



What you should know about the *Braidwood v. Becerra* preventive services case:

What is *Braidwood Management v. Becerra* case?

A federal judge in Texas ruled that some of the preventive services that are currently required to be provided at no cost are no longer required to be free, *but a higher court has since issued a stay, meaning the lower court's ruling will not take effect until the court process plays out.*

Why Does This Matter?

Free preventive services are one of the [most popular](#) aspects of health care coverage, and are [scientifically proven](#) to improve people's health and lower health insurance costs. Research shows that nearly [half of all people](#) would not be willing to or couldn't afford to pay for some of the most common preventive services, such as HIV screenings or tobacco cessation, if there were a cost.

Does the *Braidwood v. Becerra* case impact me?

[Because a stay was issued](#) as the case moves through the legal process, *preventive services are still required to be covered in the same way they were before this ruling.* The final decision, which may not be made for several years, would impact you if you have private insurance—regardless of how you purchase or enroll in it. This includes people who buy their health insurance through their state's health insurance marketplace and people who get their insurance through their own or a family member's employer. This will not impact people on Medicare and should not impact people on Medicaid.

When would I start to see changes to my coverage?

Until a final decision is issued, a stay has been put in place to block any changes from being made to your coverage. The US Department of Justice has asked for the initial court's decision to be reversed, and this request is expected to make its way to the Supreme Court for a final decision. This process will likely be lengthy, and it could take anywhere from several months to several years before a final verdict is reached.

Generally, your coverage should not change immediately:

- People who buy their health insurance through their state's health insurance marketplace Health Insurance Marketplace would not likely notice any changes to their benefits, because health insurance companies are not allowed to change your benefits in the middle of your plan year.
- For people covered by their or a family member's employer health plan, it is up to your employer how they react to the final decision. Some employers will continue offering these benefits to their employees, and many insurance companies have said they do not plan on making changes immediately when a final decision is released.

What services are impacted?

There are approximately 100 services categorized as preventive services that could be impacted by this ruling once issued. United States of Care created [a chart](#) listing which services are

affected. This means that *if the ruling ultimately takes effect*, when you go to your doctor's office, you may have to pay your copay or coinsurance for things like anxiety screenings for children, lung cancer screenings, screenings for intimate partner violence and elder abuse, and more.

Additionally, employers would no longer be required to cover PrEP, an effective HIV prevention medication, **at all**. So, while some may choose to continue coverage, there could be an additional fee or you may have to pay for PrEP completely out of pocket.

What Can I Do?

1. Until a final decision is announced, you should **continue to go to the doctor** for preventive check ups like normal.
2. If any changes are made to your insurance coverage mid-plan year, **you will receive a notice from your health insurance company** 60 days before the change takes effect.
3. When you re-enroll or shop for a plan, **check to make sure** that the plan you pick offers pre-deductible preventive services coverage without copay/coinsurance requirements.
4. **Contact your state legislators.** Share [this resource](#) about why preventive services are important and tell them to protect your access to no-cost preventive services in state legislation.

Resources

- **Help with all plans:** If you have questions about the potential for health insurance coverage changes, reach out to your state's [Department of Insurance](#).
- **Help with employer plans:** If you have questions about a health plan sponsored by you or a family member's employer, you can speak to a US Department of Labor Employee Benefits Security Administration benefits advisor at 1-866-444-3272 or [online](#).
- **Help with PrEP coverage:** If you need to access PrEP for HIV prevention and your insurance no longer covers it, check to see if your state offers PrEP medication assistance [here](#).
 - If state assistance is not available, you may qualify for a [copay assistance program](#) or the federal government's [Ready, Set, PrEP](#) program.
 - If you need help finding assistance, you can visit or call your health care provider's office or your local [community health center](#).