



October 31, 2025

Subject: Notice of Request for Comments on Draft Recommendations To Update the HRSA-Supported Women's Preventative Services Guidelines Relating to Screening for Cervical Cancer

To Whom It May Concern,

Covered California and the California Public Employees Retirement System (CalPERS) appreciate the opportunity to comment on the Health Resources and Services Administration's (HRSA's) proposed update to the Women's Preventive Services Guidelines related to cervical cancer screening.

Covered California is the state's health insurance marketplace, connecting nearly 2 million Californians to high-quality, affordable healthcare, and is committed to promoting health equity. CalPERS provides health benefits to over 1.5 million public employees, retirees, and their families, and shares a commitment to advancing access to evidence-based, high-quality care across its population.

Together, we strongly support HRSA's proposed updates to cervical cancer screening recommendations, which:

- Designate primary high-risk human papillomavirus (hrHPV) testing every 5 years as the preferred method for women aged 30–65.
- Include patient-collected hrHPV testing as an appropriate screening option for women aged 30–65 at average risk.
- Retain co-testing (cytology plus hrHPV) every 5 years or cytology alone every 3 years as acceptable alternatives if hrHPV testing is unavailable.
- Continue to recommend cervical cytology (Pap test) every 3 years for women aged 21–29.

These updates reflect current evidence-based practice, leverage advances in screening technology, and may improve health equity by reducing barriers to accessing care with the inclusion of self-collection.

HRSA's proposed changes closely align with major professional society guidelines' recommendations for average-risk patients. The American College of Obstetricians and Gynecologists recommends primary HPV testing every five years as the preferred screening strategy for women aged 30–65. The American Cancer Society also recommends primary HPV testing at five-year intervals for average-risk women in this age group (although advocates for an expanded age range starting at age 25).

HRSA's recommendations prioritize primary HPV testing for women aged 30–65, aligning with professional guidelines, while providing flexibility for patient and provider preferences when access to hrHPV testing is limited. The inclusion of patient-collected hrHPV testing is particularly significant for its potential to improve screening rates and accessibility, especially in communities facing barriers to clinic-based care. Studies show that self-collection, which may be done at home or in the clinic, leads to [higher screening rates in safety-net health systems](#) and [improves screening rates among low-income Black and Hispanic women](#) when paired with educational interventions.

A standing committee representing 19 national organizations [affirmed that:](#)

“While clinician-collected cervical specimens are preferred, self-collected vaginal specimens are acceptable for primary HPV screening of asymptomatic average-risk individuals. Repeat testing in 3 years is recommended following HPV-negative screens using self-collected vaginal specimens.”

Additional testing after positive results include colposcopy (types 16 and 18), clinician-collected cervical cytology or dual stain for triage testing (types 45, 33/58, 31, 52, 35/39/68, or 51, or for pooled HPV with negative 16 or 18) and repeat HPV testing in one year (types 56/59/66 and no other carcinogenic types).

Covered California and CalPERS are committed to ensuring access to guideline-concordant preventive cervical cancer screening, including outreach and education aimed at improving health equity and outcomes.

We believe HRSA's proposed updates will strengthen preventive service coverage, improve health equity, and support better long-term health outcomes for the populations we serve.

We applaud HRSA's commitment to updating and improving the Women's Preventive Services Guidelines for cervical cancer screening in accordance with the latest evidence and expert consensus. Implementation of these recommendations will advance access, effectiveness, and equity in preventive care for women across the nation.

Please do not hesitate to contact Don Moulds, CalPERS' Chief Health Director, at (916) 795-0404, or Monica Soni, Covered California's Chief Medical Officer, at (916) 954-3225, if we can be of any assistance.

Sincerely,

Sophia Monica Soni

S. Monica Soni, MD
Chief Medical Officer, Covered California



Julia Logan, MD, MPH
Chief Medical Officer, CalPERS