USPSTF A & B Recommendations as of January 2025

By Anu Dairkee, CHLPI Clinical Fellow

The following chart analyzes all U.S. Preventive Services Task Force (USPSTF) A and B recommendations published as of January 2025 to show how current USPSTF A and B recommendations differ from their March 2010 versions (if versions of them existed at the time). Many of the current USPSTF A and B recommendations have undergone significant changes since 2010 that either expand the target population, recommend a better testing modality, or seek to improve health equity through taking into consideration the disparate impact of preventive care for certain conditions among select populations. Additionally, since recommendations by USPSTF, the Advisory Committee on Immunization Practices (ACIP), and the Health Resources and Services Administration (HRSA) sometimes overlap, the chart also analyzes whether there are recommendations made by either ACIP or HRSA that would at least partially ensure coverage for services included under an at-risk USPSTF recommendation. In some cases, there is adequate coverage from ACIP and HRSA, but most of the time there is not.

Note regarding HRSA's recommendations: The ACA authorizes HRSA to make coverage recommendations for infants, children and adolescents, and additional recommendations for women regarding services not already addressed by USPSTF.[1] HRSA makes recommendations for infants, children and adolescents through the Bright Futures program, a cooperative agreement with the American Academy of Pediatrics. HRSA-adopted recommendations for women are incorporated into the Women's Preventive Services Guidelines (WPSG). The services recommended by HRSA under Bright Futures and in the WPSG are covered without cost-sharing under the ACA preventive care rule.

An asterisk in the "HRSA equivalent?" column denotes that HRSA does not include the recommendations in the WPSG—however, the Women's Preventive Services Initiative (WPSI) (which HRSA supports through a cooperative agreement with the American College of Obstetricians and Gynecologists) has indicated support for the relevant USPSTF recommendations in their Recommendations for Well-Woman Care 2024 Clinical Summary Tables. In these tables and the related Well Woman Chart, WPSI provides "a framework for incorporating preventive health services for women into clinical practice during well woman and routine health care visits." The asterisk indicates that although the HRSA Administrator has not formally adopted or expanded upon the USPSTF recommendation, HRSA, through WPSI, supports the premise that these services should be provided to women. Therefore, this could be a point of advocacy to HRSA that if the USPSTF structure is ruled unconstitutional, HRSA can adopt the USPSTF recommendations that they support and make them their own, ensuring that women can continue to access these services for free.

[1] 42 U.S.C. §300gg-13(a)(3),(4).

PREGNANCY AND PREGNANCY RELATED CONDITIONS

Current USPSTF A & B Recommendations	Pre-March 2010 USPSTF recommendation (if one existed)	Impact of Recommendation Change	HRSA equivalent?	ACIP equivalent?
Aspirin Use to prevent preeclampsia and related morbidity: The USPSTF recommends the use of low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in persons who are at high risk for preeclampsia. (B rating) (September 2021)	January 1996 USPSTF found that there is insufficient evidence to recommend for or against routine aspirin prophylaxis in pregnancy for the prevention of preeclampsia or IUGR (intrauterine growth retardation). (C rating)	Without the current recommendation cost-free coverage of prophylactic aspirin to prevent preeclampsia would not be guaranteed. Additionally, the USPSTF states in their current recommendation that the patient population under consideration is all pregnant persons, making explicit the inclusion of pregnant people who do not identify as women.	No*	No
Screening for Hypertensive Disorders of Pregnancy: The USPSTF recommends screening for hypertensive disorders in pregnant persons with blood pressure measurements throughout pregnancy. (B rating) (September 2023)	January 1996 The USPSTF recommended screening for preeclampsia with blood pressure measurements for all pregnant women at the first prenatal visit and periodically throughout the remainder of pregnancy. (B rating)	This recommendation encompasses more than just preeclampsia, which was the focus of the 1996 recommendation. It also includes gestational hypertension, eclampsia, and chronic hypertension with superimposed preeclampsia thus increasing the pool of eligible patients who could receive this screening guaranteed cost-free.	No*	No

PREGNANCY AND PREGNANCY RELATED CONDITIONS

Current USPSTF A & B Recommendations	Pre-March 2010 USPSTF recommendation (if one existed)	Impact of Recommendation Change	HRSA equivalent?	ACIP equivalent?
Asymptomatic bacteriuria in adults: USPSTF recommends screening for asymptomatic bacteriuria using urine culture in pregnant persons. (B rating) (September 2019)	July 2008 The USPSTF recommends that pregnant women should get screened at 12-16 weeks gestation or at their first prenatal visit, if later. (A rating)	The 2008 recommendation was demoted to a B rating in 2019 because of concerns about excessive antibiotic use causing antimicrobial resistance and adverse changes to the microbiome. The USPSTF states in their current recommendation that the patient population under consideration is all pregnant persons, making explicit the inclusion of pregnant people who do not identify as women.	No*	No
Primary care interventions to support breastfeeding: The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding. (B rating) (October 2016)	October 2008 The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding. (B rating)	The current recommendation did not change from 2008, hence breastfeeding support will continue to be covered cost-free.	Yes, WPSI includes: comprehensive lactation support services during the antenatal, perinatal, and postpartum periods to optimize the successful initiation and maintenance of breastfeeding. Equipment and supplies include but are not limited to: double electric breast pumps and breast milk storage supplies.	No

