



## Why is Preventive Health Care for Women Addressed Separately in the ACA?

### **The ACA makes preventive care more accessible**

The Affordable Care Act takes important steps toward improving access to preventive health care by eliminating financial barriers to the services and screening tests that are specifically recommended by the United States Preventive Services Task Force and to vaccinations recommended by the Centers for Disease Control. The law requires all new health insurance plans to cover this recommended preventive health care without charging extra fees, like co-payments, coinsurance or deductibles that must be reached before coverage begins. This provision went into effect on September 23, 2010 and included a number of key types of preventive care. (A list of preventive services already included is available here: <http://www.healthcare.gov/center/regulations/prevention/recommendations.html>.)

The existing lists of federally-recommended services, tests and vaccinations do not, however, fully address the range of preventive services that women need to stay healthy or detect disease early. When Congress debated the health reform bill, Senator Barbara Mikulski resolved this problem by adding the Women's Health Amendment to the law. The amendment ensured that women will have access to the key preventive services they need throughout their lives by creating a process that allows HHS to strengthen the preventive health care protections in the law.

### **Evaluating the evidence for women's preventive care needs**

The Mikulski amendment directed the Department of Health & Human Services (HHS) to develop evidence-based guidelines that would allow the addition of other proven preventive health care for women to the services already included. This needed change was intended to make women's unique health care needs – from well-woman visits to family planning services, supplies and counseling that promote healthier pregnancies and healthier babies -- more accessible and affordable for women.

### **Timing and impact of the decision**

Last year, HHS asked the Institute of Medicine (IOM) to review the science and public health evidence and make recommendations about which additional preventive services for women are supported by enough evidence to be included in the guidelines. IOM will release these recommendations on July 20 in its report *Clinical Preventive Services for Women: Closing the Gap*. The Department of Health and Human Services is expected to make a final determination in August. When the health insurance exchanges start in 2014, all plans within the exchanges will also be required to follow this rule.

[www.RaisingWomensVoices.net](http://www.RaisingWomensVoices.net)