

# What the Affordable Care Act Means for Women's Health Care

**Usha Ranji, M.S.**

**Associate Director, Women's Health Policy**

**Kaiser Family Foundation**

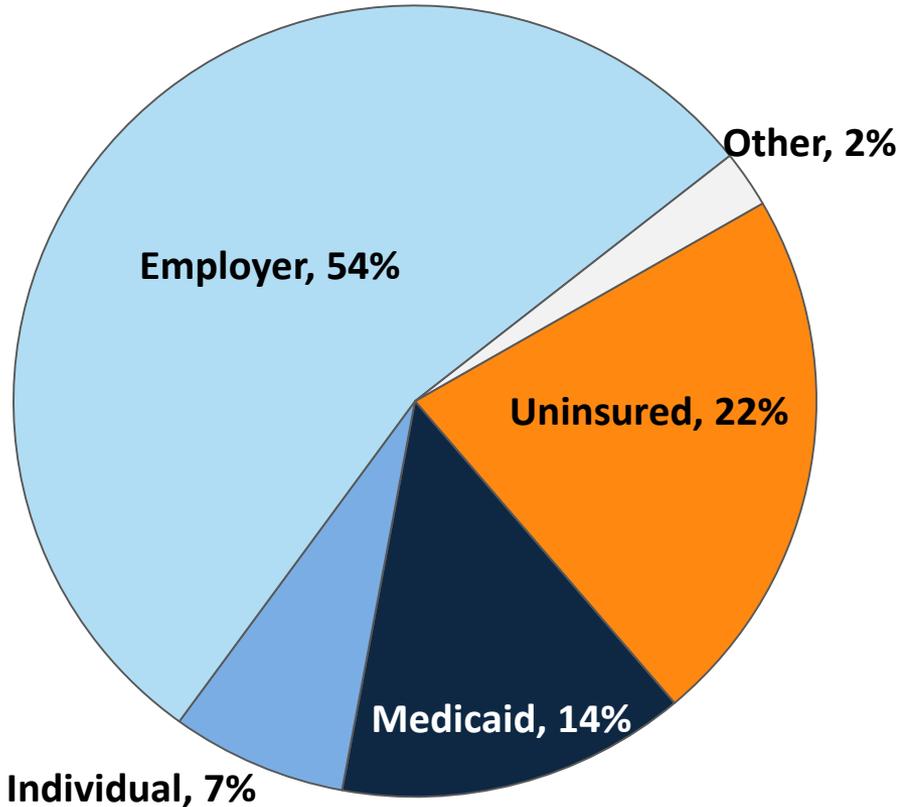
for

National Association of Certified Professional Midwives

June 26, 2014

Figure 1

# Insurance Coverage of Reproductive Age Women in the U.S., 2012



56 Million Women Ages 18-44

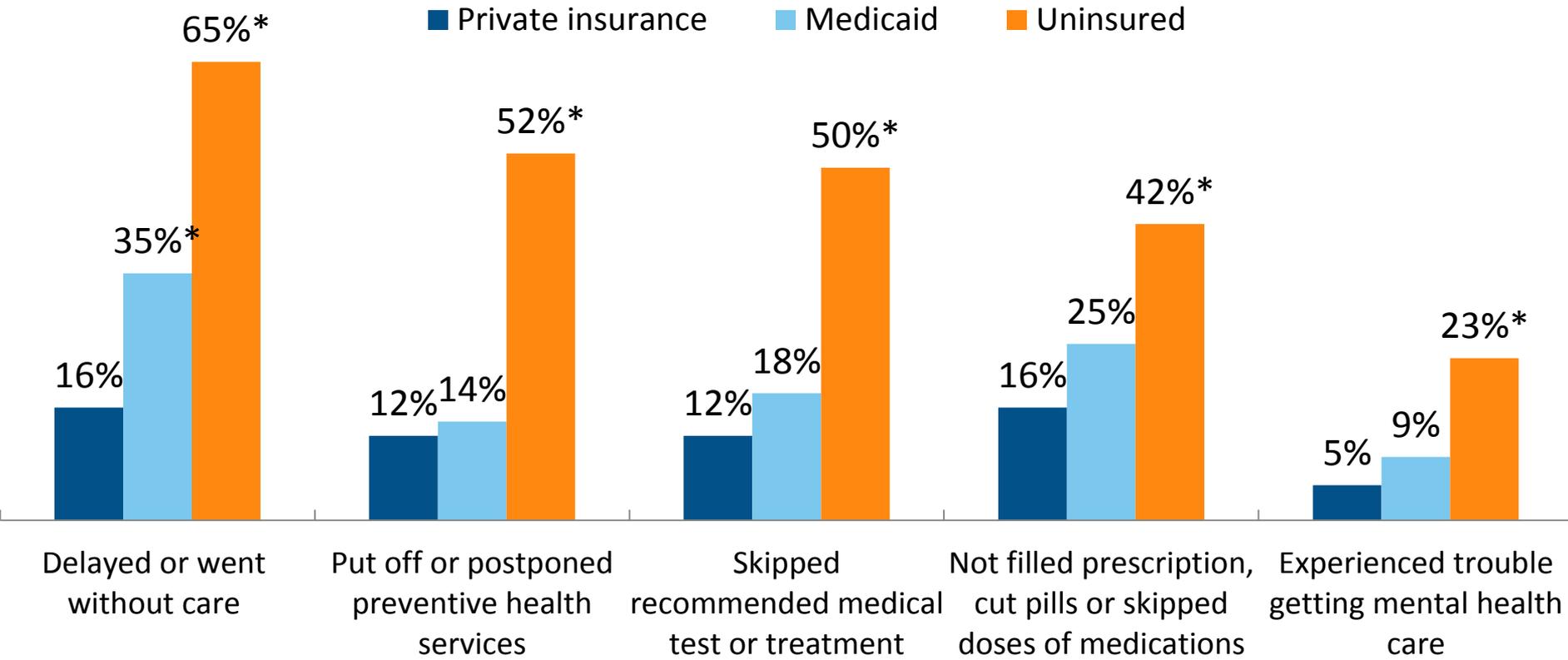
NOTE: Among women ages 18-44. "Other" includes programs such as Medicare and military-related coverage.

SOURCE: KFF/Urban Institute (UI) tabulations of 2013 ASEC Supplement to the CPS revised data.

Figure 2

# Many women, even those with insurance burdened by health care costs

Percent reporting that in past 12 months they experienced following due to costs:



NOTE: Among women ages 18-64. \*Indicates a statistically significant difference from Private insurance; p<.05.

SOURCE: Kaiser Family Foundation, 2013 Kaiser Women's Health Survey.



