

Preventive Services Impacted by Braidwood v. Becerra

Services Added Since 2010			
Current Services	Year First Added as A or B	Changes Since Addition and Impacts on Patient Population	Additional Information regarding Health Impact of Loss of Coverage with Cost-Sharing
Lung Cancer Screening	2013	Coverage of screening was further expanded in 2021 from age 55 to 50, 20 pack-years instead of 30, and to those who have quit smoking within the last 15 years. The impact of this update is that more women and Black Americans are now considered high risk and are eligible for screening.	Lung cancer is the leading cancer killer in the U.S., responsible for 127,070 deaths per year. More than an estimated 238,000 new cases will occur in 2023. The five-year survival rate when lung cancer cases are diagnosed at an early stage is 61%. Unfortunately, 44% of cases are not caught until a late stage when the survival rate is only 7%.
Anxiety Disorders in Adults Screening	2023	N/A	Anxiety disorders are commonly occurring mental health conditions. Anxiety disorders are often unrecognized in primary care settings and years-long delays in treatment initiation occur. According to US data collected from 2001 to 2002, the lifetime prevalence of anxiety disorders in adults was 26.4% for men and 40.4% for women. Generalized anxiety disorder has an estimated prevalence of 8.5% to 10.5% during pregnancy and 4.4% to 10.8% during the postpartum period.
Anxiety in Children and Adolescents Screening	2022	N/A	Researchers from the Health Resources and Services Administration have found that anxiety and depression among children ages 3-17 have increased over the last five years. Even before the pandemic, anxiety was becoming more common among children and adolescents, increasing 27 percent from 2016 to 2019. By 2020, 5.6 million kids (9.2%) had been diagnosed with anxiety problems. In the fall of 2021, the AAP along with

			the American Academy of Child and Adolescent Psychiatry and the Children's Hospital Association issued a statement calling children's mental health a national emergency. Anxiety disorders in childhood and adolescence are associated with an increased likelihood of a future anxiety disorder or depression.
Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality	2014	Before 2010, this was a C rating. It was moved up to a B rating in 2014. More pregnant people are now able to access this potentially lifesaving (for both mother and child) drug at no cost to them.	Even small cost-sharing for medications can be a barrier for patients and lead to patients not taking the suggested preventive medication at all. Worldwide, preeclampsia is the second most common cause of maternal morbidity and mortality. It is a complication in approximately 4% of pregnancies in the US and contributes to both maternal and infant morbidity and mortality. Preeclampsia also accounts for 6% of preterm births and 19% of medically indicated preterm births in the US.
Fall Prevention in Older Adults	2012	Recommendations were clarified/simplified in 2016. Removed vitamin D supplements from "B" grade.	Falls are the leading cause of injury-related morbidity and mortality among older adults in the United States. In 2020, emergency departments recorded 3 million visits for older adult falls. Older adult falls cost \$50 billion in medical costs annually.
Gestational Diabetes Screening	2014	Guidelines were changed to B rating in a 2014 update, expanding access to screening. It was previously rated I.	Gestational diabetes mellitus is glucose intolerance discovered during pregnancy. The prevalence of GDM in the United States is 1% to 25%, depending on patient demographics and diagnostic thresholds. Pregnant women with gestational diabetes are at increased risk for maternal and fetal complications, including preeclampsia, fetal macrosomia (which can cause shoulder dystocia and birth injury), and neonatal hypoglycemia. Women with GDM are also at

