



****The draft legislation included below is for reference purposes only and should not be considered legal advice or be used as a final draft suitable for bill introduction. Note that states have limited jurisdiction over ERISA plans, and this template does not address that self-insured market. When translating this draft into legislative bill language, interested parties should consider state-specific drafting requirements, relevant state codes, agencies, and authorities, and should adapt the text below as needed.****

DRAFT TEMPLATE LEGISLATION - ACCESS TO FREE PREVENTIVE SERVICES

Be it enacted by the **[NAME OF LEGISLATIVE BODY]** of the State of **[STATE NAME]**:

SECTION 1. Statement of Legislative Intent; Purpose

(a) **[WHEREAS XYZ...]**

SECTION 2. Definitions

- (a) For the purpose of this Act, the following words shall have the following meanings unless the context clearly requires otherwise:
- (i) “Carrier” means **[STATE DEFINITION OF CARRIER FOR SMALL GROUP HEALTH CARE PLANS, STATE EMPLOYEE HEALTH PLAN(S), INDIVIDUAL HEALTH CARE PLAN, AND SHORT-TERM LIMITED DURATION PLANS]**
 - (ii) “Health plan” means **[STATE DEFINITION OF HEALTH PLAN]**
 - (iii) “Health plan year” means **[STATE DEFINITION OF HEALTH PLAN YEAR]**

SECTION 3. Section **[XX]** of **[STATE]** code is hereby amended by adding the following section:

- (a) “Preventive services” means, at a minimum, the following (including as clarified by relevant regulations and sub-regulatory guidance) as of the effective date of this Act:
- (i) Evidence-based items or services that have a rating of A or B in the recommendations of the United States Preventive Services Task Force, with respect to the individual involved;
 - (ii) Immunizations for routine use in children, adolescents and adults in accordance with the recommendations and immunization schedules from the Advisory

- Committee on Immunization Practices and approved by the director of the centers for disease control and prevention, with respect to the individual involved;
- (iii) Evidence-informed preventive care and screenings for infants, children and adolescents, as described in comprehensive guidelines supported by the Health Resources and Services Administration; and
 - (iv) Evidence-informed preventive care for women, to the extent not described in clause of this subsection as provided for in the comprehensive guidelines supported by the Health Resources and Services Administration. Any other preventive care as required under state law.
- (b) Every carrier shall provide coverage for such preventive services, as defined by paragraph (a) of this section and as updated in accordance with paragraph (c). Such preventive services as defined in paragraph (a), and as updated in accordance with paragraph (c), shall not be subject to any cost-sharing, including co-payments, co-insurance or any deductible.
- (c) The [DIVISION OF INSURANCE OR OTHER STATE AGENCY] shall issue regulations or guidance, no later than 90 days after the effective date of this legislation, to implement and enforce this section.
- (i) The [AGENCY] shall not reduce the scope of preventive services, as defined in Section 3(a), except as pursuant to a modification described in Section 3(c)(ii).
 - (ii) The [AGENCY], [NO LESS FREQUENTLY THAN ANNUALLY] shall:
 - (1) Determine whether the recommendations identified in Section 3(a)(i) and (ii), and the guidelines identified in Section 3(a)(iii) and (iv), have been modified;
 - (2) For each modification reducing or expanding the scope of preventive services identified in accordance with Section 3(c)(ii)(1), determine whether such modification is consistent with the purpose of this Act, as specified in Section 1;
 - (3) For every modification determined to be consistent with the purpose of this Act in accordance with Section 3(c)(ii)(2), issue [REGULATIONS/GUIDANCE] clarifying that carriers shall provide coverage consistent with such modification and in accordance with Section 3(b).
- (d) Benefits for an enrollee under this section shall be the same for the enrollee's covered spouse and covered dependents.
- (e) Nothing in this section shall prohibit a carrier from providing coverage for items and services in addition to those described in subsection (a), as updated in accordance with subsection (c), or denying coverage for items and services that are not described in subsection (a), as updated in accordance with subsection (c).
- (f) A carrier must provide coverage pursuant to this Section for plan years that begin on or after the effective date of this Act. For any modification to preventive services adopted

pursuant to Section 3(c), a carrier must provide coverage consistent with such modification and in accordance with Section 3(b) no later than the plan year that begins on or after the date that is one year after the date the modification is adopted pursuant to Section 3(c) later than 90 days after the effective date of this Act.

****For additional questions about this template or how to protect access to free preventive services, please contact Liz Hagan, Director of Policy Solutions at United States of Care (lhagan@usofcare.org), or Caitlin Westerson, State Partnerships and External Affairs Director at United States of Care (cwesterson@usofcare.org).****