

## THE MIKULSKI AMENDMENT – PREVENTIVE SERVICES FOR WOMEN

Unplanned pregnancies are closely linked to a number of negative health, social and economic consequences. Family planning services and supplies—counseling, gynecological care and screenings, and prescription drugs and devices—are a cost-effective way to make progress on preventing unplanned pregnancy and improving health outcomes for women and families. As such, family planning should be classified as a *preventive* benefit with the same cost-sharing protections afforded to other designated preventive benefits in any essential benefit package that is created within health reform.

**RECOMMENDATION: Congress should maintain the Mikulski Amendment language in any final health reform legislation. Doing so would ensure that women have access to affordable, evidence-based preventive care that is not currently covered in certain health reform proposals.**

### HOW PREVENTIVE SERVICES ARE CURRENTLY DEFINED IN HEALTH REFORM PROPOSALS:

Several of the health reform proposals rely almost exclusively on recommendations made by the US Preventive Services Task Force (USPSTF). The Senate Finance legislation defines preventive services as services that have received an “A” or “B” recommendation from the USPSTF and Advisory Committee on Immunization Practices (ACIP)-recommended immunizations. The House health reform legislation, H.R. 3962, requires health plans to cover preventive services that have received an “A” or “B” recommendation from the USPSTF, ACIP-recommended immunizations, well-baby care and well-child care. The Senate HELP Committee bill originally defined covered preventive services as services that have received an “A” or “B” recommendation from the USPSTF, ACIP-recommended immunizations, and children’s preventive services based on evidence-based guidelines developed by the Health Resources and Services Administration (HRSA). However, during the markup in June, the Committee adopted the Mikulski Amendment to expand the definition of preventive services to include preventive services for pregnant women and individuals of childbearing age as determined by evidence-based guidelines that HRSA would develop.

### WHAT THE MIKULSKI AMENDMENT DOES:

The Mikulski Amendment would require health plans to cover—with limited or no cost-sharing requirements—women’s preventive care and screenings (including for pregnant women and individuals of child bearing age). The preventive care and screenings covered would be determined by evidence-based guidelines that HRSA would establish. These would be the first-ever, evidence-based, federal guidelines on women’s health. The Mikulski Amendment would also ensure patients’ access to essential community providers, a critical protection for medically underserved communities.

### WHY THE USPSTF IS INSUFFICIENT TO SERVE AS THE ONLY DETERMINING BODY OF COVERED PREVENTIVE SERVICES:

The USPSTF lacks sufficient resources and can only review a small number of preventive services during each evaluation cycle. In addition, the USPSTF often gives preference to services that affect larger populations. The systematic review process—which generally takes two years—also limits the types of preventive care and screenings that may be evaluated. For example, the review criteria has made it especially difficult to evaluate preventive services for children which is why the Senate HELP Committee opted to include coverage for children’s preventive services and screenings based on evidence-based guidelines that HRSA has developed.

To date, the USPSTF has not yet reviewed several important women’s health preventive services including the constellation of services that comprise “family planning services and supplies” and the annual well-woman visit. Although the USPSTF evaluated family planning counseling in 1996 and gave it a “B” recommendation, the recommendation became inactive after 5 years when it was not subsequently reviewed. Relying exclusively on “A” and “B” USPSTF recommendations would deny women important cost-sharing protections for preventive care and may lead to women increasingly delaying or skipping preventive care because of the costs. A report by the Commonwealth Foundation found that more than half of women delayed or avoided preventive care because of its cost in 2009, as compared to one-quarter (25%) of women in 2007. For these reasons it is critical that the Mikulski language remain as Congress works to finalize health reform legislation.