The Legal Challenge to the Federal Preventive Services Protection: Overview and Implications for States

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- Part of McCourt School of Public Policy
- Legal & policy analysis
 - Federal and state regulation
 - Market trends
- Published reports, studies, blog posts
- Technical assistance



The Federal

Preventive Services Protection

- Requires coverage of a range of preventive services without costsharing
- Applies to most kinds of private health coverage
 - ERISA-regulated group health plans
 - Fully insured individual and group market coverage

• Plans must cover:

- Items and services with an "A" or "B" rating from the U.S. Preventive Services Task Force (USPSTF)
- Immunizations recommended by the Advisory Committee on Immunization Practices (ACIP)
- Preventive care and screenings for infants, children, and adolescents, as specified in guidelines supported by the Health Resources and Services Administration (HRSA)
- Preventive care and screenings for women, as specified in HRSA guidelines



Braidwood Management: Legal Issues

- Primarily a federal constitutional challenge
 - There is also a more narrow claim under federal law (RFRA)
 - Case is not about and does not implicate state authority to regulate insurance
- Appointments Clause
- Nondelegation Doctrine



Braidwood Management: Status of the Case

- District court issued merits decision in September 2022
 - Agreed with challengers:
 - Appointments Clause violation (as to USPSTF recommendations)
 - RFRA violation (as to PrEP)
 - Rejected Nondelegation claim based on Fifth Circuit precedent
- Court has not yet ruled on what the remedy should be.
 - That question is now fully briefed and a decision could come any time.
- The case will be appealed to the Fifth Circuit and may eventually wind up in the Supreme Court.



Braidwood Management: Potential Impact on Patients

- District court's opinion applies to more than 50 preventive services
 - For example: screenings for a range of cancers, for depression, for high blood pressure; preeclampsia screening and folic acid for pregnant women; interventions to address obesity; smoking cessation
- On appeal, all legal issues remain on the table. Significant litigation risk re: coverage requirement for all (100+) preventive services.
- Affects access to care for about 152 million Americans



Braidwood Management: Potential Impact on Patients

Individuals with Private Coverage Subject to the Federal Preventive Services Protection (2020)

	Children (<19)	Women (19-64)	Men (19-64)	Total		Children (<19)	Women (19-64)	Men (19-64)	Total
Alaska	60,000	95,000	91,000	246,000	Minnesota	817,000	1.15m	1.14m	3.1m
Arkansas	274,000	480,000	460,000	1.21m	Mississippi	294,000	513,000	445,000	1.25m
Georgia	1.08m	1.87m	1.71m	4.66m	New York	2.07m	3.45m	3.07m	8.59m
Illinois	1.66m	2.43m	2.43m	6.52m	North	114,000	141,000	156,000	411,000
Indiana	946,000	1.24m	1.22m	3.41m	Dakota				
	,	=10.000	-40.000		Ohio	1.3m	1.98m	1.95m	5.24m
Kentucky	414,000	712,000	713,000	1.84m	Rhode	127,000	206,000	191,000	524,000
Louisiana	417,000	663,000	644,000	1.72m	Island	127,000	200,000	101,000	32 1,000
Michigan	1.2m	1.76m	1.7m	4.66m	Utah	617,000	620,000	591,000	1.83m
					Texas	3.47m	4.88m	4.58m	12.94m



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Source: U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation (ASPE).

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What Can States Do?

- Review existing state coverage protections
 - While discrete requirements are relatively common in state law, there are gaps in the services that must be covered
 - These laws usually do not protect enrollees from cost-sharing



What Can States Do?

- Require individual and group market carriers to cover, without cost-sharing, the same categories of preventive services
 - State law can be modeled on the federal provision
 - ~15 states do this for their individual markets (some for group, too)



Thank you

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