# Promoting Health Coverage through the ACA

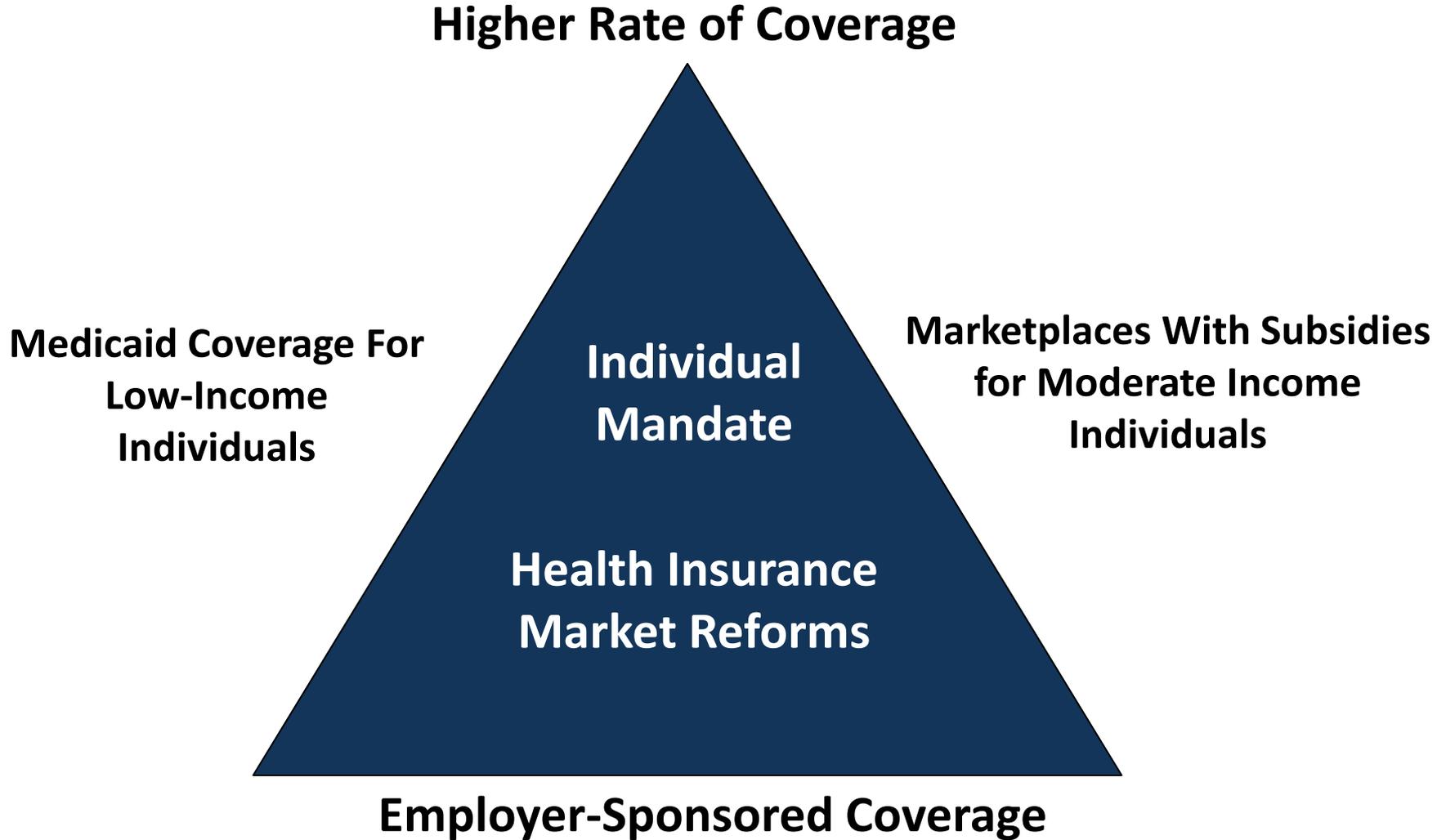


Figure 4

# Tremendous Geographic Variation in Who Benefits from ACA Expansions

*Share of the Nonelderly Population with incomes under 400% FPL who were uninsured or purchasing individual coverage*