			increased risk for developing type 2 diabetes mellitus; approximately 15% to 60% of women develop type 2 diabetes within 5 to 15 years of delivery. Screening for GDM generally occurs after the 24th week of pregnancy.
Healthy Weight & Pregnancy Counseling	2021	Many pregnant people would not receive this type of service from a trusted provider at a time when it is most helpful without this recommendation and with cost-sharing.	The risks when a pregnant person is not at a healthy weight during pregnancy and childbirth can be a major contributor to maternal morbidity and mortality and can have long-term impacts on both the pregnant person and their child.
Hepatitis B Screening	2014, 1996 for pregnant persons	Before 2010, this was a D rating. It was moved up to a B rating in 2014. It has also been an A rating for pregnant persons since 1996. This screening covers adults and adolescents who are at risk, and all pregnant people.	An estimated 862,000 persons in the US are living with chronic infection with hepatitis B virus (HBV). According to the Centers for Disease Control and Prevention (CDC), an estimated 68% of people with chronic hepatitis B are unaware of their infection, and many remain asymptomatic until onset of cirrhosis or end-stage liver disease. Although there are guidelines for universal infant HBV vaccination, rates of maternal HBV infection have increased annually by 5.5% since 1998. Persons infected with HBV during infancy or childhood are more likely to develop chronic infection. Chronic HBV infection increases long-term morbidity and mortality by predisposing infected persons to cirrhosis of the liver and liver cancer.
Hepatitis C Screening	2013	Before 2010, this was a D rating. It was moved up to a B rating in 2014. This was further updated in 2020 to cover all adults aged 18-79. The 2013 recommendation only included those at risk and everyone born between 1945 and 1965.	Approximately half of the 2.4 million people with hepatitis C are not aware of their infection. Testing links people to curative treatments and prevents cirrhosis and liver cancer.

Intimate Partner Violence Screening	2013	Intimate Partner Violence Screening was upgraded to a B rating in 2013. This expanded the population eligible for screening.	Although estimates vary, IPV (including sexual violence, physical violence, and stalking) is experienced by approximately 36% of US women and 33% of US men during their lifetime. Severe physical violence is experienced by 21% of US women and 15% of US men during their lifetime. In addition to the immediate effects of IPV, such as injury and death, there are other health consequences, many with long-term effects, including development of mental health conditions such as depression, posttraumatic stress disorder (PTSD), anxiety disorders, substance abuse, and suicidal behavior; sexually transmitted infections; unintended pregnancy; and chronic pain and other disabilities.
Perinatal Depression Preventive Interventions	2019	Another update is in progress. Counseling interventions are effective in preventing perinatal depression, with a moderate net benefit for persons at increased risk.	Postpartum depression is a subset of perinatal depression, and both are common and treatable. Postpartum depression and anxiety disorders affect one in seven mothers nationwide, making it the most common complication of pregnancy and childbirth. This recommendation is critical for improving access to mental health care, as mental health conditions are common among many women during pregnancy or the postpartum period. Left untreated, depression can hurt parents' ability to bond with and care for their baby and lead to discontinued breastfeeding, family dysfunction and an increased risk of child abuse and neglect. Untreated depression also can affect a baby's brain development by increasing the risk of toxic stress, which delays the infant's language, cognitive and social-emotional development.

PrEP to Prevent HIV Medication	2019	This is currently being updated to include long acting PrEP; the draft final recommendation is out and the final draft should be released soon.	PrEP is a central pillar to reducing new infections, reducing health disparities and ending HIV in the US. An estimated 1.1 million individuals in the United States are currently living with HIV, and more than 700,000 persons have died of AIDS since the first cases were reported in 1981.
Skin Cancer Prevention Behavioral Counseling	2012	Before 2012, the USPSTF recommendation for skin cancer prevention received an “I” rating and thus plans were not required to cover skin cancer behavioral counseling. The 2018 update expanded the recommended population to parents of children 6 months and up, instead of children 10 years and up, which was in the 2014 update.	Skin cancer is the most common type of cancer in the United States. Melanoma is the fifth-leading type of incident cancer, and 2.2% of adults will be diagnosed with it in their lifetime. Although invasive melanoma accounts for 2% of all skin cancer cases, it is responsible for 80% of skin cancer deaths.
Statin Use for the Primary Prevention of Cardiovascular Disease in Adults	2016	Prior to 2016, only screening for needed use of statins was recommended. The medication itself was not covered as a preventive service, and therefore patients did not have guaranteed coverage and protection against cost-sharing. More people are now able to access this potentially lifesaving drug at no cost to them. Statin use has historically been lower than would be ideal.	Even small cost-sharing for medications can be a barrier for patients and lead to patients not taking the suggested preventive medication at all. Cardiovascular disease (CVD) is the leading cause of morbidity and death in the US, resulting in more than 1 of every 4 deaths. Coronary heart disease is the single leading cause of death and accounts for 43% of deaths attributable to CVD in the US.
Unhealthy Drug Use Screening	2020	This update replaced the 2008 recommendation, which concluded that the evidence at that time was insufficient to assess the balance of benefits and harms of screening for illicit drug use in adolescents and adults.	In 2018, an estimated 12% of US residents 18 years or older reported current unhealthy drug use in a national survey. Drug use is one of the most common causes of preventable death, injuries, and disability. In 2017, unhealthy drug use caused more than 70,000 fatal overdoses.

