



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

Updated March 2024

What is the *Braidwood Management v. Becerra* case?

Last year, a federal judge in Texas ruled that some preventive services currently required to be covered by the Affordable Care Act's no-cost preventive services mandate are no longer required to be free. Since then, *a higher court has since issued a stay, which means that the lower court's ruling will not take effect immediately as the court process plays out.*

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

Preventive care refers to routine health care services, such as cancer screenings, tobacco cessation therapy, and vaccinations, to prevent illnesses and other health complications. Identifying these conditions earlier or avoiding them entirely can improve health outcomes and save costs. There are approximately [100 categorized preventive services](#) recommended by medical experts that are currently required to be covered for free.

Why does this case matter?

Free preventive services are one of the [most popular](#) aspects of health care coverage, and are [proven](#) to improve people's health and lower health insurance costs. Research shows that nearly [half of all people](#) wouldn't be willing to nor couldn't afford to pay for some of the most common preventive services if they were required to pay. If the ruling ultimately takes effect, 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. Additionally, employers would no longer be required to cover PrEP, an effective HIV prevention medication, at all.

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.

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When would I start to see changes to my coverage?

For the near future, a stay has been put in place to block any changes from being made to your cost-free access to preventive services. The U.S. Department of Justice has asked for the lower court's decision to be reversed, and many expect the case 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 opinion is reached.

Should the stay be lifted or the courts reach a final decision and remove 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](#).