Improving lives through the prevention and treatment of anogenital & HPV-related diseases

This statement is provided for informational purposes only and does not constitute an endorsement, approval, or recommendation of any kind.

HRSA Women's Preventive Services Guidelines (2025): Cervical Cancer Screening and Self-Collected HPV Testing

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Purpose

This Practice Advisory is intended to inform ASCCP members of the newly released Health Resources and Services Administration (HRSA) Women's Preventive Services Guidelines for cervical cancer screening. These guidelines have important implications for coverage, cost sharing, and implementation of screening strategies, including self-collected high-risk HPV (hrHPV) testing.

This advisory summarizes key elements of the HRSA guidance and contextualizes them alongside the recently released American Cancer Society (ACS) cervical cancer screening guideline update. It does not constitute endorsement or clinical management recommendations.

Disclaimer

This Practice Advisory should not be interpreted as an endorsement of the HRSA or ACS guidelines by ASCCP. ASCCP has not determined whether to formally endorse or align with these recommendations. Existing ASCCP risk-based management guidance remains unchanged.

Background and Authority

Under Section 2713 of the Public Health Service Act, HRSA develops Women's Preventive Services Guidelines that most private health insurance plans are required to cover without patient cost sharing. As such, HRSA guidance has substantial implications for access, affordability, and health system implementation of preventive services

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HRSA released updated evidence-based cervical cancer screening guidelines in 2025, effective for plan years beginning January 1, 2027.

Target Population

The HRSA cervical cancer screening guideline applies to average-risk individuals with a cervix, defined as those who:

- Are asymptomatic
- Have no history of CIN2+, AIS, or cervical cancer
- Are not immunocompromised (including HIV)
- Were not exposed to diethylstilbestrol (DES) in utero

This guidance does **not** apply to individuals at increased risk (i.e. those with immunocompromise), who should continue to follow condition-specific screening and surveillance recommendations

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Key Elements of the HRSA Guideline

Preferred Screening Modality (Ages 30–65 Years)

- Primary hrHPV testing every 5 years is designated as the preferred screening strategy for average-risk individuals aged 30–65 years.
- Co-testing (cytology + hrHPV) every 5 years remains an option.
- Cytology alone every 3 years remains an option when hrHPV testing is not available

Self-Collected hrHPV Testing

- Patient-collected hrHPV testing is included as an appropriate screening option for average-risk individuals aged 30–65 years.
- Self-collection must be performed using FDA-approved hrHPV tests and collection devices.
- Depending on the approved test, self-collection may occur in a clinical setting or at home

The HRSA guideline notes that inclusion of self-collection follows FDA approvals in 2024–2025 and evidence demonstrating comparable effectiveness to clinician-collected specimens.

Coverage and Cost-Sharing Provisions (New)

HRSA guidance requires insurers to provide first-dollar coverage (no copay, coinsurance, or deductible) not only for screening tests, but also for additional testing required to complete the screening process, including:

- Reflex cytology
- Colposcopy
- Biopsy
- Extended genotyping
- Dual stain testing
- Pathologic evaluation

This requirement applies regardless of whether the initial hrHPV test was self-collected or clinician-collected.

Relationship to ACS 2025 Cervical Cancer Screening Guideline

The HRSA guideline explicitly mirrors key elements of the December 2025 ACS cervical cancer screening update, including:

- Preference for primary hrHPV testing
- Inclusion of self-collected hrHPV testing as a screening option for average-risk individuals
- Emphasis on improving access and screening uptake in underscreened populations

ASCCP previously issued a Practice Advisory summarizing the ACS guideline update; this HRSA advisory should be viewed as complementary, with particular relevance to insurance coverage and implementation considerations.

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Implementation Considerations (Informational)

- Self-collected hrHPV testing pathways require clear eligibility screening to ensure appropriate use among average-risk individuals.
- Positive self-collected hrHPV results typically require in-person follow-up for clinician-collected cervical sampling and/or colposcopy.
- Health systems should anticipate increased screening uptake and ensure robust tracking and patient navigation, particularly given HRSA's recent addition of coverage for evidence-based navigation services beginning January 1, 2026

Summary

The 2025 HRSA Women's Preventive Services Guidelines designate primary hrHPV testing as the preferred cervical cancer screening modality for average-risk individuals aged 30–65 years, incorporate self-collected hrHPV testing as an option, and require comprehensive coverage without patient cost sharing for screening and necessary follow-up. These policy changes have important implications for access, affordability, and implementation of cervical cancer screening in the United States.

References

- Health Resources and Services Administration. *Women's Preventive Services Guidelines*. (https://www.hrsa.gov/womens-guidelines)
- Christine B, Bush M, Thurakal A, Sheehy AM. *New Cervical Cancer Screening Guidelines From the US Department of Health and Human Services*. JAMA. 2026.
- Perkins RB, et al. *Self-Collected Vaginal Specimens for HPV Testing and Guidance on Screening Exit.* CA Cancer J Clin. 2026.

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