The USPSTF published a final "B" Recommendation Statement and evidence summary on *Breastfeeding: Primary Care Interventions*. The USPSTF recommends providing interventions to support breastfeeding among women who are pregnant or who have recently given birth.

This Recommendation updates the 2008 USPSTF Recommendation on primary care interventions to promote and support breastfeeding. The scope of the review and type of interventions recommended did not change.

Recommendation Summary

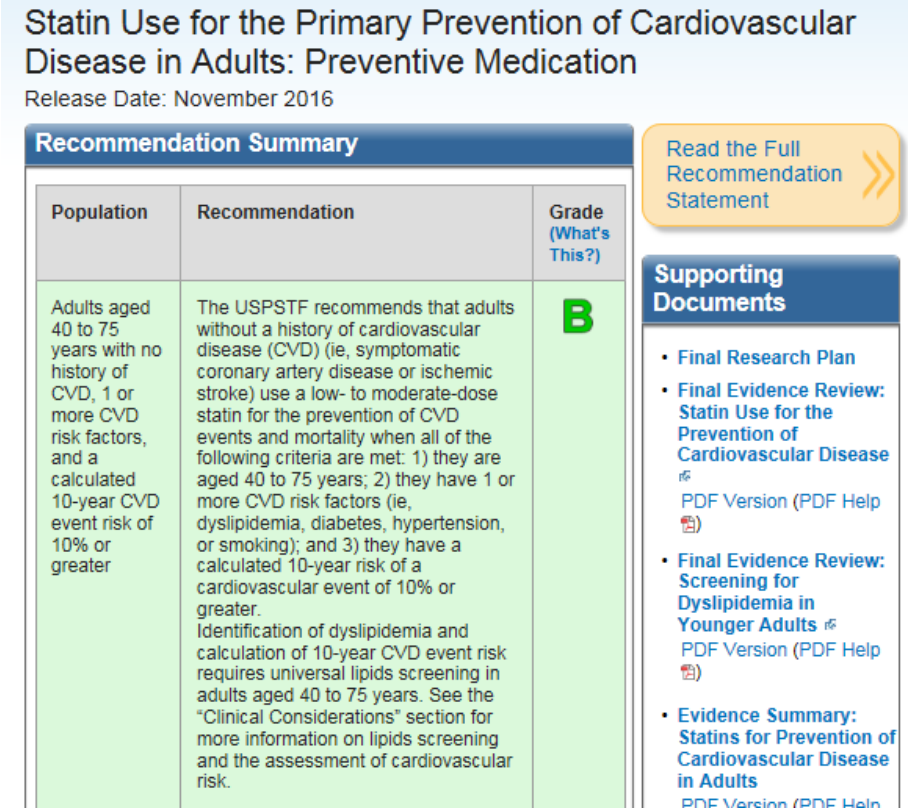
Population	Recommendation	Grade (What's This?)
Pregnant women, new mothers, and their children	The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.	B

For more information see the October 25, 2016 USPSTF Bulletin.

Statin Preventive Medication

The USPSTF published a final "B" Recommendation Statement and evidence summary on *Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication*. The USPSTF recommends that adults *without a history of cardiovascular disease* (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a *low- to moderate-dose statin* for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have one or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater.

Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years.



Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication

Release Date: November 2016

Recommendation Summary

Population	Recommendation	Grade (What's This?)
Adults aged 40 to 75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater	The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (ie, symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years. See the "Clinical Considerations" section for more information on lipids screening and the assessment of cardiovascular risk.	B

Read the Full Recommendation Statement

Supporting Documents

- Final Research Plan
- Final Evidence Review: Statin Use for the Prevention of Cardiovascular Disease
  PDF Version (PDF Help)
- Final Evidence Review: Screening for Dyslipidemia in Younger Adults
  PDF Version (PDF Help)
- Evidence Summary: Statins for Prevention of Cardiovascular Disease in Adults

