

Publications

New Agency FAQs on ACA Preventive Care Services

ATTORNEYS & PROFESSIONALS

Jon Breyfogle

jbreyfogle@groom.com

202-861-6641

Christine Keller

ckeller@groom.com

202-861-9371

Emily Lucco

elucco@groom.com

202-861-9386

Mark C. Nielsen

mnielsen@groom.com

202-861-5429

Seth Perretta

sperretta@groom.com

202-861-6335

Christy Tinnes

ctinnes@groom.com

202-861-6603

PUBLISHED

05/27/2015

SERVICES

[Employers & Sponsors](#)

[Health & Welfare Programs](#)

On May 11, 2015, the Department of Labor (DOL), the Department of Health and Human Services (HHS), and the Treasury Department (collectively the Departments) issued a set of Frequently Asked Questions (ACA FAQs Part XXVI) clarifying the services that must be provided under the Affordable Care Acts (ACA) preventive care rules.

Although the new FAQs are billed as clarifications, they do appear to break some new ground. The three FAQs on Food and Drug Administration (FDA) recommended preventive services, in particular, raise significant concerns about the extent to which group health plans and health insurance issuers will be able to retain their traditional roles in defining medical necessity for purposes of plan administration.

Much of the guidance does not have an effective date, which suggests the FAQs may be effective now the only exception is the guidance regarding contraceptives, which the FAQs indicate applies to plan years starting 60 days after publication of the new FAQ.

Please see the attached memo for further information.

RELATED MATERIALS:

[New Agency FAQs on ACA Preventive Care Services](#)