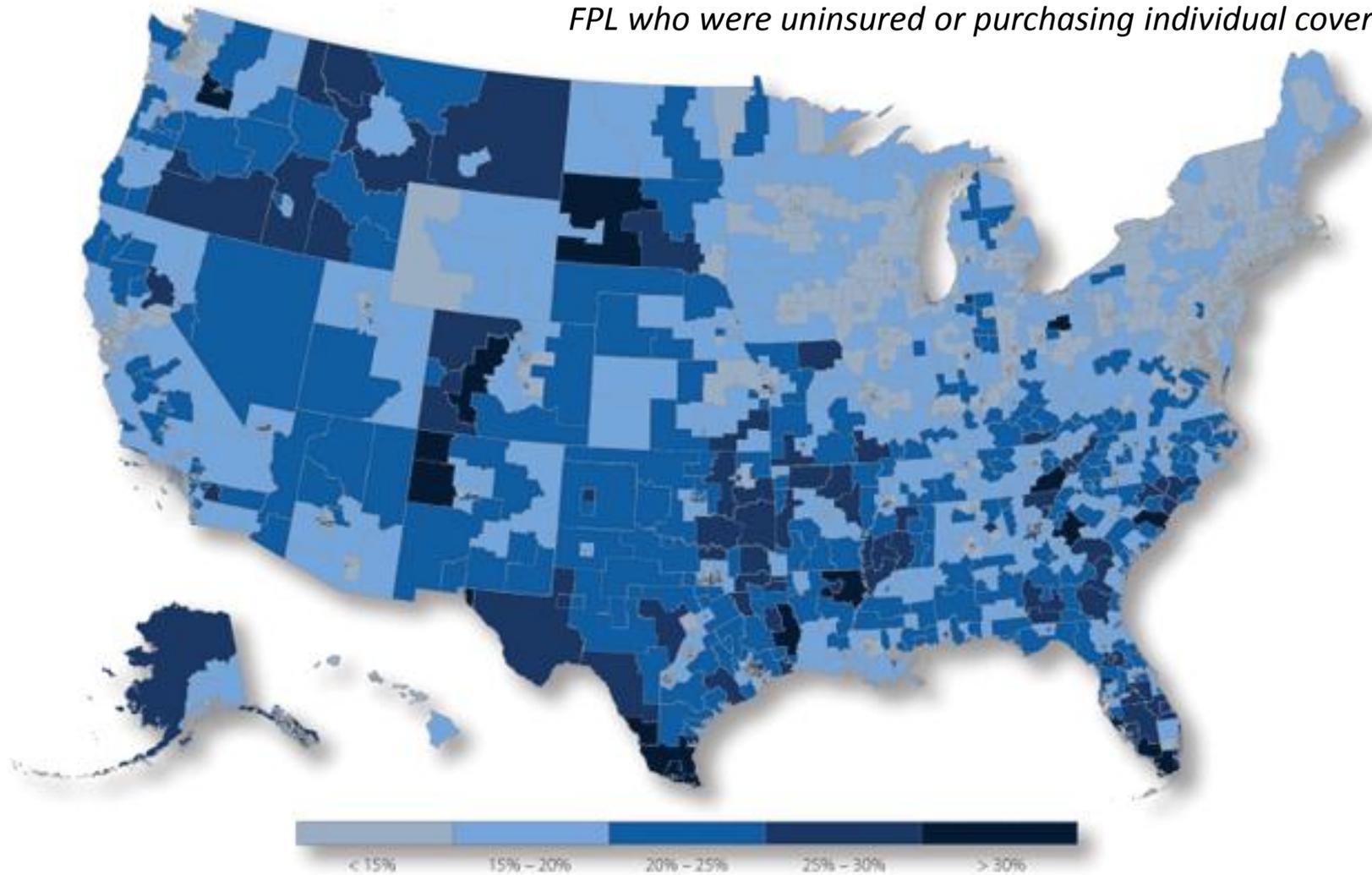