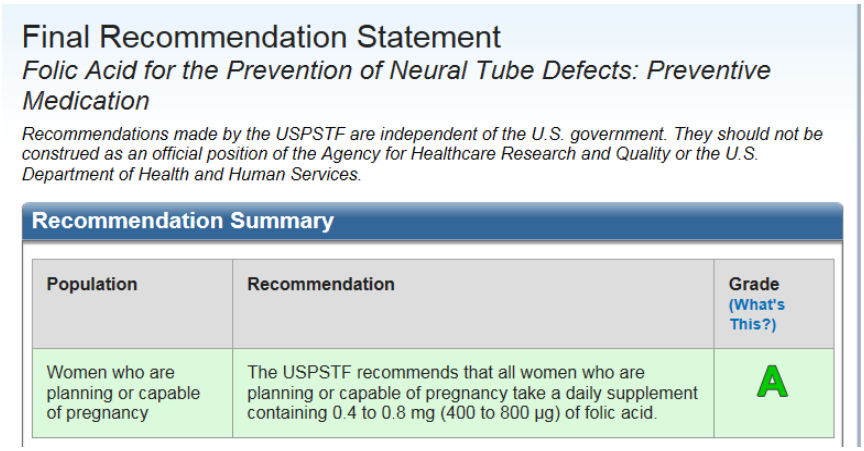
This recommendation replaces the USPSTF 2008 "A" and "B" Recommendation Statements on screening for lipid disorders in adults.

For more information see the November 16, 2016 USPSTF Bulletin.

Folic Acid for the Prevention of Neural Tube Defects: Preventive Medication

The USPSTF published a final "A" Recommendation Statement *Folic Acid for the Prevention of Neural Tube Defects: Preventive Medication* that recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid. This 2017 "A" Recommendation Statement reaffirms the 2009 Recommendation Statement on

folic acid supplementation in women of childbearing age and continues that same dosage recommendation. Folic acid supplements help fight neural tube defects in developing babies.



Final Recommendation Statement

Folic Acid for the Prevention of Neural Tube Defects: Preventive Medication

Recommendations made by the USPSTF are independent of the U.S. government. They should not be construed as an official position of the Agency for Healthcare Research and Quality or the U.S. Department of Health and Human Services.

Recommendation Summary

Population	Recommendation	Grade (What's This?)
Women who are planning or capable of pregnancy	The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.	A

Neural tube defects and birth defects in which the brain or spinal cord does not develop properly in a baby and can lead to a range of disabilities or death. Neural tube defects can occur early in a pregnancy, even before a woman knows she is pregnant. The 2017 Recommendation Statement notes that taking folic acid before and during pregnancy can help protect babies against such neural tube defects. The critical period when folic acid supplements provide the most protective benefits begins one month before becoming pregnant and continues through the first 3 months of pregnancy.

Folic acid is found naturally in many fruits and vegetables, such as leafy greens, broccoli, and orange juice. Additionally, in the United States, many foods such as flour, cereals, and breads are fortified with folic acid. However, according to the Recommendation, even with food fortification, most women do not get the recommended dose of 400 to 800 micrograms of folic acid per day through diet alone.

For more information see the January 10, 2017 USPSTF Bulletin.

REMINDER OF EFFECTIVE DATE RULE: Coverage for all new or updated "A" or "B" recommendations and guidelines that go into effect after the passage of the Affordable Care Act (*ACA)* must be covered by non-grandfathered group health plans for the *first plan year beginning on or after the date that is one year after the new recommendation or guideline goes into effect*.

For example, using the effective date of the folic acid recommendation, one year from the effective date of January 10, 2017 is January 10, 2018 and the first plan year after that for a calendar year plan would begin January 1, 2019. The required effective date for non-calendar year plans would be calculated in a similar manner.

These USPSTF "A" or "B" Recommendations can be found online at: http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations-by-date/.

One can sign up for email updates regarding draft or new Recommendations at: http://www.uspreventiveservicestaskforce.org/Page/Name/email-updates.

See Benefit News Briefs 2015-50 for a more detailed look at the preventive services required to be provided by *non-grandfathered* plans under the *Affordable Care Act (ACA),* including *preventive services* like these that have a rating of "A" or "B" in the current recommendations of the USPSTF.

Action Item

As mentioned earlier, since these final recommendations were previously A or B recommendations (and therefore non-grandfathered plans should already be covering them), plans may not need any changes to comply with the final recommendation. However, this would be a good time to:

(1) verify that your Plan Document is up to date and

(2) review the four items with your claims processors to ensure that benefits are being paid properly.

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