PREGNANCY AND PREGNANCY RELATED CONDITIONS

Current USPSTF A & B Recommendations	Pre-March 2010 USPSTF recommendation (if one existed)	Impact of Recommendation Change	HRSA equivalent?	ACIP equivalent?
Screening for depression and suicide risk in adults: The USPSTF recommends screening for depression in the adult population, including pregnant and postpartum persons, as well as older adults. (B rating) (June 2023)	December 2009 Screening for depression in adults: Adults aged 18 and over—when staff assisted depression care supports are in place; The USPSTF recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up. (B rating)	The current recommendation specifically includes pregnant and postpartum persons. This population was not explicitly noted in the 2009 recommendation, in fact the patient population was specifically noted as non-pregnant adults 18 years or older, hence without this recommendation cost-free screening for pregnant persons would no longer be guaranteed	No*	No
Interventions to prevent perinatal depression: The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions. (B rating) (February 2019)	Prior to 2019 the USPSTF had not made any recommendations regarding preventing perinatal depression.	Without the current recommendation cost-free coverage of counseling interventions for pregnant and postpartum persons who are at increased risk for perinatal depression will not be guaranteed.	No*	No

PREGNANCY AND PREGNANCY RELATED CONDITIONS

Current USPSTF A & B Recommendations	Pre-March 2010 USPSTF recommendation (if one existed)	Impact of Recommendation Change	HRSA equivalent?	ACIP equivalent?
Folic Acid Supplementation to prevent neural tube defects: The USPSTF recommends that all persons planning to or who could become pregnant take a daily supplement containing 0.4 to 0.8 mg of folic acid. (A rating) (Aug 2023)	May 2009 Folic Acid to Prevent Neural Tube Defects: The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4-0.8 mg of folic acid. (A rating)	The current recommendation is substantially similar to the 2009 recommendation such that coverage of folic acid supplementation to prevent neural tube defects would likely continue cost-free. Additionally, the USPSTF expanded the patient population under consideration to all pregnant persons, making explicit the inclusion of pregnant people who do not identify as women.	No*	No
Screening for gestational diabetes: The USPSTF recommends screening for gestational diabetes in asymptomatic pregnant persons at 24 weeks of gestation or after. (B rating) (August 2021)	May 2008 The USPSTF concluded that the current evidence was insufficient to assess the balance of benefits and harms of screening for gestational diabetes mellitus, either before or after 24 weeks gestation. (I rating)	Without the current recommendation cost-free coverage for gestational diabetes screening will not be guaranteed.	Yes, HRSA recommends that pregnant women should be screened "for gestational diabetes mellitus (GDM) after 24 weeks of gestation (preferably between 24 and 28 weeks of gestation) to prevent adverse birth outcomes. HRSA recommends screening pregnant women with risk factors for type 2 DM or GDM before 24 weeks of gestation- ideally at the first prenatal visit."	No

PREGNANCY AND PREGNANCY RELATED CONDITIONS

Current USPSTF A & B Recommendations	Pre-March 2010 USPSTF recommendation (if one existed)	Impact of Recommendation Change	HRSA equivalent?	ACIP equivalent?
Behavioral counseling interventions for healthy weight and weight gain during pregnancy: The USPSTF recommends that clinicians offer pregnant persons effective behavioral counseling interventions aimed at promoting health weight gain and preventing excess gestational weight gain in pregnancy. (B rating) (May 2021)	Prior to the 2021 recommendation USPSTF had not made any recommendations regarding healthy weight and weight gain in pregnancy.	Without the current recommendation cost-free coverage of counseling to promote healthy weight gain during pregnancy and prevent excessive weight gain during pregnancy would not be guaranteed.	No*	No
Hepatitis B Virus infection in pregnant women: The USPSTF recommends screening for Hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit. (A rating) (July 2019)	June 2009 The USPSTF recommends screening for HBV infection in pregnant women at their first prenatal visit. (A rating)	In the current recommendation the USPSTF expanded the patient population under consideration to all pregnant persons, making explicit the inclusion of pregnant people who do not identify as women. Without this recommendation, people who do not identify as women but can still become pregnant will not be guaranteed HBV screening cost-free.	No*	No

