

# Clinical and Equity Implications of BRAIDWOOD V. BECERRA

## IMPACT OF THE AFFORDABLE CARE ACT PREVENTIVE SERVICES PROVISION

Preventive services can help individuals avoid acute illness, identify and treat chronic conditions, prevent cancer, and improve health.

By utilizing preventive care such as diagnostic tests, screenings, vaccines, and behavioral interventions, populations can optimize patient-centered outcomes, reduce health care disparities, and often mitigate the need for more serious and costly future medical intervention.



The preventive services provision of the Affordable Care Act (ACA) requires nearly all private health plans to provide coverage for certain preventive services without cost-sharing. These services include:



Items and Services receiving an “A” or “B” rating from the U.S. Preventive Services Task Force (USPSTF)



Immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) of the CDC



HRSA-supported recommendations for preventive care and screenings for women and children

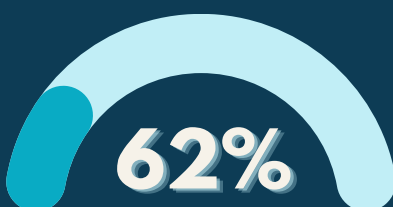
THIS POPULAR POLICY HAS ENHANCED HEALTHCARE ACCESS AND REDUCED DISPARITIES IN THE USE OF PREVENTIVE SERVICES, AND IMPROVED HEALTH OUTCOMES FOR MILLIONS OF AMERICANS.

The U.S. Department of Health & Human Services estimated that **232 MILLION AMERICANS** had access to preventive care with zero cost-sharing in 2022

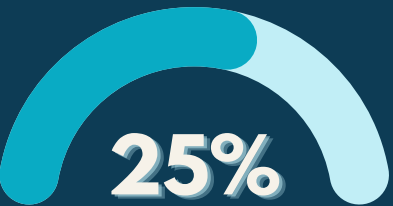


- 152M Privately Insured Individuals
- 60M Medicare Beneficiaries
- 20M Medicaid Expansion Enrollees

THE PREVENTIVE SERVICE PROVISION IS ONE OF THE MOST POPULAR FEATURES OF THE ACA



62% of Americans believe that it is “very important” that the preventive care coverage requirement stay in place



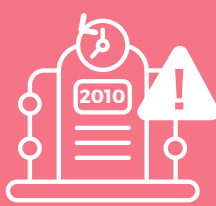
Nearly 25% of surveyed Americans prioritize preventive care as the most important health insurance coverage

Eliminating cost-sharing for preventive services benefits all patient demographics, but strong evidence indicates that minority populations and low-SES individuals benefit the most.

## BRAIDWOOD V BECERRA

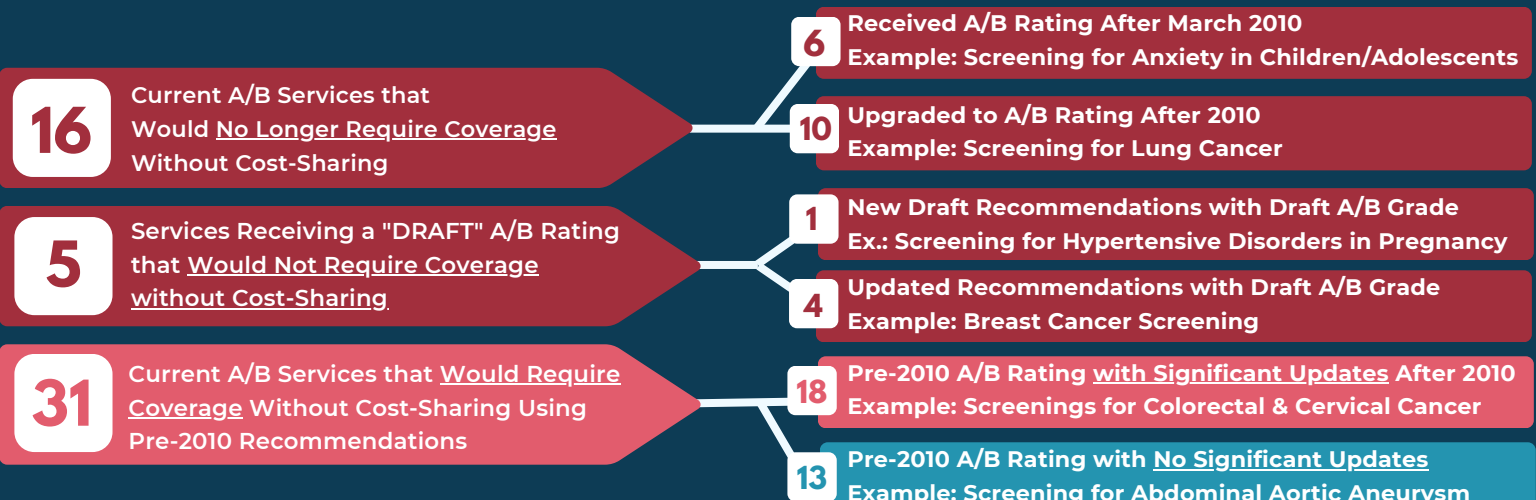
Despite its positive impact on equitable access to preventive health care, the ACA remains one of the most contested laws in U.S. history.

In the most recent legal challenge, *Braidwood v. Becerra*, Texas U.S. District Court Judge O'Connor ruled that the mandate to fully cover services receiving a USPSTF “A” or “B” grade on/after the signing of the ACA on March 23, 2010, is unconstitutional.



If upheld, the ruling could result in coverage denials or implementation of coverage policies based on outdated research and guidelines, as a number of preventive services have received an initial or updated USPSTF A or B rating since March 2010.

### POTENTIAL IMPLICATIONS



Requiring out-of-pocket payment for preventive services, even at a low cost, can deter people from seeking routine care, potentially leading to more complex and costly health conditions that might have been treatable or less costly if diagnosed earlier.



37% of adults expect to delay or avoid healthcare due to potential costs following the ruling



2 in 5 adults are unwilling to pay for preventive services currently covered by the ACA

If the *Braidwood* ruling is upheld and cost-sharing is required, enrollees using preventive services may face a substantial increase in their **individual** out-of-pocket costs, but would have a minimal impact on **overall** health care spending. Moreover, imposing cost-sharing is likely to reverse the progress made by the preventive service provision and the intensifying efforts to reduce socioeconomic, racial, and LGBTQ+ health disparities; a concern that should be weighed carefully by policymakers.