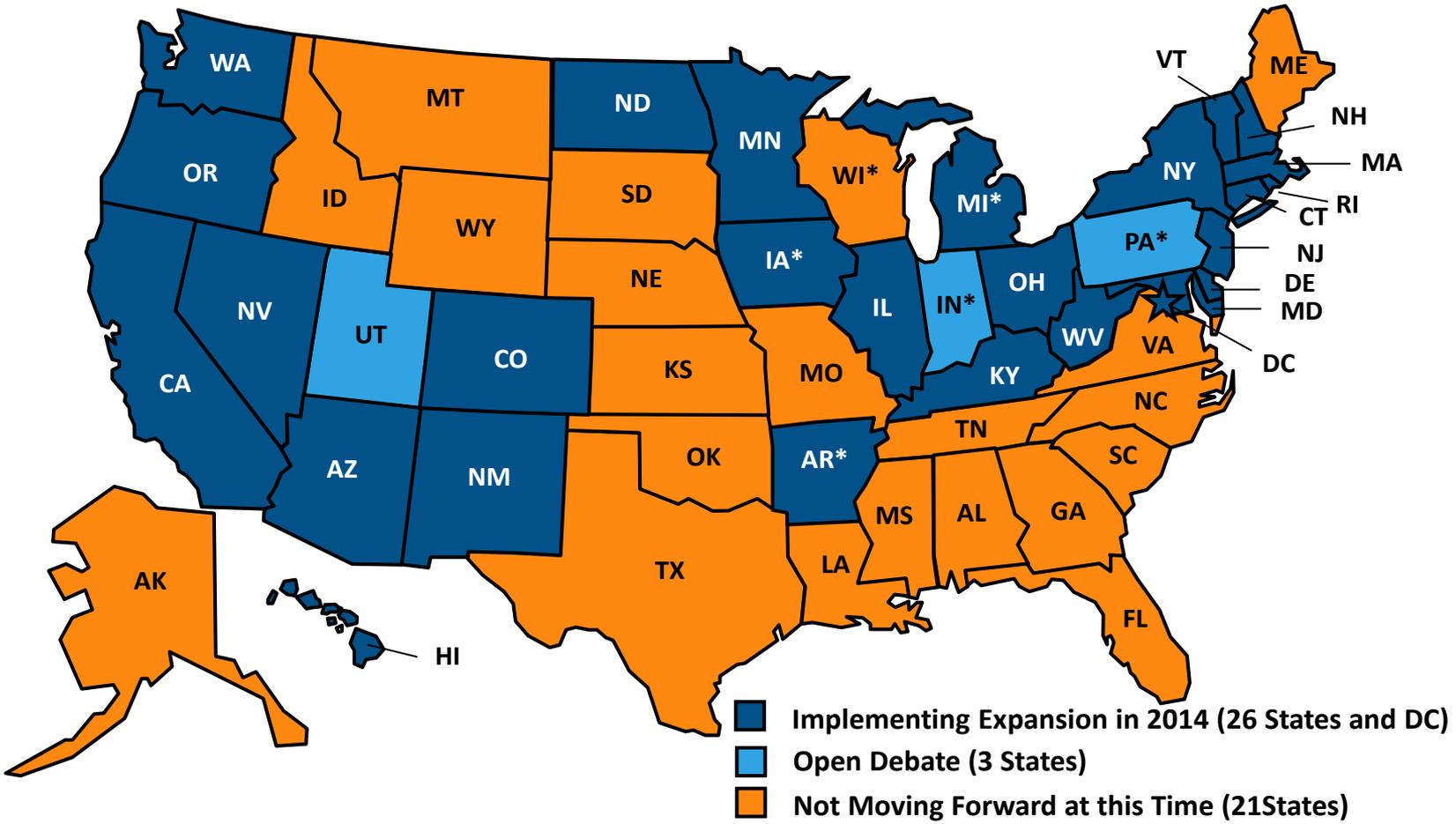