PREGNANCY AND PREGNANCY RELATED CONDITIONS

Current USPSTF A & B Recommendations	Pre-March 2010 USPSTF recommendation (if one existed)	Impact of Recommendation Change	HRSA equivalent?	ACIP equivalent?
Screening for HIV infection: The USPSTF recommends that clinicians screen for HIV in all pregnant persons, including those who present in labor or at delivery whose HIV status in unknown. (A rating) (June 2019)	June 2005 The USPSTF recommended that clinicians screen all pregnant women for HIV (A rating)	USPSTF expanded the patient population under consideration to all pregnant persons, making explicit the inclusion of pregnant people who do not identify as women.	Yes, WPSI includes that: All pregnant women are tested upon initiation of prenatal care with retesting during pregnancy based on risk factors. Rapid HIV testing is recommended for pregnant women who present in active labor with an undocumented HIV status.	No
Screening for Rh (D) incompatibility: The USPSTF strongly recommends Rh(D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy related care. (A rating) (February 2004) The USPSTF recommends repeated Rh(D) antibody testing for all unsensitized Rh(D)-negative women at 24 to 28 weeks gestation, unless the biological father is known to be Rh(D)-negative. (B rating) (February 2004)	The current USPSTF recommendation pre-dates March 2010 and hence would likely continue be covered if post March 2010 USPSTF recommendations are found to be unconstitutional.	The current recommendation pre-dates March 2010.	No*	No

PREGNANCY AND PREGNANCY RELATED CONDITIONS

Current USPSTF A & B Recommendations	Pre-March 2010 USPSTF recommendation (if one existed)	Impact of Recommendation Change	HRSA equivalent?	ACIP equivalent?
Screening for Syphilis infection in pregnant women: The USPSTF recommends early screening for syphilis infection in all pregnant women. (A rating) (September 2018)	May 2009 The USPSTF recommends that clinicians screen all pregnant women for syphilis infection. (A rating)	The 2018 and 2009 recommendations are essentially the same. Hence recommendations for syphilis screening would likely continue to be covered cost-free.	No*	No
Interventions for tobacco smoking cessation for pregnant persons: The USPSTF recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco. (A rating) (January 2021)	April 2009 The USPSTF recommends that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke. (A rating)	USPSTF expanded the patient population under consideration to all pregnant persons, making explicit the inclusion of pregnant people who do not identify as women.	No*	No

ONCOLOGY

Current USPSTF A & B Recommendations	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Risk assessment, genetic counseling, and genetic testing for BRCA-related cancer: The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing. (B rating) (August 2019)	September 2005 The USPSTF recommends that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing. (B rating)	This recommendation expands the population eligible for screening to include women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer. Hence without this recommendation this expanded population would no longer have guaranteed cost-free coverage of BRCA related cancer risk assessment, genetic counseling and genetic testing.	No*	No
Medication use to reduce risk of breast cancer: The USPSTF 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 who are aged 35 years or older. (B rating) (September 2019)	July 2002 The USPSTF recommends that clinicians discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. Clinicians should inform patients of the potential benefits and harms of chemoprevention. (B rating)	The current recommendation more clearly states that clinicians should prescribe risk-reducing medication as opposed to simply discussing this intervention with patients. Hence without the updated recommendation, insurers could point to the pre-2010 language as justification to deny coverage of these medications.	No*	No

ONCOLOGY

Current USPSTF A & B Recommendations	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Screening for breast cancer: The USPSTF recommends biennial screening mammography for women aged 40-74 years. (B rating) (April 2024)	December 2009 The USPSTF recommends biennial screening mammography for women 50-74 years. (B rating)	The current recommendation drops the start date for screening down to 40 years from 50 years of age. Additionally, USPSTF expanded the patient population under consideration to include cisgender women and all other persons assigned female at birth. Without this recommendation, women and people assigned female at birth between the ages of 40 and 50 may not have access to guaranteed cost-free mammograms.	Yes, the WPSG recommends that average-risk women should initiate mammography screening no earlier than age 40 and no later than age 50. Screening mammography should occur at least biennially and as frequently as annually. Screening should continue through at least age 74 and age alone should not be the basis to discontinue screening.	No

