

Federal Affordable Care Act Preventive Care Requirements vs. Oregon Mandates

Federal Preventive Care Requirement		Oregon Mandate	
Required Coverage (Affordable Care Act)	Eff. Date	Required Coverage (Oregon)	Type
Abdominal aortic aneurysm screening	09/23/10	N/A	N/A
Counseling and screening to reduce alcohol abuse	09/23/10	ORS 743A.160 and ORS 743A.168 – Alcoholism treatment/mental health parity	GHIP ⁱ
Aspirin to prevent CVD in men and women	09/23/10	N/A	N/A
Bacteriuria screening for pregnant women	09/23/10	ORS 743A.080 - Expenses assoc. w/ pregnancy care ⁱⁱ	HBP ⁱⁱⁱ
High blood pressure screening	09/23/10	N/A	N/A
Counseling related to BRCA gene screening	09/23/10	N/A	N/A
Breast cancer screening (mammography) for women over 40 every one to two years	09/23/10	ORS 743A.100 – Mammogram for women over 40 or upon referral if high risk	HIP ^{iv}
Chemoprevention of breast cancer advice	09/23/10	N/A	N/A
Interventions to support breast feeding	09/23/10	N/A	N/A
Screening for cervical cancer for sexually active women	09/23/10	ORS 743A.105 – Pelvic exams and pap smears	HBP
Screening for chlamydial infection (non-pregnant women)	09/23/10	N/A	N/A
Screening for chlamydial infection (pregnant women)	09/23/10	ORS 743A.080 - Expenses assoc. w/ pregnancy care	HBP
Cholesterol abnormalities screening for men and women	09/23/10	N/A	N/A
Colorectal cancer screening (50 to 75)	09/23/10	ORS 743A.124 – Frequency may differ	HIP ^v
Oral fluoride supplementation for preschool children over six months who have water with deficient fluoride	09/23/10	N/A	N/A
Depression screening for adults	01/01/11	ORS 743A.168 – If “treatment” includes screening ^{vi}	GHIP ^{vii}
Major Depressive Disorder screening for 12-18 year olds	09/23/10	ORS 743A.168 – If treatment includes screening	GHIP
Diabetes screening for adults with sustained blood pressure greater than 135/80	09/23/10	N/A	N/A
Healthy diet counseling for patients w/ hyperlipidemia and other risks for cardiovascular & diet-related chronic disease	09/23/10	N/A	N/A
Folic acid supplementation (.4 to .8 mg) for women planning or capable of pregnancy	09/23/10	ORS 743A.080 – If pregnancy care includes planning	HBP
Gonorrhea screening for sexually active women (including pregnant women) if at increased risk	09/23/10	ORS 743A.080 – If part of pregnancy care	HBP

Required Coverage (Affordable Care Act)	Eff. Date	Required Coverage (Oregon)	Type
Prophylactic medication for gonorrhea for all newborns	09/23/10	ORS 743A.080 – If part of pregnancy care	HBP
Hearing loss screening for newborns	09/23/10	ORS 743A.090 – If considered a congenital defect or birth abnormality ^{viii}	I/GHIP ^{ix}
Sickle cell disease screening for newborns	09/23/10	ORS 743A.090 – If considered a congenital defect or birth abnormality	I/GHIP
Hepatitis B screening in pregnant women at first visit	09/23/10	ORS 743A.080	HBP
HIV screening for 12 year olds and up that are at increased risk	09/23/10	N/A	N/A
Congenital hypothyroidism screening for newborns	09/23/10	ORS 743A.090 – If considered a congenital defect or birth abnormality	I/GHIP
Iron deficiency anemia screening for pregnant women	09/23/10	ORS 743A.080	HBP
Iron supplementation for children 6 to 12 who have increased risk for iron deficiency anemia	09/23/10	N/A	N/A
Obesity screening and counseling for adults.	09/23/10	N/A	N/A
Obesity screening and counseling for children 6 and older.	02/01/11	N/A	N/A
Osteoporosis screening for women age 65 and older and age 65 for women at increased risk for osteoporotic fractures	09/23/10	N/A	N/A
PKU screening for newborns	09/23/10	ORS 743A.090 – If considered a congenital defect or birth abnormality	I/GHIP
Rh incompatibility screening for pregnant women at 1 st visit and at 24 to 28 weeks for unsensitized Rh – negative women unless the father is known to be Rh - negative	09/23/10	ORS 743A.080	HBP
Sexually transmitted infection counseling for all sexually active adolescents and for adults at increased risk	09/23/10	N/A	N/A
Syphilis screening for persons at increased risk	09/23/10	N/A	N/A
Syphilis screening for pregnant women	09/23/10	ORS 743A.080	HBP
Tobacco use counseling and cessation interventions for adults	09/23/10	ORS 743A.170 ^x	HBP
Tobacco use screening and counseling for pregnant women	09/23/10	ORS 743A.170 and ORS 743A.080	HBP
Visual acuity screening for children younger than 5 to detect amblyopia, strabismus, and defects in acuity	09/23/10	N/A	N/A