Figure 5

# Impact of the Supreme Court Ruling: Half of states will be not be expanding Medicaid in 2014

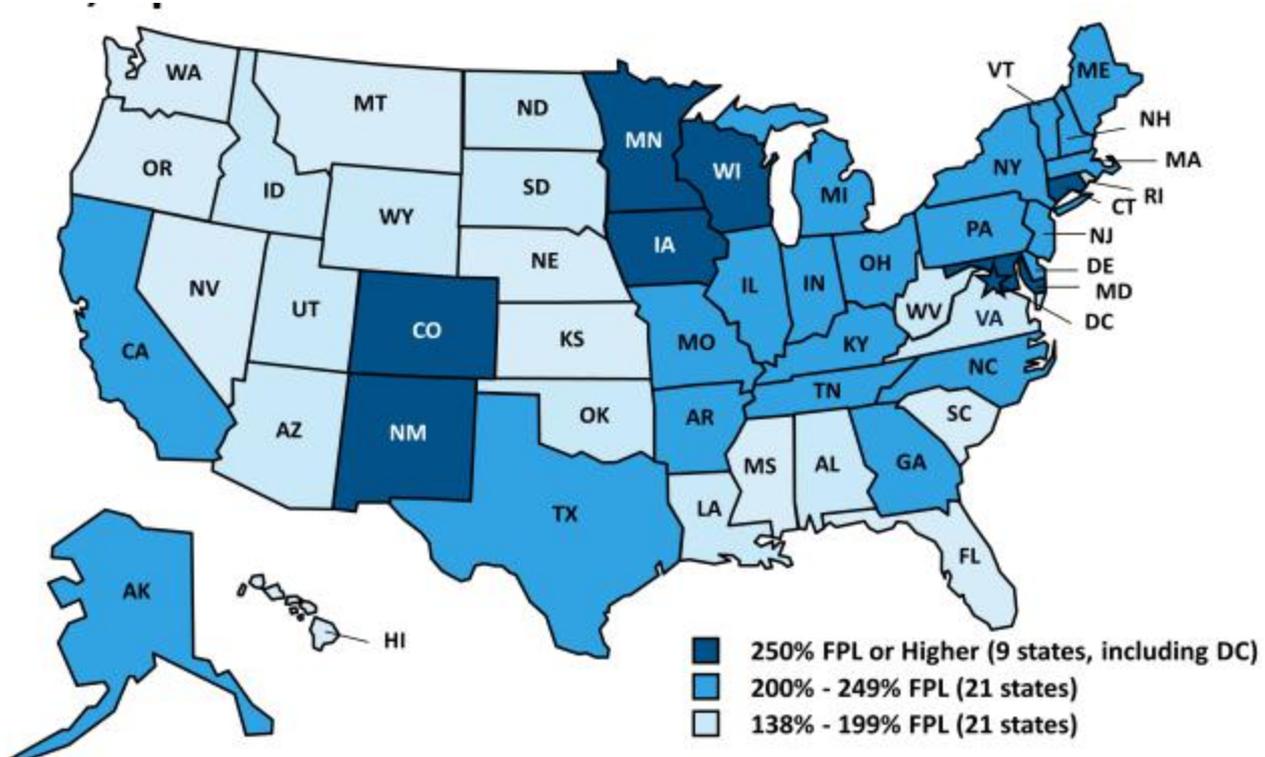


NOTES: Data are as of June 10, 2014. \*AR and IA have approved waivers for Medicaid expansion; MI has an approved waiver for expansion and planned to implement in Apr. 2014; IN and PA have pending waivers for alternative Medicaid expansions.  
 SOURCES: States noted as "Open Debate" are based on KCMU analysis of State of the State Addresses, recent public statements made by the Governor, issuance of waiver proposals or passage of a Medicaid expansion bill in at least one chamber of the legislature.

# Maternity Care

- Workplace breastfeeding protections for nursing mothers
- Medicaid
  - Covers 40-50% births nationally
  - Mandatory coverage of tobacco cessation programs for pregnant women
  - Coverage for services at freestanding birth centers; now implemented in most states, but payment details vary between states
  - Medicaid coverage for all newborns who lack acceptable coverage
- Private Insurance
  - Pregnancy can no longer be defined as a pre-existing condition
  - Maternity and newborn care defined as essential benefit in plans, details will vary by state
  - Prenatal care and screening services, and breastfeeding support are covered without cost-sharing in new private plans
  - Increased payment to nurse midwives (100% Medicare rate)

# Eligibility for Pregnant Women in Medicaid/CHIP, by Income, 2014



NOTE: Thresholds include the standard 5 percentage point of the FPL disregard.  
SOURCE: Based on data from the Centers for Medicare and Medicaid Services, available at <http://medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Medicaid-and-CHIP-Eligibility-Levels/medicaid-chip-eligibility-levels.html> as of January 1, 2014.



