

## Appendix 1. Women’s Preventive Services Guidelines, as of September 2020

Type of Preventive Service	HHS Guideline for Health Insurance Coverage	Frequency
<b>Well-woman visits.</b>	Well-woman preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception care and many services necessary for prenatal care. This well-woman visit should, where appropriate, include other preventive services listed in: “ <i>Clinical Preventive Services for Women: Closing the Gaps</i> ” (available at: <a href="http://books.nap.edu/openbook.php?record_id=13181">http://books.nap.edu/openbook.php?record_id=13181</a> ).	Annual, although HHS recognizes that several visits may be needed to obtain all necessary recommended preventive services, depending on a woman’s health status, health needs, and other risk factors.*
<b>Screening for gestational diabetes.</b>	Screening for gestational diabetes.	In pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.
<b>Human papillomavirus testing.</b>	High-risk human papillomavirus DNA testing in women with normal cytology results.	Screening should begin at 30 years of age and should occur no more frequently than every 3 years.
<b>Counseling for sexually transmitted infections.</b>	Counseling on sexually transmitted infections for all sexually active women.	Annual.
<b>Counseling and screening for human immune-deficiency virus.</b>	Counseling and screening for human immune-deficiency virus infection for all sexually active women.	Annual.
<b>Contraceptive methods and counseling. **</b>	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	As prescribed.
<b>Breastfeeding support, supplies, and counseling.</b>	Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.	In conjunction with each birth.

Sutton MY, Anachebe NF, Lee R, Skanes H. Racial and ethnic disparities in reproductive health services and outcomes, 2020. *Obstet Gynecol* 2021;137. The authors provided this information as a supplement to their article.

<b>Screening and counseling for interpersonal and domestic violence.</b>	Screening and counseling for interpersonal and domestic violence.	At least annually, and, when needed, providing or referring for initial intervention services.
<b>Screening for anxiety.</b>	Screening for anxiety in adolescent and adult women, including those who are pregnant or postpartum. Optimal screening intervals are unknown and clinical judgement should be used to determine screening frequency.	As prescribed.
<b>Screening for breast cancer.</b>	Screening for breast cancer by mammography in average-risk women no earlier than age 40 and no later than age 50. Screening should continue through at least age 74 and age alone should not be the basis to discontinue screening.	Screening mammography should occur at least biennially and as frequently as annually.
<b>Screening for diabetes mellitus after pregnancy.</b>	Screening for diabetes mellitus in women with a history of gestational diabetes mellitus (GDM) who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes mellitus.	Initial testing should ideally occur within the first year postpartum and can be conducted as early as 4–6 weeks postpartum.
<b>Screening for urinary incontinence.</b>	Screening for urinary incontinence.	Annual.

Reprinted from Health Resources & Services Administration. Women's preventive services guidelines. Accessed October 16, 2020. <https://www.hrsa.gov/womens-guidelines/index.html>

\* Refer to guidance issued by the Center for Consumer Information and Insurance Oversight entitled Affordable Care Act Implementation FAQs, Set 12, Q10. In addition, refer to recommendations in the July 2011 Institute of Medicine (IOM) report entitled *Clinical Preventive Services for Women: Closing the Gaps* concerning distinct preventive services that may be obtained during a well-woman preventive services visit.

\*\* The guidelines concerning contraceptive methods and counseling described above do not apply to women who are participants or beneficiaries in group health plans sponsored by religious employers. See Federal Register Notice: Religious Exemptions and Accommodations for Coverage of Certain Preventive Services under the Affordable Care Act. HRSA, in concert with an external review committee, will review, and continually update, the Women's Preventive Services' Guidelines.

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