ONCOLOGY

Current USPSTF A & B Recommendations	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Screening for cervical cancer: The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21-29 years. For women aged 30-65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (co-testing). (A rating) (August 2018)	January 2003 The USPSTF strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix. (A rating)	The current recommendation explicitly recommends against starting screening before the age of 21 regardless of the start of sexual activity. The current recommendation also recommends the use of hrHPV testing, which the 2003 recommendation did not. Hence without the current recommendation, new testing in the form of hrHPV may not be covered cost free.	Yes, WPSI recommends cervical cancer screening for average-risk women aged 21 to 65 years. For women aged 21-29 years, the WPSI recommends cervical cancer screening using cervical cytology (Pap test) every 3 years. Co-testing with cytology and HPV testing is not recommended for women younger than 30 years. Women aged 30-65 years should be screened with cytology and HPV testing every 5 years or cytology alone every 3 years. Women who are at average risk should not be screened more than once every 3 years.	No

ONCOLOGY

Current USPSTF A & B Recommendations	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Screening for Colorectal Cancer: The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. (A rating) The USPSTF recommends screening for colorectal cancer in adults aged 45-49 years. (B rating) (May 2021).	October 2008 The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 and continuing until age 75 years. (A rating)	The current recommendation expands the screening age to begin at 45 years of age (from 50 years of age). This is important as rates of younger patients with more aggressive colorectal cancers are growing. Without this recommendation, patients ages 45-50 may not have guaranteed cost-free colon cancer screening. Additionally, the current recommendation expands the screening modalities to include fecal immunochemical testing (FIT), Stool DNA-FIT testing and CT colonography. These tests are in addition to fecal occult blood tests, colonoscopy and sigmoidoscopy (which were included in the 2008 recommendation).	No*	No

ONCOLOGY

Current USPSTF A & B Recommendations	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Screening for lung cancer: The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. (B rating) (March 2021)	May 2004 The USPSTF concludes that the evidence is insufficient to recommend for or against screening asymptomatic persons for lung cancer with either LDCT, chest x-ray, sputum cytology, or a combination of these tests. (I rating)	Without the current recommendation asymptomatic individuals with a history of smoking would no longer have guaranteed cost-free coverage of lung cancer screening.	No*	No
Behavioral counseling to prevent skin cancer: The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to UV radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer. (B rating) (March 2018)	October 2003 The USPSTF concludes that the evidence is insufficient to recommend for or against routine counseling by primary care clinicians to prevent skin cancer. (I rating)	Without the current recommendation, cost-free counseling to prevent skin cancer may not be guaranteed.	No*	No

INFECTIOUS DISEASES

Current USPSTF A & B Recommendations	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Screening for Chlamydia and Gonorrhea: The USPSTF recommends screening for chlamydia and gonorrhea in all sexually active or pregnant women 24 years or younger and in women 25 years or older who are at increased risk for infection or pregnant. (B rating) (September 2021)	June 2007 Chlamydia: The USPSTF recommends screening for chlamydial infection for all sexually active non-pregnant young women 24 and younger and for older non-pregnant women who are at increased risk. (A rating) The USPSTF recommends screening for chlamydial infection for all pregnant women aged 24 and younger and for older pregnant women who are at risk. (B rating) (May 2005) Gonorrhea: The USPSTF recommends that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are increased risk for infection. (B rating)	This recommendation is consistent with the 2005 and 2007 recommendations for gonorrhea and chlamydia. Hence screening would likely continue to be covered without cost-sharing.	Yes, The Bright Futures recommendation: Screen all sexually active females 21 years and younger and males who are at high risk and 21 years and younger for chlamydia and gonorrhea annually. No* for women > 21 years of age.	No

INFECTIOUS DISEASES

Current USPSTF A & B Recommendations	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Screening for Hepatitis B virus (HBV) infection in adolescents and adults: The USPSTF recommends screening for HBV infection in adolescents and adults at increased risk for infection. (B rating) (December 2020)	February 2004 The USPSTF recommends against routinely screening the general asymptomatic population for chronic HBV infection. (D rating)	Without the current recommendation, cost-free coverage of screening for HBV would no longer be guaranteed.	No*	No, but ACIP has the following recommendation for Hep B vaccine: Hep B vaccination is recommended for adults aged 19–59 years and adults aged ≥60 years with risk factors for hepatitis B. Adults aged ≥60 years without known risk factors for hepatitis B may also receive Hep B vaccines. Infants and all other persons aged <19 years are already recommended to receive Hep B vaccines.

