The ACA and Women’s Preventive Services

MAY 2018

The Affordable Care Act (ACA) helps women afford the care they need to get and stay healthy. The law includes a specific provision that requires most health insurance plans to provide coverage for certain preventive services, including a defined set of preventive services for women, without out-of-pocket costs.

This is critical because research demonstrates that eliminating copayments, coinsurance and deductibles for preventive services increases access to services and improves women’s health. Studies also show that reductions in cost sharing are associated with increased use of preventive services, and that even minimal cost sharing for preventive services deters consumers from obtaining the care they need.

Because of the ACA’s provisions, approximately 62 million women now have access to preventive services without cost sharing.

How Are Covered Services Chosen?
The preventive services required to be covered by the ACA are based on recommendations from four expert medical and scientific bodies:

1. U.S. Preventive Services Task Force (USPSTF);
2. Advisory Committee on Immunization Practices (ACIP);
3. Health Resources and Services Administration’s (HRSA’s) Bright Futures Project; and
4. HRSA and the Institute of Medicine’s (IOM) committee on women’s clinical preventive services.

Women’s covered preventive services are based on HRSA’s evidence-based guidelines, which were recommended by an expert committee report of the IOM (now the National Academy of Medicine) that underscored the importance of preventive services for women’s health and well-being. The HRSA guidelines are periodically updated based on new recommendations from the Women’s Preventive Services Initiative (WPSI). The HRSA guidelines for women’s covered preventive services are summarized below.

Well-Woman Visit
A “well-woman visit” is an appointment with a health care provider that a woman attends so she can get a routine physical, vaccinations, preconception and interconception care, contraception and other important preventive services.

- **Why is this service included?** Well-woman visits facilitate access to health care services, identify risk factors and reduce women’s likelihood of disease through early screening.
Who should get this service? Adolescent and adult women (regardless of health status).

When should women schedule a visit? At least once a year.

Contraception
Birth control is basic health care, and essential to the economic security and overall wellness of women. This provision requires coverage for the full range of Food and Drug Administration-approved contraceptive methods, as well as comprehensive counseling to determine which contraceptive method best meets a woman’s needs.

Why is this service included? Prevention of unintended pregnancy is a key health concern for women of reproductive age. In the United States, nearly half of pregnancies are unintended. Unintended pregnancies are associated with negative outcomes including maternal depression, increased risk of physical violence to the woman, late prenatal care and financial burden. Increased access to affordable contraception helps women plan and space pregnancies; avoid unintended pregnancies; and achieve social, political and economic equality.

Who should get this service? Adolescent and adult women.

When should women get counseling? Annually, or as needed for follow-up care or to switch methods.

Sexually Transmitted Infections (STI) Counseling
This consists of a behavioral counseling session with a health care provider about STIs.

Why is this service included? More than 9 million women in the United States are diagnosed with an STI each year. STIs in women can cause serious health problems including long-term reproductive health consequences. Behavioral counseling interventions are effective in reducing high-risk STI behaviors for both adolescent girls and adult women.

Who should get this service? Adult women at increased risk for STIs and all adolescent women. There are many ways women can be at increased risk, including having unprotected sex or sex with multiple partners.

When should women get counseling? As recommended by their health care providers.

Cervical Cancer Screening
Cervical cancer screenings use a Pap test or Pap smear to collect cells from the cervix, which are then screened for certain strains of the human papillomavirus (HPV), an early indicator of cervical cancer.

Why is this service included? Cervical cancer can be deadly but, if found early, it is treatable. In 2010, more than half of cervical cancer cases in the United States occurred in women who did not get a Pap test.

Who should get this service? All women ages 21–65.

