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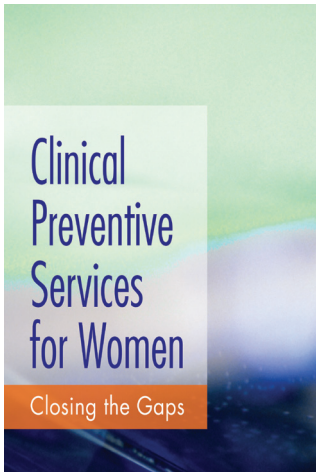
Clinical Preventive Services for Women

Closing the Gaps



As a centerpiece of the *Patient Protection and Affordable Care Act* (ACA) of 2010, the focus on preventive services is a profound shift from a reactive system that primarily responds to acute problems and urgent needs to one that helps foster optimal health and well-being. Women stand to benefit from this shift given their longer life expectancies, reproductive and gender-specific conditions, and historically greater burden of chronic disease and disability. And, for the same reasons, they will benefit economically since the ACA removes cost-sharing requirements for specified preventive services—eliminating out-of-pocket costs that often put screenings, counseling and procedures supporting health out of reach for moderate- and lower-income women.

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Given the magnitude of change, the U.S. Department of Health and Human Services (HHS) charged the Institute of Medicine (IOM) with reviewing what preventive services are important to women's health and well-being and then recommending which of these should be considered in the development of comprehensive guidelines. The IOM convened a committee of experts to identify critical gaps in the preventive services already identified in the ACA, which are based on recommendations developed by three independent bodies: the United States Preventive Services Task Force, the American Academy of Pediatrics' Bright Futures recommendations for adolescents, and the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

The committee defined preventive health services as measures—including medications, procedures, devices, tests, education and counseling—shown to improve well-being, and/or decrease the likelihood or delay the

onset of a targeted disease or condition. To guide its deliberations in determining gaps in preventive services not included in existing guidelines, the committee developed four overarching questions:

- Are high-quality systematic evidence reviews available which indicate that the service is effective in women?
- Are quality peer-reviewed studies available demonstrating effectiveness of the service in women?
- Has the measure been identified as a federal priority to address in women's preventive services?
- Are there existing federal, state, or international practices, professional guidelines, or federal reimbursement policies that support the use of the measure?

Preventive measures recommended by the IOM committee for preventive coverage consideration met the following criteria:

- The condition to be prevented affects a broad population;
- The condition to be prevented has a large potential impact on health and well-being; and
- The quality and strength of the evidence is supportive.

The committee took seriously its task of focusing on women's unique health needs. Throughout the study process, the committee repeatedly questioned whether the disease or condition was significant to women and, especially, whether it was more common or more serious in women than in men or whether women experienced different outcomes or benefited from different interventions than men.

Protecting Women's Health

The committee found sufficient evidence to endorse eight recommendations for specific preventive services and screenings that support women's overall health.

For sexually active women, the committee found that current recommendations of screening for cervical cancer, counseling for sexually transmitted infections, and HIV counseling and screening are too limited in scope and should be expanded. It also made several recommendations that support women's reproductive health. These include a fuller range of contraceptive education, counseling, methods, and services so that women can better avoid unwanted pregnancies and space their pregnancies to promote optimal birth outcomes. Additional recommendations address needs of pregnant women, including screening for gestational diabetes and lactation counseling and equipment to help women who choose to breastfeed do so successfully.

The committee recommended including at least one well-woman preventive care visit annually for women to receive comprehensive services. Depending on a woman's health status, health needs, and risk factors, multiple visits might be recommended to provide the full range of preventive services.

Finally, the committee recommended that all women and adolescent girls be screened and counseled for interpersonal and domestic violence in a culturally sensitive and supportive manner. An estimated five million women are physically, sexually, or emotionally abused by their partners each year in the United States. Screening for risk of abuse is central to women's safety, as well as to addressing current health concerns and preventing future health problems.

Keeping Preventive Care Up-to-Date

The committee made several recommendations that will enable HHS to periodically update the review of preventive services covered under the ACA. The committee recommends developing the structures within HHS that involve accountability and processes to ensure that preventive

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Recommendations for Preventive Health Care Services for Women that Should be Considered by the U.S. Department of Health and Human Services

Recommendation 5.1: Screening for gestational diabetes in pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.	**Recommendation 5.6:** Comprehensive lactation support and counseling and costs of renting breastfeeding equipment. A trained provider should provide counseling services to all pregnant women and to those in the postpartum period to ensure the successful initiation and duration of breastfeeding. (The ACA ensures that breastfeeding counseling is covered; however, the committee recognizes that interpretation of this varies.)
Recommendation 5.2: The addition of high-risk human papillomavirus DNA testing in addition to conventional cytology testing in women with normal cytology results. Screening should begin at 30 years of age and should occur no more frequently than every 3 years.	**Recommendation 5.7:** Screening and counseling for interpersonal and domestic violence. Screening and counseling involve elicitation of information from women and adolescents about current and past violence and abuse in a culturally sensitive and supportive manner to address current health concerns about safety and other current or future health problems.
Recommendation 5.3: Annual counseling on sexually transmitted infections for all sexually active women.	**Recommendation 5.8:** At least one well-woman preventive care visit annually for adult women to obtain the recommended preventive services, including preconception and prenatal care. The committee also recognizes that several visits may be needed to obtain all necessary recommended preventive services, depending on a woman's health status, health needs, and other risk factors.
Recommendation 5.4: Counseling and screening for human immunodeficiency virus infection on an annual basis for sexually active women.	
Recommendation 5.5: The full range of Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	

services meeting the requisite criteria will be considered in the future, as science emerges. Further, HHS should establish an independent commission to support the process.

The committee noted that the public health system and community-based preventive services are important to achieving the aims of preventive health services. Community-based health services can play significant roles in providing preventive care to many different populations. The committee encourages HHS to consider widening the proposed commission's scope of authority so that public health efforts work in coordination with the new and existing bodies that are charged with overseeing other elements of the ACA.

Conclusion

Positioning preventive care as the foundation of the U.S. healthcare system is critical to ensuring Americans' health and well-being. Although the ACA addresses preventive services for both men and women of all ages, women particularly stand to benefit from additional preventive health services. The inclusion of evidence-based screenings, counseling and procedures that address women's greater need for services over the course of a lifetime may have a profound impact for individuals and the nation as a whole.

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