INFECTIOUS DISEASES

Current USPSTF A & B Recommendations	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Screening for Hepatitis C virus (HCV) infection in adolescents and adults: The USPSTF recommends screening for HCV infection in adults aged 18-79 years of age. (B rating) (March 2020)	March 2004 The USPSTF recommends against routine screening for HCV infection in asymptomatic adults who are not at risk for infection. (D rating) The USPSTF found insufficient evidence to recommend for or against routine screening for HCV infection in adults at high risk for infection. (I rating)	Without the current recommendation, cost-free coverage of HCV screening in all populations would no longer be guaranteed.	No*	No
Screening for HIV Infection: The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15-65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened. (A rating) (June 2019)	July 2005 The USPSTF strongly recommends that clinicians screen for HIV in all adolescents and adults at increased risk for HIV infection. (A rating)	Without the current recommendation cost free coverage of HIV screening for individuals who are not at increased risk for HIV infection will not be guaranteed.	Yes, WPSI recommends all adolescent and adults women, ages 15 and older, receive a screening test for HIV at least once during their lifetime. Earlier or additional screening should be based on risk and rescreening annually or more often may be appropriate beginning at age 13 for adolescent and adult women with an increased risk of HIV infection.	No

INFECTIOUS DISEASES

Current USPSTF A & B Recommendations	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Screening for latent Tuberculosis infection (LTBI) in adults: The USPSTF recommends screening for LTBI in adults 18 years and older at increased risk. (B rating) (May 2023)	January 1996 Screening for tuberculous infection by tuberculin skin testing is recommended for all persons who are asymptomatic and at increased risk of developing TB. (A rating)	The 2023 and 1996 recommendations are substantially similar. The largest difference is the addition of testing for LTBI using the interferon gamma release assay test. This test has a faster lab processing time and is preferred over the tuberculin skin test in patients who have received a BCG vaccination or for people who are unlikely to return for interpretation of their test results. Hence without the current recommendation, cost-free coverage of a test preferred in certain patient populations would no longer be guaranteed.	No* (for adult women) Bright Futures recommends that testing should be performed for adolescents 18-21 years of age if the patient is considered high risk after being asked screening questions.	No
Preexposure prophylaxis to prevent acquisition of HIV: The USPSTF recommends that clinicians prescribe preexposure prophylaxis (PrEP) using effective antiretroviral therapy to persons who are at increased risk of HIV acquisition to decrease the risk of acquiring HIV. (A rating) (August 2023)	There is no USPSTF recommendation pertaining to PrEP prior to 2010.	Without the current recommendation, cost-free coverage of PrEP for persons at increased risk of acquiring HIV may not be guaranteed.	No*	No

INFECTIOUS DISEASES				
Current USPSTF A & B Recommendations	**Pre- March 2010 USPSTF recommendation**	**Impact of the recommendation change (if one exists)**	**HRSA equivalent?**	**ACIP equivalent?**
Behavioral counseling interventions to prevent sexually transmitted infections (STIs): The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults who are at increased risk for STIs. (B rating) (August 2020)	October 2008 The USPSTF recommends high-intensity behavioral counseling to prevent STIs for all sexually active adolescents and adults at increased risk for STIs. (B rating)	The current recommendation encompasses a broader range of counseling approaches to prevent STIs, which includes those involving less than 30 minutes of counseling (which was advised against in the 2008 recommendation). Without the current recommendation, cost-free coverage of some of these services may not be guaranteed.	Yes, WPSI recommends: behavioral counseling by a health care clinician or other appropriately trained individual for sexually active adolescents and adult women at an increased risk for STIs. (Though it is important to note that WPSI favors high intensity behavioral counseling over other counseling modalities)	No

INFECTIOUS DISEASES

Current USPSTF A & B Recommendations	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Screening for syphilis infection in nonpregnant adolescents and adults: The USPSTF recommends screening for syphilis infection in asymptomatic, nonpregnant adolescents and adults who are at increased risk for syphilis infection. (A rating) (September 2022)	July 2004 The USPSTF strongly recommends that clinicians screen persons at increased risk for syphilis infection. (A rating)	The current recommendation is similar to the 2004 recommendation except insofar as it adds on additional screening tests. The 2004 recommendation used the traditional two-step screening algorithm: an initial nontreponemal test (VDRL or RPR) followed by a confirmatory treponemal antibody detection test. The current recommendation also covers the reverse sequence algorithm, which uses an initial automated treponemal test which if reactive is followed by a nontreponemal test. If the second nontreponemal test comes back negative, then a second confirmatory treponemal test (preferably one that is different from the first) is used. This reverse sequence testing is appropriate for high-volume labs or areas where populations may be at higher risk for late-stage latent disease that traditional screening may miss. For those populations cost-free coverage of reverse sequence algorithm testing would not be guaranteed.	No*(for adult women) Bright Futures recommends that high risk teens, 11-21 years of age are screened for syphilis at least once a year.	No

