Protecting Access to Preventive Care

The Role of Federal Guidelines in Breast and Cervical Cancer Screening Coverage

Access to lifesaving preventive services, including cancer screening, **relies on federal preventive care recommendations and guidelines** that determine which screenings, tests, and services health insurance plans must cover without cost sharing, including who is eligible, the age at which services are recommended, and the frequency with which they should be provided**.** Two key sources shaping national preventive care are the U.S. Preventive Services Task Force (USPSTF) and the Women's Preventive Services Initiative (WPSI), whose guidelines are adopted by the Health Resources and Services Administration (HRSA).

USPSTF and WPSI play complementary roles in ensuring coverage for preventive care services. **USPSTF focuses on recommendations for specific preventive services across a wide range of conditions,** while **WPSI provides guidance specific to women's health.** For cancer prevention and early detection, USPSTF includes numerous recommendations across multiple cancer types. WPSI's guidelines are more focused in scope, currently addressing breast and cervical cancer screening pathways, and are incorporated into HRSA's Women's Preventive Services Guidelines.

Screening Coverage Requirements

Section 2713 of the Public Health Service Act requires most commercial plans to cover, without cost sharing, USPSTF recommended preventive services rated "A" or "B" and preventive services included in the Women's Preventive Services Guidelines adopted by HRSA.

USPSTF	WPSI
Organizational role: An independent, volunteer panel of experts in prevention and primary care, appointed by the Secretary of Health and Human Services (HHS) and staffed by the Agency for Healthcare Research and Quality (AHRQ) responsible for developing evidence-based recommendations on clinical preventive services.	**Organizational role:** An initiative that develops evidence-based guidelines for women's preventive health services through a cooperative agreement with the Health Resources and Services Administration (HRSA), which reviews and adopts the resulting guidelines.
Recommendations Development Process: Assigns recommendation grades (A, B, C, D, or I) to indicate the strength of the evidence and the balance of benefits and harms — including strongly recommended (A or B), selectively offered based on individual circumstances (C), recommended against (D), or insufficient evidence (I). Draft recommendations are released for public comment prior to finalization.	**Guidelines Development Process:** Conducts systematic evidence reviews and engages a multidisciplinary expert panel to develop consensus-based recommendations that address gaps in women's preventive care and inform updates to clinical guidelines. Draft guidelines are available for public comment as part of the development process.
Relevance to Cancer Prevention & Early Detection: To date, recommends over 80 proven effective preventive services, including at least 16 preventive services related to cancer prevention and early detection.	**Relevance to Cancer Prevention & Early Detection:** Informs guidelines for breast and cervical cancer screening and follow-up testing within the Women's Preventive Services Guidelines, and supports patient navigation services that help individuals access recommended screening and follow-up care.

Breast and Cervical Cancer Screening

For breast and cervical cancer screening, **the USPSTF determines whether screening is recommended and for whom**, based on population-level evidence. **The WPSI, through the Women's Preventive Services Guidelines adopted by HRSA**, helps define what covered breast and cervical cancer screening includes in practice, including follow-up services and testing. Both USPSTF recommendations and services included in the Women's Preventive Services Guidelines must be covered without patient cost-sharing. However, differences in how insurers interpret these requirements can create gaps that limit patients' access to timely follow-up care.

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Breast Cancer Screening Guidelines

USPSTF[1]

Average risk: Recommends biennial screening mammography for women ages 40–74 at average risk of breast cancer, based on evidence of a moderate net population benefit. *(updated 4/30/2024)*

BRCA-Related Cancer: Assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer (or ancestry associated with BRCA mutations). Refer women with positive screens for genetic counseling and, if indicated, genetic testing. *(updated 8/20/2019 - update in progress)*

Breast Cancer Medications for Risk Reduction: Recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects. *(updated 9/03/2019 - update in progress)*

Note: Since 2010, Congress has statutorily mandated that plans cover USPSTF breast cancer screening guidelines that were in existence before 2009.

WPSI[2]

Average risk: Recommends women at average risk of breast cancer initiate mammography screening no earlier than age 40 years and no later than age 50 years. Screening mammography should occur at least biennially and as frequently as annually.

Follow-up testing: Women may require additional imaging to complete the screening process or to address findings on the initial screening mammography. If additional imaging (e.g., magnetic resonance imaging (MRI), ultrasound, mammography) and pathology evaluation are indicated, these services also are recommended to complete the screening process for malignancies. Screening should continue through at least age 74 years, and age alone should not be the basis for discontinuing screening. *(updated 12/30/2024)*

Note: Women at increased risk should also undergo periodic mammography screening, however, recommendations for additional services are beyond the scope of this recommendation.

Cervical Cancer Screening Guidelines

USPSTF[1]

Women aged 21-29: Recommends screening for cervical cancer every 3 years with cervical cytology alone.

Women aged 30-65: Recommends screening every 3 years with cervical cytology (Pap test) alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).

WPSI[2]

Women aged 21-29: Recommends cervical cancer screening using cervical cytology (Pap test) every 3 years .

Women aged 30-65: Recommends screening with primary hrHPV testing every 5 years (preferred) or cytology and hrHPV testing (co-testing) every 5 years. If hrHPV testing is not available, continue screening with cytology alone every 3 years. Patient-collected (self-collected) hrHPV testing should be offered as an option for women who are at average risk. *(updated 1/5/2026)*

Follow-up testing: Additional testing may be required to complete the screening process and follow-up findings on the initial screening. If additional testing (e.g., cytology, biopsy, colposcopy, extended genotyping, dual stain) and pathologic evaluation are indicated, these services also are recommended to complete the screening process for malignancies.

Patient Navigation

USPSTF does not address patient navigation in its recommendations.

WPSI recommends patient navigation services[3] for breast and cervical cancer screening and follow-up to improve use of recommended care. These services involve individualized, person-to-person support and can be delivered in person, virtually, or in hybrid formats. The services may include care coordination, health system navigation, referrals to supportive services (e.g., transportation or language assistance), and patient education

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