

Women's Preventive Services Guidelines Updated

The Department of Health and Human Services' (HHS) Health Resources and Services Administration (HRSA) recently updated its [preventive services guidelines](#) to expand the list of women's preventive services that group health plans are required to cover under the Affordable Care Act (ACA).

Updated preventive services guidelines generally take effect for plan years beginning on or after one year from the date the updated guideline is issued. In this case, the updates take effect for plan years beginning in 2023.

Updated Guidelines

The updated guidelines add one additional service: **Preventing Obesity in Midlife Women**. The guideline recommends counseling for midlife women aged 40 to 60 years with normal or overweight body mass index to prevent obesity.

In addition, the update revises the following five services:

- **Breastfeeding Services and Supplies.** Comprehensive lactation support services during the antenatal, perinatal and postpartum periods as well as breastfeeding equipment and supplies.
- **Contraception.** Access to the full range of all of the FDA-approved, -granted or -cleared contraceptives and contraceptive care.
- **Screening for HIV Infection.** HIV testing for women aged 15 and older at least once during their lifetime, and earlier or additional screening based on risk.
- **Counseling for Sexually Transmitted Infections (STIs).** Behavioral counseling for sexually active adolescent and adult women at an increased risk for STIs.
- **Well-woman Preventive Visits.** At least one preventive care visit per year beginning in adolescence.

Agencies Indicate Focus on MHPAEA Enforcement

The Employee Benefits Security Administration (EBSA) released a [fact sheet](#) on 2021 enforcement of the Mental Health Parity and Addiction Equity Act (MHPAEA), which summarizes closed investigations of MHPAEA violations in 2021. Federal agencies also issued a [2022 Report to Congress on the MHPAEA](#) highlighting their recent emphasis on MHPAEA enforcement.

The MHPAEA prevents group health plans and health insurance issuers that provide mental health and substance use disorder (MH/SUD) benefits from imposing less favorable limits on those benefits than on medical and surgical coverage. According to the 2022 Report to Congress, health plans and health insurance issuers are failing to deliver parity for MH/SUD benefits.

Federal agencies indicated that they have significantly increased MHPAEA enforcement activities. In 2021, EBSA investigated MHPAEA violations in the following categories:

- Annual dollar limits and aggregate lifetime dollar limits;
- Benefits in all classifications (MH/SUD benefits generally must be provided in every classification in which medical/surgical benefits are provided);
- Financial requirements;
- Treatment limitations; and
- Cumulative financial requirements and quantitative treatment limits.