MENTAL HEALTH

Current USPSTF A & B Recommendations	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Screening for anxiety disorders in adults: The USPSTF recommends screening for anxiety disorders in adults 64 years or younger, including pregnant and postpartum women. (B rating) (June 2023)	There is no USPSTF recommendation prior to March 2010 pertaining to screening for anxiety disorders in adults.	Without the current recommendation, cost-free coverage of screening for anxiety disorders in adults may not be guaranteed.	Yes, the WPSG includes a recommendation for screening for anxiety in adolescent and adult women age 13 and older, including those who are pregnant or postpartum.	No
Screening for depression and suicide risk in adults: The USPSTF recommends screening for depression in the adult population (19 years of age and older), including pregnant and postpartum persons, and older adults (65 years or older). (B rating) (June 2023)	December 2009 The USPSTF recommends screening adults 18 and over for depression when staff-assisted depression care supports are in place to assure diagnosis, effective treatment, and follow up. (B rating)	The current recommendation is similar to the 2009 recommendation except it also specifically recommends screening for depression in pregnant and postpartum persons. Additionally, the current recommendation does not require staff support to be in place to assist with depression care support.	No*	No

PEDIATRICS

Current USPSTF Recommendation	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Screening for anxiety in children and adolescents: The USPSTF recommends screening for anxiety in children and adolescents aged 8-18 years. (B rating) (October 2022)	There is no USPSTF recommendation USPSTF prior to March 2010 pertaining to anxiety in children and adolescents.	Both the WPSI and Bright Futures recommendations closely resemble the USPSTF recommendation. Together they cover the age range and screening modalities which comprise the 2022 USPSTF recommendation. Hence as long as HRSA's adopted recommendations from WPSI and Bright Future continue to be covered under the preventive care mandate coverage of screening for anxiety in children and adolescents would be unlikely to be impacted.	Yes, the WPSG recommends screening for anxiety in adolescents aged 13 and older. Bright Futures recommends annual screening for behavioral, social, and emotional problems (including anxiety in children and adolescents) from birth to age 21 years.	No
Screening for depression and suicide risk in children and adolescents: The USPSTF recommends screening for major depressive disorder (MDD) in adolescents ages 12-18 years. (B rating) (October 2022)	March 2009 The USPSTF recommends screening of adolescents (12-18 year of age) for MDD when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow up. (B rating)	The Bright Futures recommendation covers the testing recommendations as well as the age range discussed in the USPSTF 2022 recommendation. Hence as long as HRSA's recommendations through Bright Futures recommendations are still covered under the preventive care mandate, coverage of screening for depression and suicide risk in adolescents would be unlikely to be impacted.	Yes, Bright Futures recommends adolescent patients ages 12 years and older should be screened annually for depression with a formal self-reporting screening tool either on paper or electronically, this screening tool includes questions about suicidal ideations.	No

PEDIATRICS

Current USPSTF Recommendation	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Interventions for high body mass index in children and adolescents: The USPSTF recommends that clinicians provide or refer children and adolescents 6 years or older with a high BMI (≥95th percentile for age and sex) to comprehensive, intensive behavioral interventions. (B rating) (June 2024)	January 2010 The USPSTF recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral intervention to promote improvement in weight status. (B rating)	The 2010 USPSTF recommendation and the Bright Futures recommendation are substantially similar to the current recommendation, such that there would likely be no impact on coverage.	Yes, through the Bright Futures recommendation: The clinical practice group recommends pediatricians and other pediatric health care providers perform initial and longitudinal assessment of individual, structural, and contextual risk factors to provide individualized and tailored treatment of the overweight or obese child or adolescent.	No
Ocular prophylaxis for gonococcal ophthalmia neonatorum: The USPSTF recommends prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum. (A rating) (January 2019)	May 2005 The USPSTF strongly recommends prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum. (A rating)	The May 2005 recommendation is substantially similar to the 2019 recommendation, such that there would likely be no impact on coverage.	No	No

PEDIATRICS

Current USPSTF Recommendation	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Screening and interventions to prevent dental caries in children younger than 5 years: The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride. (B rating) (December 2021) The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption. (B rating) (December 2021)	April 2004 The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride. (B rating)	The Bright Futures recommendation is substantially similar to the USPSTF recommendation such that there would likely be no impact on coverage as long as Bright Futures recommendations, through HRSA, continue to be covered under the preventive care rule.	Yes, through the Bright Futures recommendation: Once teeth are present, apply fluoride varnish to all children every 3 to 6 months in the primary care or dental office based on caries risk. If primary water source is deficient in fluoride, consider oral fluoride supplementation.	No

