



What consumers should know about the *Kennedy v. Braidwood* preventive services case

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What is *Kennedy v. Braidwood Management Inc.*?

The *Kennedy v. Braidwood Management Inc.* (formerly *Braidwood Management Inc. v. Becerra*) case challenges the Affordable Care Act's (ACA) requirement that most private insurance plans cover recommended evidence-based preventive care services with no out-of-pocket costs for people. While the case has been appealed to the U.S. Supreme Court, the no-cost mandate remains in place for now for more than 150 million people with private coverage.

What is preventive care and which services are required to be covered cost-free?

Preventive care includes routine health care services, such as cancer screenings and vaccinations, to prevent illnesses and other health complications for all people. It also includes services recommended for certain populations, such as screening for gestational diabetes in pregnant women and preexposure prophylaxis (or PrEP) for people at increased risk of HIV. Taking action through prevention to identify these conditions early or avoid them entirely can improve health outcomes and save costs. There are approximately [more than 60 preventive services](#) recommended by medical experts that are currently required to be covered for free.

Why does *Braidwood* matter?

No-cost access to preventive care is one of the [most popular](#) provisions of the ACA and people are [strongly opposed](#) to efforts to reintroduce cost-sharing for these services. Should the Supreme Court remove part of the no-cost mandate, you may have to pay a copay or coinsurance when you go to the doctor's office for things you may currently get with no associated out-of-pocket costs. Unfortunately, [nearly half of all people](#) wouldn't be willing to pay for many of these services they currently receive for free, which could lead many people to skip these services and not catch treatable conditions like high blood pressure or breast cancer early on.

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

Any final decision by the Supreme Court that invalidates part of the mandate 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. If the Supreme Court rules against the mandate, you may have to pay your copay or coinsurance when you go to the doctor's office for things you may currently get with no associated out-of-pocket costs. This includes things like anxiety screenings for children, lung cancer screenings, screenings for intimate partner violence and elder abuse, and more.

A decision by the Supreme Court to roll back the mandate would likely not impact people with Medicare coverage. It may affect people enrolled in Medicaid as part of the expansion

population, who may find that some services previously required to be covered cost-free may no longer be covered at all.

What services would be impacted by the *Braidwood* decision?

While the ACA requires insurers to cover more than 60 preventive services without cost-sharing, the case before the Supreme Court only deals with a certain subset of these services recommended by the experts at the U.S. Preventive Services Task Force (USPSTF) made after the ACA was passed in March 2010. These services include lung cancer screenings, HIV prevention medication, and pregnancy counseling. While the total number of services that could be subject to renewed cost-sharing may be relatively limited, future legal action by the plaintiffs could result in cost-free access to nearly all preventive care services, including immunizations recommended by the Advisory Committee on Immunization Practices, or contraception recommended by the Health Resources and Services Administration, being impacted.

When would I start to see changes to my coverage?

At least until the Supreme Court issues a ruling in *Braidwood* in either late June or early July, the no-cost preventive services mandate remains in effect for the 150 million people with private health coverage. Should the Supreme Court roll back the no-cost preventive services mandate in the future:

- ★ People who buy their health insurance through their state's 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.
- ★ People covered by their or a family member's employer health plan should check with their employer. 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 can I do?

1. Until a final decision is announced, you should **continue to see your doctor** for preventive check ups like normal.
2. If any changes are made to your insurance coverage mid-plan year, **your health insurance company is required by law to send you a notice** 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.** Check out our [Preventive Services Resource Hub](#) for information about why preventive services are important and call on your state legislators to protect your access to no-cost preventive services.

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](#).