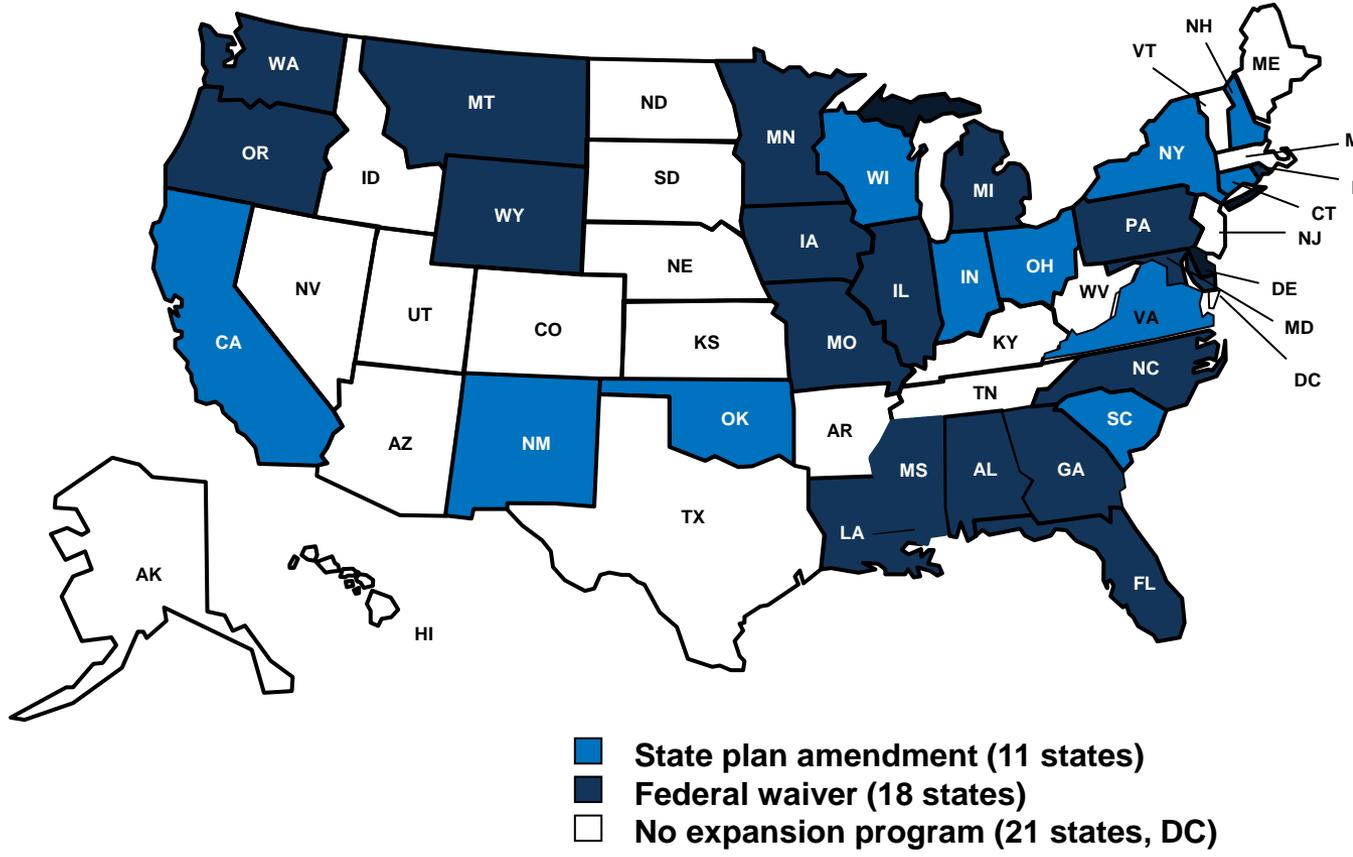
Source: Kaiser Family Foundation, Where are States Today? Medicaid and CHIP Eligibility Levels for Children and Non-Disabled Adults as of April 1, 2014



Figure 8

# Medicaid pays for nearly three fourths of publicly funded family planning

- ACA makes it easier for states to establish family planning expansion through SPAs;
- 29 states have expansion programs (waivers or SPAs)



SOURCE: Guttmacher Institute, Medicaid Family Planning Eligibility Expansion.