Services Adjusted Since 2010			
Current Services	Year First Added as A or B	Changes Since 2010 and Impacts on Patient Population	Additional Information regarding Health Impact of Loss of Coverage with Cost-Sharing
Asymptomatic Bacteriuria In Adults Screening	1996	Screening guidelines were updated in 2019. Previously, screening was A-rated and recommended for women at 12-16 weeks gestation or at the first prenatal visit. Now it is recommended for all pregnant persons but was lowered to a B-rating. More pregnant people can now access screening without the gestation week limitation.	Asymptomatic bacteriuria is present in an estimated 2% to 10% of pregnant women. During pregnancy, physiologic changes that affect the urinary tract increase the risk of asymptomatic bacteriuria and symptomatic urinary tract infections, including pyelonephritis (a urinary tract infection in which one or both kidneys become infected). Pyelonephritis is one of the most common non-obstetric reasons for hospitalization in pregnant women. Pyelonephritis is associated with perinatal complications including septicemia, respiratory distress, low birth weight, and spontaneous preterm birth.
Breast Cancer: BRCA Genetic Testing	2005	Updated 2013 and 2019 recommendations provided more specific eligibility criteria for who should receive genetic counseling and genetic testing to include women with a personal history or who have family members with breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with BRCA1/2 gene mutations. The 2005 recommendation only included women whose family history was associated with a BRCA1 or BRCA2 gene mutations be referred for genetic counseling and evaluation for BRCA testing. Expanding the recommendation helped to reach a broader population of individuals at higher risk for developing breast cancer in their lifetime and added the use of a risk assessment tool before genetic counseling and testing.	Studies have found that the elimination of cost-sharing is associated with increases in BRCA genetic testing, which helps identify women who are at elevated risk for breast and ovarian cancer. Using claims data, it was found that BRCA testing utilization experienced a relative increase of 57% in the span of 1 year, between 2012 and 2013, the year of ACA implementation.

Updated 6.23.23. Information on health impact was provided by patient advocacy organizations or taken from USPSTF website.

Breast Cancer: Medication Use to Reduce Risk	2002	<p>Updated 2013 and 2019 recommendations specified that clinicians should offer risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer. In 2002 the recommendation was only that clinicians discuss chemoprevention with women at high risk and at low risk for adverse effects of chemoprevention. Clinicians should inform patients of the potential benefits and harms of chemoprevention.</p> <p>The recommendation to actually offer risk-reducing medications rather than just discuss helps more individuals have access to tamoxifen, raloxifene, or aromatase inhibitors, which studies have shown help to reduce risk for invasive estrogen receptor (ER)-positive breast cancer in postmenopausal women at increased risk for breast cancer.</p>	<p>Studies have found that since the ACA, states that expanded Medicaid saw increased prescription fills for breast cancer hormonal therapy among women enrolled in Medicaid. Other studies show that the elimination of cost-sharing was associated with improved adherence to hormone therapy for breast cancer.</p>
Cervical Cancer Screening	1996	<p>Screening guidelines were updated in 2012 to include all women ages 21-65, no longer limiting screening to only sexually active women. This guideline also updated the recommended frequency of screening based on age.</p> <p>The 2012 update specified cervical cancer screening as cytology (Pap smear) and screening for HPV. (Previously the recommendation said “screening for cervical cancer.”) The change to all women ages 21-65 expanded the population eligible for screening.</p>	<p>The number of deaths from cervical cancer in the United States have decreased substantially since the implementation of widespread cervical cancer screening and continue to decline, from 2.8 per 100,000 women in 2000 to 2.3 deaths per 100,000 women in 2015. Most cases of cervical cancer occur among women who have not been adequately screened.</p>

