

Free Preventive Services Improve Access to Care

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The Affordable Care Act (ACA) requires that most private health plans cover more than 100 preventive services without cost sharing. However, a lawsuit pending in the Northern District of Texas, *Kelley v. Becerra*, seeks to overturn this popular ACA requirement.¹ The plaintiffs argue that the preventive services requirement is unconstitutional because Congress did not provide sufficient direction to the US Department of Health and Human Services regarding what should be covered,² despite the law specifying that it includes the recommendations of the US Preventive Services Task Force (USPSTF), the Advisory Committee on Immunization Practices (ACIP), and the Health Resources and Services Administration (HRSA).³ The plaintiffs, who claim they have been harmed through higher health insurance premiums, also argue that the preventive services requirement is unconstitutional because the members of the USPSTF, the ACIP, and HRSA are not nominated by the president and confirmed by the Senate.⁴

Research has shown that providing preventive services without cost sharing improved vaccination rates, increased screening rates for certain chronic conditions and cancers, and improved access to preventive medications like birth control and preexposure prophylaxis (PrEP) for HIV (human immunodeficiency virus) prevention. Overturning the preventive services requirement could reduce access to life-saving care for the 167.5 million Americans covered under ACA-compliant private health plans.

FREE PREVENTIVE SERVICES UNDER THE ACA

Private insurers in the nongroup, small-group, large-group, and self-insured markets must cover more than 100 preventive services without cost sharing under the ACA, as previously noted. These include services recommended by the following public agencies and committees:

- **Services that receive an “A” or “B” rating from the USPSTF.** The USPSTF is an independent panel of national experts that reviews the evidence for preventive services and recommends those that offer substantial health benefits.⁵
- **Vaccinations recommended by the ACIP.** The ACIP is a group of national experts that reviews the safety and effectiveness of vaccines and recommends a vaccine schedule for children and adults, subject to approval from the Centers for Disease Control and Prevention.⁶
- **HRSA preventive care guidelines for women and children.** Through partnerships with external experts from organizations like the National Academy of Medicine, the American College of Obstetricians and Gynecologists, and the American Academy of Pediatrics, HRSA reviews the evidence and develops guidelines for preventive care to improve the health of women and children.⁷

This ACA provision is broadly popular. In 2019, 62 percent of Americans said it was “very important” that the ACA’s preventive service requirement stays in place (Kirzinger et al. 2022). As shown in table 1, the requirement affects nearly everyone enrolled in private insurance coverage. Much of the health care that 35.3 million privately insured children receive falls under this benefit, including well-child visits, immunizations, screenings, and important dental services like oral health assessments and fluoride treatments. Offering children’s health visits without cost sharing

helps families stay up to date with screenings and immunizations. But preventive care is also critical for 132.2 million privately insured adults, and the preventive services requirement covers the following services for adults without cost sharing: cancer screenings, immunizations like flu vaccines and shingles vaccines, and preventive medications like PrEP to prevent HIV and statins and aspirin to prevent cardiovascular disease. The 67.7 million adult women with private insurance, in particular, can receive a range of care without cost sharing, including well-woman visits, prenatal screenings, birth control, and cancer screenings.

TABLE 1
Key Preventive Services Covered without Cost Sharing under the ACA, by Population

Population	Number enrolled in ACA-compliant private health plans in 2023	Key preventive services covered without cost sharing
Children (birth to age 17)	35.3 million	Well-baby and well-child visits, 14 recommended immunizations, more than 20 recommended screenings, oral health assessments and fluoride treatments, and medications to prevent pregnancy and HIV
Adult women (ages 18 to 64)	67.7 million	Well-woman visits; 14 recommended vaccinations; 11 prenatal screenings; screening and counseling for 22 chronic conditions, cancers, and/or risk factors, including BRCA genetic counseling; and preventive medications including birth control, aspirin, statins, and PrEP
Adult men (ages 18 to 64)	64.5 million	14 recommended vaccinations; screening and counseling for 16 conditions, cancers, and/or risk factors; and preventive medications including aspirin, statins, and PrEP

Sources: Estimates of people enrolled in ACA-compliant private health plans are from the Health Insurance Policy Simulation Model (HIPSM), 2022. The preventive services are from healthcare.gov.

Notes: ACA is Affordable Care Act. BRCA is the breast cancer gene. PrEP is preexposure prophylaxis. This table shows key types of preventive services covered without cost sharing under the ACA, not all services that must be covered without cost sharing. For more information about HIPSM, see Matthew Buettgens and Jessica Banthin, “[Estimating Health Coverage in 2023: An Update to the Health Insurance Policy Simulation Model Methodology](#)” (Washington, DC: Urban Institute, 2022).

PROVIDING PREVENTIVE CARE WITHOUT COST SHARING IMPROVED ACCESS TO CARE

Cost sharing reduces the use of both low- and high-value care, including preventive care (Agarwal, Mazurenko, and Menachemi 2017). Because preventive care services do not address acute health problems, some people may skip such care if cost sharing is required. Since the ACA preventive services provision took effect in 2010, research has found increases in blood pressure screenings, cholesterol screenings, colorectal cancer screenings, HPV (human papillomavirus) vaccines, and flu vaccines (ASPE 2022; Han et al. 2015; Huguet et al. 2019).