PEDIATRICS

Current USPSTF Recommendation	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Primary care interventions for prevention and cessation of tobacco use in children and adolescents: The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents. (B rating) (April 2020)	November 2003 The USPSTF concludes that the evidence is insufficient to recommend for or against routine screening for tobacco use or interventions to prevent and treat tobacco use and dependence among children or adolescents. (I rating)	Cost-free coverage of counseling and education regarding tobacco use would no longer be guaranteed. Cost-free coverage of screening for tobacco and nicotine use would remain unchanged as long as Bright Futures recommendations, through HRSA, continue to be covered under the preventive care rule.	Yes, through the Bright Futures recommendation: Use this recommended tool to assess use of tobacco and nicotine.	
Vision screening in children aged 6 months to 5 years: The USPSTF recommends vision screening at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors. (B rating) (September 2017)	January 2004 The USPSTF recommends screening to detect amblyopia, strabismus, and defects in visual acuity in children younger than age 5 years. (B rating)	Cost free coverage of vision screening for children aged 3-5 years to detect amblyopia would continue to be guaranteed through the Bright Futures recommendation, under HRSA, as long as HRSA recommendations continue to be covered under the preventive care mandate.	Yes, through the Bright Futures recommendation: Evaluation of the visual system should begin in infancy and continue at regular intervals throughout childhood and adolescence. Serial visual system screenings in the medical home, using validated techniques, provide an effective mechanism for the detection and subsequent referral of potentially treatable visual system disorders. These include: retinal abnormalities, cataracts, glaucoma, retinoblastoma, strabismus, and neurologic disorders, including amblyopia.	No

GENERAL HEALTH

Current USPSTF A & B Recommendations	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Screening for abdominal aortic aneurysm (AAA): The USPSTF recommends 1-time screening for AAA with ultrasonography in men aged 65-75 years who have ever smoked. (B rating) (December 2019)	February 2005 The USPSTF recommends one-time screening for AAA by ultrasonography in men aged 65-75 who have ever smoked.	The 2019 and 2005 are substantially similar such that there will likely be no impact on coverage.	No	No
Interventions to prevent falls in community-dwelling older adults: The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls. (B rating) (June 2024)	There was no recommended intervention to prevent falls in older adults prior to May 2012.	Without the current recommendation, cost-free coverage of exercise interventions to prevent falls in community-dwelling older adults would no longer be guaranteed.	No*	No

GENERAL HEALTH

Current USPSTF A & B Recommendations	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Behavioral counseling interventions to promote a healthy diet and physical activity for cardiovascular disease prevention in adults with cardiovascular risk factors: The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity. (B rating) (November 2020)	June 2003 The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary clinicians or by referral to other specialists, such as nutritionists or dieticians. (B rating)	The 2020 and 2003 recommendations are substantially similar such that there will likely be no impact on coverage.	No*	No
Screening for hypertension in adults: The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement. The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment. (A rating) (April 2021)	December 2007 The USPSTF recommends screening for high blood pressure in adults 18 and over. (A rating)	The 2021 and 2007 recommendations are substantially similar such that there will likely be no impact on coverage.	No*	No

GENERAL HEALTH

Current USPSTF A & B Recommendations	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Screening for intimate partner violence (IPV), elder abuse, and abuse of vulnerable adults: The USPSTF recommends that clinicians screen for intimate partner violence in women of reproductive age and provide or refer women who screen positive to ongoing support services. (B rating) (October 2018)	March 2004 The USPSTF found insufficient evidence to recommend for or against routine screening of women for intimate partner violence. (I rating)	Cost-free coverage of screening for intimate partner violence in women would continue to be guaranteed through the substantially similar HRSA recommendation for women as long as HRSA recommendations continue to be covered under the preventive care rule.	Yes, WPSI recommends: screening adolescents and women for interpersonal and domestic violence at least annually, and, when needed, providing or referring for initial intervention services. Interpersonal and domestic violence includes physical violence, sexual violence, stalking and psychological aggression (including coercion), reproductive coercion, neglect, and the threat of violence, abuse, or both. Intervention services include, but are not limited to, counseling, education, harm reduction strategies, and referral to appropriate supportive services.	No

GENERAL HEALTH

Current USPSTF A & B Recommendations	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Screening for osteoporosis to prevent fractures: The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older. (B rating) (January 2025); The USPSTF recommends screening for osteoporosis to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk for an osteoporotic fracture as estimated by clinical risk assessment. (B rating) (January 2025)	September 2002 The USPSTF recommends that women aged 65 and older be screened routinely for osteoporosis. The USPSTF recommends that routine screening begin at age 60 for women at increased risk for osteoporotic fractures. (B rating); The USPSTF makes no recommendation for or against routine osteoporosis screening in postmenopausal women who are younger than 60 or in women aged 60-64 who are not at increased risk for osteoporotic fractures. (C rating)	Without the current recommendation cost-free coverage of osteoporosis screening for postmenopausal women younger than 65 who are at increased risk of osteoporotic fractures (assessed using a variety of different assessment tools) would no longer be guaranteed.	No*	No

