



UNITED STATES *of* CARE

STATE LEGISLATIVE AND REGULATORY ACTION TO ENSURE COST-FREE PREVENTIVE CARE SERVICES ACCESS

Massachusetts (H-1081, 2023):

Establishes no-cost state-level protections for all federally defined preventive services and allows for updates to this list.

Michigan (HB 4623, 2023):

Codifies federal EHB protections into state law, amends the definition of preventive services to align with federal recommendations, and requires plans on the individual market to cover preventive services with no cost-sharing.

Oregon (agency action, 2020):

Market conduct examinations of all 12 health insurers in the state found significant non-compliance with the state's no-cost reproductive health care mandate. The state recommended insurers review their claims adjudication processes to ensure recommended services are covered for free.

UNITED SOLUTIONS *for* CARE

PRESERVING ACCESS TO NO-COST PREVENTIVE SERVICES

Informed by listening to thousands of people across the country, USofCare's United Solutions for Care agenda represents a set of four goals and twelve targeted and achievable solutions to help us build a fairer health care system. The policy principles outlined here respond to one of those twelve solutions: reducing or eliminating out-of-pocket costs, and one way to do this is by protecting people's access to no-cost preventive care services.

Increasing access to no-cost preventive care has been a public health success story for over a decade. Ensuring continued access to free preventive services identified by medical experts will keep people healthy, lower costs, and reduce health disparities and has strong support from providers, insurers, and patients alike.

Current federal law requires nearly all private health plans – including fully insured and self-insured plans – to cover more than 100 evidence-based preventive services without cost-sharing as identified by experts at the US Preventive Services Task Force (USPSTF), Advisory Committee for Immunization Practices (ACIP), and Health Resources and Services Administration (HRSA). Unfortunately, plans aren't always fully transparent about preventive care protections and may provide conflicting instructions to providers about how to bill for these services. While the federal government has clarified coverage requirements, adherence varies across plans and state-level protections remain patchwork at best.

A recent court case, known as Braidwood v. Becerra, stands to further jeopardize people's access to no-cost services by reintroducing cost-sharing for preventive care. Should insurers reintroduce even nominal amounts of cost-sharing for these services, nearly half of all people would likely skip these recommended procedures, which could lead to an increase in otherwise-preventable infections and other adverse conditions.

Looking to protect cost-free access to preventive services?



USofCare's model state legislation includes language codifying the federal no-cost preventive services requirement on the state level to ensure people maintain access to these critical services for free.

State Policy Recommendations to Protect People's Cost-Free Access to Preventive Services

State policymakers should consider the following recommendations to ensure that patients have access to cost-free preventive care:

Requiring Continued No-Cost Coverage of Preventive Services

For more than a decade, people have benefitted from comprehensive no-cost access to preventive services under federal law. Given the uncertainty surrounding the *Braidwood* case, state policymakers should codify these protections on the state level for plans subject to state oversight by:

- **Adopting recommendations made by medical experts.** Policymakers should rely on recommendations made by the medical experts of the USPSTF, ACIP, and HRSA and incorporate these provisions into state law.
- **Creating a process to update services as needed.** Policymakers should require plans subject to state oversight to cover new recommended, evidence-based preventive services no later than one plan year after a new recommendation is made.

Amending Essential Health Benefits

State policymakers should codify existing federal **Essential Health Benefits (EHB) requirements**, which include preventive services, on the state level and amend their own state benchmark plan to align its definition of preventive services to include services recommended by the USPSTF, ACIP, and HRSA. While this would not ensure preventive services would be covered cost-free if the federal mandate were overturned, it would standardize requirements across plans statewide and enable states to offer people additional benefits without incurring extra costs

Increasing Compliance with Federal No-Cost Preventive Services Rules

Issuer non-compliance and lack of agency oversight have resulted in some people paying for preventive services that should be provided without cost. To protect free access to these services for all people, state policymakers and regulators should:

- **Develop tools to identify and take action against non-compliant actors.** Policymakers should ensure that state regulators, such as state Departments of Insurance or Attorneys General, be given sufficient resources to proactively identify plans that aren't abiding by state or federal rules and be granted the authority to take enforcement actions to bring plans into compliance.
- **Provide people with recourse and education.** Policymakers should establish straightforward, consumer-friendly processes to make it easy for people to contest denied claims and hold plans accountable for educating people on what services are covered cost-free.