The ACA has had particularly large effects on women’s access to care. Research has shown increases in contraception use, particularly highly effective long-acting contraception like intrauterine devices (IUDs), since birth control coverage took effect in 2011 (ASPE 2022; Becker, Keating, and Pace 2021; Carlin, Fertig, and Dowd 2016). On average, women saved \$255 on oral contraception and \$248 on IUDs annually between 2010 and 2013 (Becker and Polsky 2015). Researchers also observed a decline in unintended pregnancy after the implementation of the ACA’s contraceptive coverage requirement (MacCallum-Bridges and Margerison 2020).

Coverage of PrEP without cost sharing could also significantly improve access to care for people at high risk for HIV. In 2019, the USPSTF recommended the use of PrEP for people at high risk of contracting HIV,⁸ and insurers were required to cover it without cost sharing beginning in 2021.⁹ Research has shown that the high cost of PrEP leads to

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underuse, particularly among Black and Hispanic adults (Srikanth et al. 2022). Eliminating cost sharing for PrEP is expected to improve equitable access to HIV prevention and to save patients money (Srikanth et al. 2022).

CONCLUSION

If the ACA's preventive services provision is overturned, private health plans will be able to charge cost sharing for these life-saving services. Though not all health plans will elect to impose cost sharing for all services, many plans did not cover or required cost sharing for many preventive services before the ACA (ASPE 2015). The nongroup market, in particular, often excluded coverage of prenatal care, maternity care, and other critical services for women.¹⁰ Though it is unclear how plans would respond to the removal of the preventive services requirement, some nongroup and small-group plans could reduce coverage, impose cost sharing, or chip away at preventive coverage over time.

The burdens of increased cost sharing and reduced coverage for preventive services would likely fall hardest on people least able to afford such services (Agarwal, Mazurenko, and Menachemi 2017). For example, if *Kelley v. Becerra* eliminates the preventive services requirement, people with high-deductible health plans may have to pay out of pocket for the full cost of preventive services until they meet their deductible. The ACA's free preventive services requirement has increased access to care, reduced out-of-pocket spending, and helped millions of Americans improve or maintain their health (ASPE 2022). Overturning this requirement could have far-reaching consequences for the 167.5 million Americans who rely on private health insurance.

NOTES

- ¹ Katie Keith, "ACA Litigation Round-Up (11/9/21): What's Resolved, What's on Hold, and What's Still Moving?," *Health Affairs Forefront*, November 9, 2021, <https://www.healthaffairs.org/doi/10.1377/forefront.20211109.807537>.
- ² Lydia Wheeler, "Latest Obamacare Fight Aims to Revive 87-Year-Old Line of Attack," *Bloomberg Law*, April 18, 2022, <https://news.bloomberglaw.com/health-law-and-business/latest-obamacare-fight-aims-to-revive-87-year-old-line-of-attack>.
- ³ *Patient Protection and Affordable Care Act*, Pub. L. No. 111-148, 124 Stat. 119 (2010).
- ⁴ Katie Keith, "ACA Litigation Round-Up, Part 2: Which 2019 Payment Rule Changes Were Legal? Plus, More from Judge O'Connor on the ACA," *Health Affairs Forefront*, April 20, 2021, <https://www.healthaffairs.org/doi/10.1377/forefront.20210420.44231/full/>.
- ⁵ More information about the US Preventive Services Task Force is available at <https://uspreventiveservicestaskforce.org/uspstf/about-uspstf>.
- ⁶ "Role of the Advisory Committee on Immunization Practices in CDC's Vaccine Recommendations," Centers for Disease Control and Prevention, last reviewed October 8, 2020, <https://www.cdc.gov/vaccines/acip/committee/role-vaccine-recommendations.html>.

- ⁷ “Women’s Preventive Services Guidelines,” Health Resources and Services Administration, last reviewed July 2022, <https://www.hrsa.gov/womens-guidelines/index.html>; and “Bright Futures,” Health Resources and Services Administration, last reviewed June 2022, <https://mchb.hrsa.gov/programs-impact/bright-futures>.
- ⁸ Katie Keith, “USPSTF Recommends Access without Cost Sharing to HIV Prevention,” *Health Affairs Forefront*, June 13, 2019, <https://www.healthaffairs.org/doi/10.1377/forefront.20190613.596797/full/>.
- ⁹ Katie Keith, “New Guidance on PrEP: Support Services Must Be Covered without Cost-Sharing,” *Health Affairs Forefront*, July 28, 2021, <https://www.healthaffairs.org/doi/10.1377/forefront.20210728.333084/>.
- ¹⁰ Kaiser Family Foundation, “Analysis: Before ACA Benefits Rules, Care for Maternity, Mental Health, Substance Abuse Most Often Uncovered by Non-group Health Plans,” news release, June 14, 2017, <https://www.kff.org/health-reform/press-release/analysis-before-aca-benefits-rules-care-for-maternity-mental-health-substance-abuse-most-often-uncovered-by-non-group-health-plans/>.

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