Required Immunizations^{xi} (Affordable Care Act)	Eff. Date	Required Coverage (Oregon)	Type
Hepatitis A and B immunization – adults and children	09/23/10	N/A	N/A
Rotavirus immunization - children	09/23/10	N/A	
Diphtheria, Tetanus, Pertussis immunization - children	09/23/10	N/A	N/A
Haemophilus influenzae immunization - children	09/23/10	N/A	N/A
Inactivated Poliovirus immunization - children	09/23/10	N/A	N/A
HPV immunization – Females age 11 to 26/Males age 9 to 26	09/23/10/ 09/08/11	ORS 743A.105 - Females 11 to 26	HBP
Diphtheria, Tetanus, Pertussis immunization - adults	09/23/10	N/A	N/A
Varicella immunization – children and adults	09/23/10	N/A	N/A
Zoster immunization - adults	09/23/10	N/A	N/A
Measles, Mumps, Rubella immunization/modification – children and adults	09/23/10/ 05/07/11	N/A	N/A
Influenza immunization/expansion –children and adults	09/23/10/ 03/02/11	N/A	N/A
Pneumococcal immunization/expansion – children and adults	09/23/10 01/08/11	N/A	N/A
Meningococcal immunization/reimmunization – children and adults	09/23/10/ 09/25/10	N/A	N/A
Required Preventive Pediatric Care (federal)^{xii}	Eff. Date	Required Coverage (Oregon)	Type
History	09/23/10	N/A	N/A
Measurements (length/height and weight, head circumference, weight for length, body mass index, blood pressure)	09/23/10	N/A	N/A
Sensory screening (vision and hearing screening)	09/23/10	N/A	N/A
Developmental/behavioral assessment (developmental screening, autism screening, developmental surveillance, psychosocial/behavioral assessment, alcohol and drug use assessment)	09/23/10	ORS 743A.168 requires “treatment” of chemical dependency and mental or nervous conditions. ORS 743A.190 requires coverage of a person under 18 “diagnosed with” pervasive developmental disorder	GHIP/ HBP
Physical examination	09/23/10	N/A	N/A
Newborn metabolic/hemoglobin screening	09/23/10	ORS 743A.188	I/GHIP
Immunization	09/23/10	N/A	N/A
Hematocrit or hemoglobin	09/23/10	N/A	N/A
Lead screening	09/23/10	N/A	N/A

Tuberculin test	09/23/10	N/A	N/A
Dyslipidemia screening	09/23/10	N/A	N/A
STI screening	09/23/10	N/A	N/A
Cervical dysplasia screening	09/23/10	N/A	N/A
Req. Coverage (Heritable Disorder Screening –Children)	Eff. Date	Required Coverage (Oregon)	Type
Propionic acidemia	05/21/11	ORS 743A.188	I/GHIP
Methylmalonic acidemia (methylmalonyl-CoA mutase)	05/21/11	ORS 743A.188	I/GHIP
Methylmalonic acidemia (cobalamin disorders)	05/21/11	ORS 743A.188	I/GHIP
Isovaleric acidemia	05/21/11	ORS 743A.188	I/GHIP
3-Methylcrotonyl-CoA carboxylase deficiency	05/21/11	ORS 743A.188	I/GHIP
3-Hydroxy-3-methylglutaric aciduria	05/21/11	ORS 743A.188	I/GHIP
Holocarboxylase synthase deficiency	05/21/11	ORS 743A.188	I/GHIP
β-Ketothiolase deficiency	05/21/11	ORS 743A.188	I/GHIP
Glutaric academia type I	05/21/11	ORS 743A.188	I/GHIP
Carnitine uptake defect/carnitine transport defect	05/21/11	ORS 743A.188	I/GHIP
Medium-chain acyl-CoA dehydrogenase deficiency	05/21/11	ORS 743A.188	I/GHIP
Very long-chain acyl-CoA dehydrogenase deficiency	05/21/11	ORS 743A.188	I/GHIP
Long-chain L-3 hydroxyacyl-CoA dehydrogenase deficiency	05/21/11	ORS 743A.188	I/GHIP
Trifunctional protein deficiency	05/21/11	ORS 743A.188	I/GHIP
Argininosuccinic aciduria	05/21/11	ORS 743A.188	I/GHIP
Citrullinemia, type I	05/21/11	ORS 743A.188	I/GHIP
Maple syrup urine disease	05/21/11	ORS 743A.188	I/GHIP
Homocystinuria	05/21/11	ORS 743A.188	I/GHIP
Classic phenylketonuria	05/21/11	ORS 743A.188	I/GHIP
Tyrosinemia, type I	05/21/11	ORS 743A.188	I/GHIP
Primary congenital adrenal hyperplasia	05/21/11	N/A	N/A
Congenital adrenal hyperplasia	05/21/11	N/A	N/A
S,S disease (sickle cell anemia)	05/21/11	N/A	N/A
S, β-thalassemia	05/21/11	N/A	N/A
S,C disease	05/21/11	N/A	N/A
Biotinidase deficiency	05/21/11	N/A	N/A
Classic galactosemia	05/21/11	N/A	N/A
Severe combined immunodeficiencies	05/21/11	N/A	N/A

