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The Annual Preventive Care Checkup: What's New for 2027?

The Affordable Care Act's (ACA) preventive care requirements are back in the spotlight. With ongoing litigation and new coverage updates on the horizon, it's time for our annual preventive care checkup!

The ACA requires non-grandfathered group health plans to cover specified preventive health services at no cost to covered individuals (*i.e.*, without applying copayments, deductibles, or other out-of-pocket costs). The required services are based on recommendations and guidelines from the U.S. Preventive Services Task Force (USPSTF), the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA).

Recommendations are generally effective on the first day of the plan year that starts one year or later after the recommendations are issued.

Although the U.S. Supreme Court resolved a major legal challenge involving the USPSTF in 2025[1], a separate legal dispute involving the ACIP has added a wrinkle to the picture for 2027, leaving some vaccine recommendations on hold while other preventive care updates move forward.

In March 2026, a federal district court issued a preliminary injunction in *American Academy of Pediatrics v. Kennedy*, staying certain ACIP member appointments and votes taken by the reconstituted committee after finding that the appointments likely violated federal requirements governing the composition of advisory committees.[2] The ruling affects recommendations involving influenza, COVID-19, and hepatitis B immunizations stemming from votes taken during ACIP meetings in June, September, and December 2025. Consequently, certain recommendations that

would otherwise have affected vaccine coverage requirements for plan years beginning in 2027 remain on hold pending further court action.

No new USPSTF Grade A or Grade B recommendations were issued in 2025, so there are no new USPSTF-driven preventive services for the 2027 plan year.

Several 2025 recommendations reaffirmed existing recommendations, made relatively minor clarifications, or added vaccine options without substantively changing the underlying required coverage.

The new preventive care updates include:

- *Respiratory Syncytial Virus (RSV) Vaccine*. The RSV vaccination recommendation is expanded for older adults to include adults aged 50 to 59 who are at increased risk of severe RSV disease. The recommendation continues to cover adults aged 60 to 74 who are at increased risk and all adults aged 75 and older.
- *Cervical Cancer Screening*. Cervical cancer screening options are expanded for average-risk women aged 30 to 65 to include self-collected samples for high-risk human papillomavirus (hrHPV) testing. The updated guidelines also provide for coverage of additional testing necessary to complete the screening process or follow up on findings from an initial screening, including cytology, biopsy, colposcopy, extended genotyping, and dual-stain testing.

Employer and Plan Sponsor Next Steps

As the new plan year approaches, employers and plan sponsors should confirm that their third-party administrators and claims payers are prepared to implement the updated preventive care requirements and review their plan documents and summary plan descriptions with counsel to determine whether any amendments are necessary. Employers and plan sponsors should also continue to monitor the ACIP litigation for developments that may affect the applicability of certain vaccine recommendations. In particular, plans should confirm with their administrators and payers that the vaccines affected by the stayed memorandum and votes (including COVID-19, hepatitis B, and influenza) continue to be covered without cost-sharing under the 2025 immunization schedules.

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[1] The U.S. Supreme Court's decision, *Kennedy v. Braidwood Management, Inc.* (June 2025), upheld the USPSTF's structure and the preventive-services mandate.

[2] The Court also stayed a January 2026 memorandum revising the CDC's childhood immunization schedule that would have reduced the number of vaccines routinely recommended for all children from 17 to 11 by shifting certain vaccines to risk-based or shared clinical decision-making recommendations, including the childhood RSV vaccine.

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