Affordable Care Act Rules on Expanding Access to Preventive Services for Women

Before the health care law, too many Americans did not get the preventive care they need to stay healthy, avoid or delay the onset of disease, and reduce health care costs. Often because of cost, Americans used preventive services at about half the recommended rate.

Yet chronic diseases – which are responsible for 7 of 10 deaths among Americans each year and account for 75 percent of the nation’s health spending – often are mostly preventable. Cost sharing (including copayments, co-insurance, and deductibles) reduces the likelihood that preventive services will be used. Especially concerning for women are studies showing that even moderate copays for preventive services such as mammograms or Pap smears result in fewer women obtaining this care.

The Affordable Care Act, the health care legislation passed by Congress and signed into law by President Obama on March 23, 2010, helps make prevention affordable and accessible for all Americans. The Affordable Care Act requires most health plans to cover recommended preventive services without cost sharing. In 2011 and 2012, 71 million Americans with private health insurance gained access to preventive services with no cost sharing because of the law.

Through the Affordable Care Act, women’s preventive health care services – such as mammograms, screenings for cervical cancer, and other services – are already covered with no cost sharing under some health plans. The Affordable Care Act also makes certain recommended preventive services free for people on Medicare. The law also recognizes the need to take into account the unique preventive health needs of women throughout their lifespan.

On August 1, 2011, HHS adopted new Guidelines for Women’s Preventive Services (Guidelines) – including well-woman visits, contraception, and domestic violence screening and counseling. These preventive services are required to be covered without cost sharing in most non-grandfathered health plans starting with the first plan or policy year beginning on or after August 1, 2012.¹ The Guidelines were recommended by the independent Institute of Medicine (IOM) and based on scientific evidence. Beginning August 1, 2012, about 47 million women gained guaranteed access to additional preventive services without paying more at the doctor’s office.

With the addition of these new benefits, the Affordable Care Act continues to make wellness and prevention services affordable and accessible for more and more Americans.

Women and Preventive Health

When it comes to health, women are often the primary decision-maker for their families and the trusted source in circles of friends. They are also key consumers of health care. Women have high
rates of chronic disease, including diabetes, heart disease, and stroke. In addition, women have unique preventive health needs to ensure they are healthy throughout every stage of life.

While women are more likely to need preventive health care services, they often have less ability to pay. On average, they have lower incomes than men and a greater share of their income is consumed by out-of-pocket health costs. A report by the Commonwealth Fund found that in 2009 more than half of women delayed or avoided necessary care because of cost. Removing cost-sharing requirements lets women decide which preventive services they will use and when. In fact, one study found that the rate of women getting a mammogram went up as much as 9 percent when cost sharing was removed. In addition to saving lives by catching cancer early, mammograms can also protect families from skyrocketing medical bills that result from treating the advanced stages of the disease.

**New Comprehensive Coverage for Women’s Preventive Care**

The Affordable Care Act helps make prevention affordable and accessible for all Americans by requiring most health plans to cover and eliminate cost sharing for preventive services recommended by the U.S. Preventive Services Task Force, the Advisory Committee on Immunization Practices, and the Bright Futures Guidelines recommended by the American Academy of Pediatrics.

The law also requires insurers to cover additional preventive health benefits for women. In 2011, HHS adopted new guidelines recommended by the IOM for women’s preventive services to fill the gaps in current preventive services guidelines for women’s health. The Guidelines help ensure a comprehensive set of preventive services for women. IOM conducted a scientific review and provided recommendations on specific preventive measures that meet women’s unique health needs and help keep them healthy. HHS based its Guidelines for Women’s Preventive Services on the IOM report issued July 19, 2011.

The eight additional women’s preventive services that are covered without cost-sharing requirements include:

- **Well-woman visits:** This includes an annual well-woman preventive care visit for adult women to obtain the recommended preventive services, and additional visits if women and their health care providers determine they are necessary to deliver those services. These visits will help women and their health care providers determine what preventive services are appropriate, and set up a plan to help women get the care they need to be healthy.
- **Gestational diabetes screening:** This screening is for women 24 to 28 weeks pregnant, and those at high risk of developing gestational diabetes. It will help improve the health of mothers and babies because women who have gestational diabetes have an increased risk of developing type 2 diabetes in the future. In addition, the children of women with gestational diabetes are at significantly increased risk of being overweight and insulin-resistant throughout childhood.
- **HPV DNA testing:** Women who are 30 or older have access to high-risk human papillomavirus (HPV) DNA testing every three years, regardless of Pap smear results. Early screening, detection, and treatment have been shown to help reduce the prevalence of cervical cancer.
- **STI counseling:** Sexually active women have access to annual counseling on sexually transmitted infections (STIs). These sessions have been shown to reduce risky behavior in patients, yet only 28 percent of women aged 18-44 years reported that they had discussed STIs with a doctor or nurse.
- **HIV screening and counseling:** Sexually active women have access to annual HIV screening and counseling on HIV. Women are at increased risk of contracting HIV/AIDS. From 1999 to
2003, the Centers for Disease Control and Prevention reported a 15 percent increase in AIDS cases among women, and a 1 percent increase among men.

- **Contraception and contraceptive counseling:** Women with reproductive capacity have access to all Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider. Abortifacient drugs are not included. Contraception has additional health benefits like reduced risk of cancer and improving the health of mothers-to-be.

- **Breastfeeding support, supplies, and counseling:** Pregnant and postpartum women have access to comprehensive lactation support and counseling from trained providers, as well as breastfeeding equipment. Breastfeeding is one of the most effective preventive measures mothers can take to protect their health and that of their children, according to the Centers for Disease Control and Prevention (CDC). One of the barriers for breastfeeding is the cost of purchasing or renting breast pumps and nursing related supplies.

- **Interpersonal and domestic violence screening and counseling:** Screening and counseling for interpersonal and domestic violence will be covered for all adolescent and adult women. An estimated 25 percent of women in the United States report being targets of intimate partner violence during their lifetimes. Screening is effective in the early detection and effectiveness of interventions to increase the safety of abused women.

Most non-grandfathered private health plans started covering the additional women’s preventive services with no cost sharing starting with the first plan or policy year beginning on or after August 1, 2012. The rules governing coverage of preventive services, which allow plans to use reasonable medical management to help define the nature of the covered service, also apply to the Guidelines for Women’s Preventive Services. Plans will retain the flexibility to control costs and promote efficient delivery of care by, for example, continuing to charge cost sharing for branded drugs if a generic version is available and just as effective and safe.

The coverage of these preventive services gives Americans access to many of the services already offered to Members of Congress. Not only are these services similar to a list of preventive services recommended by the National Business Group on Health, but many private employers already cover these services.

In light of the religious concerns of certain religious organizations, the Guidelines exempt the health plans of certain religious employers from the requirement to cover contraceptive services. The administration also has established accommodations for certain other non-profit religious organizations (including non-profit religious institutions of higher education) so they will not have to contract, arrange, pay or refer for contraceptive coverage to which they object on religious grounds. Health insurance companies or third party administrators—rather than objecting non-profit religious organizations—will pay for contraceptive services used by women who otherwise receive health coverage under health plans offered by these organizations. In short, these final rules provide accommodations under which women in health plans offered by eligible non-profit religious organizations that object to contraceptive coverage on religious grounds have access to free contraceptive coverage, but such organizations do not have to contract, arrange, pay or refer such coverage.

1 As described below, there are special rules for the preventive service requirement for certain non-profit religious organizations.

*Posted on: August 1, 2011*
Last updated: June 28, 2013