



Background Document: History and Context of HB 3391 (2017), OAR 836-053-0435, and HRSA Recommendations for Well-Woman Care

HB 3391 (2017)

Legislative History

- **Bill Enactment:** House Bill 3391, also known as the "Reproductive Health Equity Act," was passed by the Oregon Legislature and signed into law on August 15, 2017.
- **Purpose:** The legislation was designed to expand access to reproductive health services and preventive care, including well-woman visits, for Oregonians regardless of income, citizenship status, or gender identity.
- **Coverage Requirements:** HB 3391 required health insurance plans to cover a specified list of preventive services, screenings, and counseling without cost-sharing. This includes coverage of well-woman care as directed by the Department of Consumer and Business Services (DCBS) through rules developed in alignment with the guidelines set forth by the United States Health Resources and Services Administration (HRSA).

Rule Development

- **Implementation of HB 3391:** To operationalize the requirements of HB 3391, the Oregon Department of Consumer and Business Services (DCBS) developed OAR 836-053-0435.
- **Effective Date:** The rule became effective on January 1, 2019, mandating health benefit plans to cover well-woman preventive services in line with HRSA guidelines as of January 1, 2017.

Guidelines for Well-Woman Care

HRSA Recommendations

Initial Recommendations (2011):

- The Institute of Medicine (IOM), now known as the National Academy of Medicine, was commissioned by HRSA to develop recommendations for women's preventive services.
- The IOM's report identified critical areas for women's health that required preventive services, including well-woman visits, which were incorporated into the HRSA guidelines.

Adoption of the IOM Recommendations:

- HRSA adopted the recommendations, which became part of the Women's Preventive Services Guidelines. These guidelines required most health plans to cover these services without copayments, deductibles, or coinsurance.

WPSI Recommendations

Foundation of WPSI (2016):

- The Women's Preventive Services Initiative (WPSI) was established in 2016 through HRSA funding with the primary objective to continuously assess the landscape of women's health and update preventive service guidelines.
- WPSI is constituted by an alliance of national health professional organizations and consumer advocates. This diverse coalition ensures a broad perspective in the evaluation of scientific evidence and the formulation of recommendations.

Guideline Adoption and Updates

- **Initial Guidelines:** The WPSI initially synthesized the existing body of knowledge into an inaugural set of recommendations in 2016, creating a new benchmark for women's preventive healthcare services. These initial guidelines were officially adopted by the HRSA, establishing the standard for women's preventive services under the Affordable Care Act.
- **First Update (2017):** Building on the foundational guidelines, the first update by WPSI came in 2017, integrating the latest evidence-based practices. HRSA adopted these updated guidelines, reinforcing its commitment to providing comprehensive well-woman care.
- **Subsequent Annual Updates:** WPSI continued to annually review and update its guidelines. Each set of recommendations released post-2017 was closely examined and subsequently adopted by HRSA. These updates ensured that the coverage for preventive services remained aligned with the evolving medical standards and public health priorities.

Current WPSI Recommendations and HRSA Adoption

- **2022 Updated Framework and Well-Woman Chart:** The latest recommendations from the Women's Preventive Services Initiative were unveiled in 2022. A significant feature of these guidelines is the inclusion of a well-woman chart that outlines the array of recommended preventive services. These services are categorized to ensure that every well-woman visit is comprehensive and adapted to the individual's healthcare needs, emphasizing the importance of providing these services without any cost-sharing obligations for the patient.
- **HRSA Endorsement of the 2022 Updates:** The Health Resources and Services Administration (HRSA) has formally endorsed the 2022 recommendations and the accompanying well-woman chart.

Implications for OAR 836-053-0435 Revision

- **Necessity for Rule Update:** The release of WPSI's 2022 recommendations necessitates an update to Oregon Administrative Rule 836-053-0435 to ensure state-mandated coverage is consistent with the most current clinical practices advocated by the HRSA.
- **Adoption of WPSI Chart:** To facilitate clarity and ease of reference, the updated rule is to explicitly incorporate the WPSI's well-woman care chart from the 2022 recommendations, outlining the detailed care elements.