When should women get screened? Women ages 21–29 should get screened every three years; women ages 30–65 should get screened every five years.
Human Immunodeficiency Virus (HIV) Screening
HIV screening is most commonly a blood or oral test that checks for antibodies that are produced by the immune system when exposed to viruses like HIV.\(^{13}\)

- \textit{Why is this service included?} An estimated 1.2 million people over age 13 were living with HIV infection in the United States in 2012.\(^{14}\) HIV is the virus that causes AIDS, which can lead to death.\(^{15}\) There is currently no cure for HIV, but people with the virus can live long and healthy lives with treatment to slow the disease progression. Screening is essential to HIV prevention, treatment and care.\(^{16}\)

- \textit{Who should get this service?} Adolescent and adult women, especially pregnant women.\(^{17}\)

- \textit{When should women get screened?} At least once in their lifetime, or more often if at increased risk for HIV or pregnant.\(^{18}\)

Breast Cancer Screening
Breast cancer screening uses a mammogram or x-ray of the breasts to detect cancer before there are signs or symptoms.

- \textit{Why is this service included?} Breast cancer is the second most common – and the most deadly – cancer in women in the United States.\(^{19}\) Mammograms are the best way to detect early breast cancer and lower women’s risk of dying from the disease.\(^{20}\)

- \textit{Who should get this service?} According to WPSI, decisions regarding when to initiate screening, frequency and when to stop screening should be based on a periodic shared decision-making process between a woman and her provider. In general, the guidelines recommend that women should initiate mammography screening no earlier than age 40 and no later than age 50. Screening should continue through at least age 74.\(^{21}\)

- \textit{When should women get screened?} In consultation with their providers, HRSA recommends women with average breast cancer risk receive a mammogram at least every two years starting at age 40 and continuing until at least age 74.\(^{22}\)

Interpersonal and Domestic Violence Screening
Health care providers screen for violence by discussing with patients any experiences of physical or sexual violence, stalking or psychological aggression.\(^{23}\)

- \textit{Why is this service included?} In the United States, 32 percent of women experience physical violence by an intimate partner in their lifetimes.\(^{24}\) Interpersonal and domestic violence cause chronic health problems, mental health issues, traumatic injuries and even death. Screening for violence can help women get further counseling and referrals to support services.\(^{25}\)

- \textit{Who should get this service?} Adolescent and adult women.\(^{26}\)

- \textit{When should women get screened?} Throughout their lifetimes.\(^{27}\)

Gestational Diabetes Screening
Gestational diabetes screening tests check blood sugar levels in pregnant women to check for this type of diabetes, which can cause maternal and fetal complications.

- \textit{Why is this service included?} Gestational diabetes can be dangerous for women and fetuses, and screening can lead to early treatment, such as glucose monitoring and nutritional therapy, that support a healthy pregnancy.\(^{28}\)
- **Who should get this service?** Pregnant women.\(^{29}\)
- **When should women get screened?** Between 24 and 28 weeks of gestation.\(^{30}\)

**Breastfeeding Services and Supplies**
Breastfeeding support services include counseling, education, breastfeeding equipment and supplies for new mothers.\(^{31}\)

- **Why is this service included?** Breastfeeding is associated with several health benefits for infants and women.\(^{32}\) Unfortunately, many new mothers lack the necessary support to breastfeed their children. Increased lactation support improves a mother’s ability to breastfeed, if she so chooses. Breastfeeding support services include counseling and education with a lactation care provider and breastfeeding equipment and supplies,\(^{33}\) such as breast pumps.
- **Who should get this service?** Pregnant women and new mothers.\(^{34}\)
- **When should women get this service?** During pregnancy and for the duration of breastfeeding.\(^{35}\)

This list does not reflect all the preventive services that a woman can receive without cost sharing; for a full list by service area, visit the Kaiser Family Foundation’s Preventive Services Tracker at kff.org/health-reform/report/preventive-services-tracker/.

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2. Ibid.
8. Ibid.
10. Ibid.
11. Ibid.
12. Ibid.
17. Ibid.
18. Ibid.
21. See note 19.


25 See note 23.

26 Ibid.

27 Ibid.


29 Ibid.

30 Ibid.


33 See note 31.

34 Ibid.

35 Ibid.