

Impact of ACA Preventive Services Requirements On Contraceptive Coverage¹

The Affordable Care Act (ACA) creates two new preventive services standards that will impact access to contraceptives: 1) the preventive services category of the Essential Health Benefits (EHB); and, 2) the Department of Health and Human Services (HHS) women’s preventive services guidelines (WPS). HHS has defined the WPS standard as including robust contraceptive coverage without cost-sharing. Though the content of the EHB standard is still in development and will likely vary from state to state, HHS pre-regulatory guidance affirms that the EHB will include the same services, including contraception, that are required under the WPS guidelines. Whether the same cost-sharing protections will also be incorporated into the EHB is not yet known. Aside from the EHB and WPS standards, the Medicaid program has long-standing family planning coverage requirements that will continue to guarantee contraceptive coverage for enrollees. This table summarizes how these standards will apply to different types of public and private insurance coverage.

	Essential Health Benefits: Contraception Covered, Cost-Sharing Unknown	Women’s Preventive Services Guidelines: Contraception Covered Without Cost-Sharing	Medicaid Family Planning Requirements: Contraception Covered Without Cost-Sharing ²
Qualified Health Plans (QHP) in the Exchanges	YES	YES All non-grandfathered QHPs.	N/A
Other Private Market Plans (Outside of the Exchanges)	YES Non-grandfathered plans in the small group and individual markets. ³	YES All non-grandfathered plans, including self-insured employer-sponsored plans.	N/A
Traditional Medicaid (Non-benchmark Medicaid coverage that existed before the ACA)	N/A	N/A	YES
Medicaid Benchmark Plans (Default plan for newly eligible enrollees under the ACA Medicaid expansion)	YES	N/A	YES
Basic Health Program (BHP)	YES	N/A	N/A

YES = this category of coverage is subject to this standard

YES = some plans (as listed) in this category of coverage are subject to this standard

N/A = this category of coverage is not subject to this standard

¹ For more detailed information, please refer to the NHeLP issue brief on this topic, *available here*.

² A narrow exception allows states to impose nominal copays for non-preferred prescription drugs.

³ In 2017, Exchanges can open to large employers and those plans will then also be required to cover the EHB.

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