



## AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

August 01, 2016

### Quick Links

[MA-ACA Website](#)



These Updates, published by the Executive Office of Health and Human Services (EOHHS) in consultation with the other state agencies involved in ACA implementation, will bring you news related to the implementation of provisions of the ACA here in Massachusetts.

### Grants and Demonstrations

The ACA provides funding opportunities to transform how health care is delivered, expand access to care and support healthcare workforce training.

### Grant Activity

For information about ACA grants awarded to and grant proposals submitted by the Commonwealth, visit the Grants page of the **Massachusetts National Health Care Reform website** at: <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/national-health-care-reform-plan/grants-and-demonstrations.html>

### Guidance

#### **7/21/16 Treasury/DOL/HHS issued a Request for information called "Coverage for Contraceptive Services."**

The Departments are requesting information on whether there are alternative ways (other than those offered in current regulations) for eligible organizations that object to providing the ACA's required coverage for contraceptive services on religious grounds to obtain an accommodation, while still ensuring that women enrolled in the organizations' health plans have access to seamless coverage of the full range of FDA-approved contraceptives without cost sharing. This information is being solicited in light of the Supreme Court's opinion in *Zubik v. Burwell*, 136 S. Ct. 1557 (2016), a consolidation of seven cases brought by religiously-affiliated nonprofits that object to the ACA's accommodation to the contraception coverage mandate. In the Supreme Court's ruling, they did not issue a decision on the merits of the case and sent the case back to the lower court to decide the case again using the rulings of the appellate court as a guide. However, the Supreme Court stated that the parties "should be afforded an opportunity to arrive at an approach going forward that accommodates [the objecting employers'] religious exercise while at the same time ensuring that women covered by [the employers'] health plans receive full and equal health coverage, including contraceptive coverage."

Requirements under ACA §1001(2713) and its implementing regulations relating to coverage of preventive services require non-grandfathered group health plans and health insurance coverage offered in the individual or group market to provide benefits for, and prohibit the imposition of cost-sharing requirements, for certain specified preventive services without cost sharing. These preventive services include preventive care and screenings for women provided for in comprehensive guidelines supported by the HRSA. Women's preventive health services include well-woman visits, support for breastfeeding equipment, contraception, and domestic violence screening and counseling. As a result, employers must provide their employees with health insurance coverage that includes contraceptive care. However, the Departments have created an [opt-out procedure for religiously-affiliated nonprofits](#), who are relieved of any obligation to provide contraceptive care coverage if they submit a form to the government noting their religious objection. The contraceptive care coverage will then be paid for and administered by a third party.

The Request for Information is being issued by the Departments to determine, as contemplated by the aforementioned Supreme Court opinion, whether modifications to the existing accommodation procedure could resolve the objections asserted by the plaintiffs in the pending cases challenging the ACA-contraceptive mandate while still ensuring that the affected women seamlessly receive full and equal health coverage.

Comments are due September 20, 2016.

Read the notice (which was published in the Federal Register on July 22, 2016) at: <https://www.gpo.gov/fdsys/pkg/FR-2016-07-22/pdf/2016-17242.pdf>

Prior guidance can be found at: [www.hhs.gov/healthcare/index.html](http://www.hhs.gov/healthcare/index.html)

## News

**7/26/16 The U.S. Preventive Services Task Force issued a final recommendation statement on visual skin cancer screening exams by doctors in adults.** The Task Force found insufficient evidence to recommend for or against using visual skin examinations performed by clinicians to screen for melanoma skin cancer in adults. As a result, the USPSTF assigned an "I" grade to the recommendation, indicating that the Task Force does not have sufficient evidence to recommend the service.

According to the Task Force, skin cancer is the most common cancer in the United States, although most forms of skin cancer do not result in death. Melanoma is a type of skin cancer that is much less common (representing less than 2% of all skin cancers) but has a higher death rate. The USPSTF reviewed the current research on the effectiveness of a full-body visual skin cancer screening by a doctor and determined that there is not enough evidence to confirm whether such screening prevents death from melanoma. Additionally, the Task Force found that there are potential harms that go along with skin cancer screening, including unnecessary biopsies. The USPSTF encouraged more research in this area and reminded Americans that the best way to avoid skin cancer is to minimize exposure to ultraviolet rays.

The USPSTF is an independent panel of non-federal government experts that conduct reviews of scientific evidence of preventive health care services. The USPSTF then develops and publishes recommendations for primary care clinicians and health systems in the form of recommendation statements. As part of their recommendations process, the USPSTF will assign definitions to the services they review based on the certainty that a patient will receive a substantial benefit from receiving the benefit. Services that are graded "A" and "B" are highly recommended and the USPSTF believes there is a high certainty that patient will receive a substantial or moderate benefit.

Under ACA §1001, all recommended services receiving grades of "A" or "B" must be provided without cost-sharing when delivered by an in-network health insurance provider in the plan years (or, in the individual market, policy years) that began on or after September 23, 2010. Because the recommendation on visual skin cancer screening exams by doctors in adults was finalized with an "I" rating, then it will not be required to be provided without cost sharing.

Read the final recommendation statement at: <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/skin-cancer-screening2>

Learn more about preventive services covered under the ACA at: [HHS.Gov](http://HHS.Gov)

Learn more about the USPSTF at: [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org)

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Bookmark the **Massachusetts National Health Care Reform website** at: [National Health Care Reform](http://NationalHealthCareReform) to read updates on ACA implementation in Massachusetts.

Remember to check the Mass.Gov website at: [Dual Eligibles](http://DualEligibles) for information on the "**Integrating Medicare and Medicaid for Dual Eligible Individuals**" initiative.

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