GENERAL HEALTH

Current USPSTF A & B Recommendations	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Screening for prediabetes and type 2 diabetes: The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who are overweight or obese. Clinicians should offer or refer patients with prediabetes to effective preventive interventions. (B rating) (August 2021)	June 2008 The USPSTF recommends screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg. (B rating)	The older June 2008 recommendation used blood pressure measurements as opposed to BMI to assess who needed screening. Thus, loss of the current recommendation would result in cost-free coverage of type 2 diabetes screening based on BMI not being guaranteed.	Yes, though it is limited. The WPSG recommends that, in addition to the population recommended for screening under the USPSTF recommendation, providers should also screen women with a history of gestational diabetes who are not currently pregnant and who have not been previously diagnosed with type 2 diabetes. Initial testing should occur within the first year postpartum and screening should continue every 3 years for at least 10 years after pregnancy.	No

GENERAL HEALTH

Current USPSTF A & B Recommendations	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Statin use for the primary prevention of cardiovascular disease in adults: The USPSTF recommends that clinicians prescribe a statin for the primary prevention of cardiovascular disease (CVD) for adults aged 40-75 years who have 1 or more CVD risk factors (e.g., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater. (B rating) (August 2022)	June 2008 The USPSTF strongly recommends screening men aged 35 and older for lipid disorders (A rating); The USPSTF strongly recommends screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease (CHD). (A rating); The USPSTF recommends screening women aged 20-45 for lipid disorders if they are at increased risk for CHD. (B rating); The USPSTF recommends screening men aged 20-35 for lipid disorders if they are at increased risk for CHD. (B rating)	Without the current recommendation, cost free coverage of statins for at-risk populations would not be guaranteed. However, screening tests for lipid disorders would likely still have guaranteed coverage.	No*	No

GENERAL HEALTH

Current USPSTF A & B Recommendations	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Interventions for tobacco smoking cessation in adults, non-pregnant persons: The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US FDA approved pharmacotherapy for cessation to nonpregnant adults who use tobacco. (A rating) (January 2021)	April 2009 The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. (A rating)	Without the current recommendation cost-free coverage of FDA-approved pharmacotherapy and behavioral counseling interventions for non-traditional tobacco users (such as people who use e-cigarettes) would not be guaranteed.	No*	No

GENERAL HEALTH

Current USPSTF A & B Recommendations	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Screening and behavioral counseling interventions to reduce unhealthy alcohol use in adults, including pregnant women: The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol use. (B rating) (November 2018)	April 2004 The USPSTF recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults in primary care settings. (B rating)	The current recommendation encompasses the full spectrum of unhealthy drinking behaviors, from risky drinking to alcohol dependence, rather than limiting unhealthy drinking to only risky, hazardous, or harmful drinking. Without the current recommendation cost-free coverage of behavioral counseling for all people who use alcohol in an unhealthy manner would not be guaranteed.	No* There is a Bright Futures recommendation which states: Substance use should be evaluated as part of an age appropriate comprehensive history using this recommended tool. Of note this recommendation would only pertain to a subset of the USPSTF target population, those aged 18-21.	No

GENERAL HEALTH

Current USPSTF A & B Recommendations	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Screening for unhealthy drug use: The USPSTF recommends screening by asking questions about unhealthy drug use in adults aged 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biologic specimens.) (B rating) (June 2020)	January 2008 The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening adolescents, adults, and pregnant women for illicit drug use. (I rating)	Without the current recommendation, cost-free coverage of screening for unhealthy drug use would not be guaranteed.	No* There is a Bright Futures recommendation which states: Substance use should be evaluated as part of an age appropriate comprehensive history. Reviewing the adolescent's environment can identify risk and protective factors for the development of alcohol or drug abuse. Of note this recommendation would only pertain to a subset of the USPSTF target population, those aged 18-21.	No

GENERAL HEALTH

Current USPSTF A & B Recommendations	Pre- March 2010 USPSTF recommendation	Impact of the recommendation change (if one exists)	HRSA equivalent?	ACIP equivalent?
Behavioral weight loss interventions to prevent obesity-related morbidity and mortality in adults: The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher to intensive, multicomponent behavioral interventions. (B rating) (September 2018)	November 2003 The USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.	Without the current recommendation cost-free coverage of technology based behavioral interventions would no longer be guaranteed. Technology based interventions were not included in the 2003 recommendation. The benefits of technology-based interventions is that they recorded high participant adherence to intensive behavioral therapy, which makes them an effective prevention/weight management tool.	Yes, somewhat, the WPSG recommends: counseling midlife women aged 40-60 years with normal or overweight BMI (18.5-29.9 kg/m2 to maintain weight or limit weight gain to prevent obesity. Counseling may include individualized discussion of health eating and physical activity.	No