Cystic fibrosis	05/21/11	N/A	N/A
Hearing loss	05/21/11	N/A	N/A
Methylmalonic academia with homocystinuria	05/21/11	ORS 743A.188	I/GHIP
Malonic acidemia	05/21/11	ORS 743A.188	I/GHIP
Isobutyrylglucosuria	05/21/11	ORS 743A.188	I/GHIP
2-Methylbutyrylglucosuria	05/21/11	ORS 743A.188	I/GHIP
3-Methylglutaconic aciduria	05/21/11	ORS 743A.188	I/GHIP
2-Methyl-3-hydroxybutyric aciduria	05/21/11	ORS 743A.188	I/GHIP
Short-chain acyl-CoA dehydrogenase deficiency	05/21/11	ORS 743A.188	I/GHIP
Medium/short-chain L-3-hydroxyacyl-CoA dehydrogenase deficiency	05/21/11	ORS 743A.188	I/GHIP
Glutaric academia type II	05/21/11	ORS 743A.188	I/GHIP
Medium-chain ketoacyl-CoA thiolase deficiency	05/21/11	ORS 743A.188	I/GHIP
2,4 Dienoyl-CoA reductase deficiency	05/21/11	ORS 743A.188	I/GHIP
Carnitine palmitoyltransferase type I deficiency	05/21/11	ORS 743A.188	I/GHIP
Argininemia	05/21/11	ORS 743A.188	I/GHIP
Citrullinemia, type II	05/21/11	ORS 743A.188	I/GHIP
Hypermethioninemia	05/21/11	ORS 743A.188	I/GHIP
Benign hyperphenylalaninemia	05/21/11	ORS 743A.188	I/GHIP
Biopterin defect in cofactor biosynthesis	05/21/11	ORS 743A.188	I/GHIP
Tyrosinemia, type II	05/21/11	ORS 743A.188	I/GHIP
Tyrosinemia, type III	05/21/11	ORS 743A.188	I/GHIP
Various other hemoglobinopathies	05/21/11	N/A	N/A
Glactoepimerase deficiency	05/21/11	N/A	N/A
Galactokinase deficiency	05/21/11	N/A	N/A
T-cell related lymphocyte deficiencies	05/21/11	N/A	N/A

ⁱ GHIP: Group Health Insurance Policies. Applies to group health insurance policies providing coverage for hospital or medical expenses. See ORS 743.402, which limits applicability of ORS 743A.160 to non-individual health insurance policies.

ⁱⁱ ORS 743.845(1)(a) “Pregnancy care” means the care necessary to support a healthy pregnancy and care related to labor and delivery.

ⁱⁱⁱ HBP: Health Benefit Plan as defined in ORS 743.730(19).

^{iv} HIP: Health Insurance Policies. Applies to health insurance policies that cover hospital, medical, or surgical expenses other than coverage limited to expenses from accidents or specific diseases.

^v Health insurance policies that cover hospital, medical, or surgical expenses other than coverage limited to expenses from accidents or specific diseases.

^{vi} Requires “coverage for expenses arising from treatment for chemical dependency, including alcoholism, and for mental or nervous conditions.”

^{vii} Group health insurance policies providing coverage for hospital or medical expenses.

^{viii} ORS 743A.090 requires coverage for newborns of “injury or sickness, including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities;” however, there is no specific requirement that hearing loss screening be covered.

^{ix} I/GHIP: Individual/Group Health Insurance Policies.

^x ORS 743A.170 requires coverage of at least \$500. It is unclear to whether the guideline would require more.

^{xi} Provide according to schedule.

^{xii} Provide according to schedule.