Colorectal Cancer Screening	1996	<p>The 2008 screening recommendation only covered adults aged 50-75 and only covered the following modalities: high-sensitivity FOBT; sigmoidoscopy with interval FOBT; and colonoscopy.</p> <p>The 2021 recommendation lowers the minimum age of screening to 45 (consistent with ACS guidelines). Also, additional testing modalities are included in the recommendation, including sDNA-FIT test that was not available in 2008 and clarifies that coverage of follow-up colonoscopies are part of the screening continuum.</p>	Colorectal cancer is the third leading cause of cancer death for both men and women, with an estimated 52,980 persons in the US projected to die of colorectal cancer in 2021. Colorectal cancer is most frequently diagnosed among persons aged 65 to 74 years. It is estimated that 10.5% of new colorectal cancer cases occur in persons younger than 50 years.
Dental Caries Prevention	2004	<p>The 2014 update added application of fluoride varnish to all children’s teeth. Previously USPSTF only recommended fluoride supplementation for children with fluoride-deficient water supplies.</p> <p>This expanded dental coverage for children.</p>	Dental caries is the most common chronic disease in children in the US. According to the 2011-2016 National Health and Nutrition Examination Survey, approximately 23% of children aged 2 to 5 years had dental caries in their primary teeth.
Depression and Suicide Risk in Children and Adolescents Screening	2009	<p>Pre-2010, USPSTF only recommended screening “when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.”</p>	Children and adolescents with depression typically have functional impairments in their performance at school or work, as well as in their interactions with their families and peers. Depression can also negatively affect the developmental trajectories of affected youth. Major depressive disorder (MDD) in children and adolescents is strongly associated with recurrent depression in adulthood; other mental disorders; and increased risk for suicidal ideation, suicide attempts, and suicide completion.

Depression Screening for Adults	2002	<p>This guideline was updated in 2009 and broadened in 2016, and is currently under review.</p> <p>The 2016 update omitted the recommendation regarding selective screening, with the recognition that such support is now much more widely available and accepted as part of mental health care/selective screening no longer represents current clinical practice. Perhaps most importantly, the 2016 update specifically recommended screening for depression in pregnant and postpartum women.</p>	<p>Depression is among the leading causes of disability in persons 15 years and older. It affects individuals, families, businesses, and society and is common in patients seeking care in the primary care setting. Depression is also common in postpartum and pregnant women and affects not only the woman but her child as well.</p>
Healthy Diet and Physical Activity Counseling for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors	1996	<p>The initial counseling recommendation before 2010 was specific to certain diagnoses. In 2012, it was broadened and made a C recommendation. In 2014 it was upgraded to a B recommendation and was updated again in 2020.</p> <p>Making this broader so that any adults who may need this intervention receive it (as opposed to certain people with specific diagnoses) is important for preventing weight-impacted conditions.</p>	<p>Many adults would never receive this type of service from a trusted provider at a time when it is most helpful without this recommendation and with cost-sharing. Cardiovascular disease (CVD) is the leading cause of death in the US.¹ Known modifiable risk factors for CVD include smoking, overweight and obesity, diabetes, elevated blood pressure or hypertension, dyslipidemia, lack of physical activity, and unhealthy diet. Adults who adhere to national guidelines for a healthy diet² and physical activity³ have lower cardiovascular morbidity and mortality than those who do not.</p>
HIV Screening	1996	<p>Guidelines were added in 1996 & reiterated in 2005. But as of 2010, this recommendation covered only people at increased risk and pregnant women.</p> <p>This was updated in 2013 and 2019 to support routine HIV testing for everyone ages 15-65, and those younger and older who are increased</p>	<p>1 in 8 people in the US with HIV are unaware of their infection, despite testing recommendations, providers need to implement routine testing to find the people who are unaware of their infection. There is great stigma associated with HIV and people may not know they are at risk for HIV, people not yet tested may be passing HIV to</p>

		risk and pregnant women. Previously it was limited to adolescents and adults at increased risk.	others and HIV testing is the key to lifesaving HIV treatment.
Hypertension in Adults Screening	1996	Guidelines were very general with no clinical considerations in 2010, and were then updated in 2015 and 2021. Since so many adults in the US now have hypertension diagnoses, it is important the recommendation is tailored to be as helpful as is possible.	Hypertension can lead to other, more serious CVD diagnoses. Pregnant people, people of color, and low income people are especially likely to receive hypertension diagnoses and experience related conditions as a result.
Osteoporosis Screening	2002	The 2018 update defined screening for postmenopausal women younger than 65 years at increased risk of osteoporosis as determined by a clinical risk assessment tool. Previously this group was defined as 'women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.' Screening has consistently been recommended for women over 65 since 2002. These updates expanded consideration of evidence related to fracture risk assessment.	By 2020, approximately 12.3 million individuals in the United States older than 50 years are expected to have osteoporosis. Seventy-one percent of osteoporotic fractures occur among women, and women have higher rates of osteoporosis than men at any given age.
Prediabetes and Type 2 Diabetes Screening	2003	The 2021 update expanded screening eligibility from overweight or obese adults aged 40-70 to those aged 35-70. It also changed referrals for preventive interventions to be for prediabetic patients, not patients who have abnormal blood glucose levels.	According to the Centers for Disease Control and Prevention 2020 National Diabetes Statistics Report, an estimated 13% of all US adults (18 years or older) have diabetes, and 34.5% meet criteria for prediabetes. Diabetes is the leading cause of kidney failure and new cases of blindness among adults in the US, and was estimated to be the seventh leading cause of death in the US in 2017.

Preeclampsia Screening	1996	Guidelines were updated in 2015 (and are in progress to be updated again now) to require more screenings throughout the pregnancy. The addition of more regular screenings helps detect issues that may lead to a higher risk pregnancy and/or delivery.	This could lead to fewer patients having access to free screenings both in the clinical and home-based setting (with self-measured blood pressure or ambulatory blood pressure monitoring).
Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions	1996	Tobacco smoking cessation in adults was first recommended in 1996. When the ACA took effect, the Task Force's recommended interventions for adults who use tobacco products included use of all FDA-approved pharmacotherapy treatments, in addition to individual and phone counseling. In 2015, the Task Force added group counseling to its recommendations. This was maintained in the 2021 recommendation. The update aligns the Task Force recommendation with the Public Health Services Guidelines recommendation.	The United States Surgeon General found that group counseling, along with pharmacotherapy, is one of the most effective ways to help someone quit smoking, which is the leading cause of preventable death and disease in the United States. In 2014, it was estimated that 480,000 deaths annually are attributed to cigarette smoking, including second-hand smoke.
Tobacco Use in Children and Adolescents: Primary Care Interventions	2013	In 2013, this was given a B-rating recommendation, with this guideline updated and reinforced in 2020.	It is estimated that every day about 1600 youth aged 12 to 17 years smoke their first cigarette and that about 5.6 million adolescents alive today will die prematurely of a smoking-related illness. From 2011 to 2019, current e-cigarette use increased from 1.5% to 27.5% among high school students (from an estimated 220,000 to 4.11 million students); in 2019, 5.8% of high school students (an estimated 860,000 students) used conventional cigarettes.

Screening mammograms were not included because the impact of Braidwood is unclear since there are HRSA Women's Preventive Services guidelines for this service.