Figure 9

# The ACA Makes Many Insurance Reforms Affecting Women

Before ACA	After ACA
<ul style="list-style-type: none"><li>No uniform national policy regarding dependent coverage age limits</li></ul>	<ul style="list-style-type: none"><li>Dependent coverage extended to age 26, Uninsured rate for women 19-25 fell from 30% in 2009 to 25% in 2012</li></ul>
<ul style="list-style-type: none"><li>Pregnancy and history of domestic violence or mental illness could be considered pre-existing conditions</li></ul>	<ul style="list-style-type: none"><li>No pre-existing condition exclusions</li></ul>
<ul style="list-style-type: none"><li>Individual insurance plans could charge higher premiums to women. Many did.</li></ul>	<ul style="list-style-type: none"><li>Plans are no longer permitted to use gender to determine premiums: gender-rating banned</li></ul>
<ul style="list-style-type: none"><li>Individual insurance plans typically excluded maternity care, considered pregnancy a “pre-ex”, or required costly riders for coverage. Only employer plans required to cover maternity care.</li></ul>	<ul style="list-style-type: none"><li>Individually purchased plans and employer-based plans include maternity care</li></ul>
<ul style="list-style-type: none"><li>Plans were not required to cover preventive services without cost sharing.</li></ul>	<ul style="list-style-type: none"><li>ALL new plans must cover recommended preventive services without cost-sharing.</li></ul>

Source: Kaiser Family Foundation, [Health Reform: Implications for Women’s Access to Coverage and Care](#), 2013.



# What Will the New Plans Cover? Essential Health Benefits

- Insurance Plans are required to cover 10 categories of benefits
  - ✓ Ambulatory patient services
  - ✓ Emergency services
  - ✓ Hospitalization
  - ✓ **Maternity and newborn care**
  - ✓ Mental Health and substance use disorder services, including behavioral health treatments
  - ✓ Prescription drugs
  - ✓ Rehabilitative and habilitative services and devices
  - ✓ Laboratory services
  - ✓ Pediatric services including dental care
  - ✓ Preventive and wellness services and chronic disease management
- The Medicaid expansion group will have benchmark benefits that include these benefits, BUT may differ than benefits offered under the traditional program

# ACA Preventive Services for Private Plans

New plans must cover without cost-sharing:

- **U.S. Preventive Services Task Force (USPSTF) Recommendations** rated A or B
- **ACIP** recommended immunizations
- ***Bright Futures*** guidelines for preventive care and screenings
- ***“With respect to women,”* evidence-informed preventive care and screenings not otherwise addressed by USPSTF recommendations**
  - Services recommended by IOM committee and adopted by HHS
    - Well-woman visits
    - Gestational diabetes, HIV, and STI screening and counseling
    - HPV testing
    - FDA-approved contraceptives
    - Breastfeeding support, supplies, and counseling
    - Interpersonal and domestic screening and counseling

Figure 12

# Adult Preventive Services Covered by Private Plans Without Cost Sharing

Cancer	Chronic Conditions	Immunizations	Healthy Behaviors	Pregnancy-Related**	Reproductive Health
<ul style="list-style-type: none"> <li>✓ Breast Cancer</li> <li>- Mammography for women 40+*</li> <li>- Genetic (BRCA) screening and counseling</li> <li>- Preventive medication counseling</li> <li>✓ Cervical Cancer</li> <li>- Pap testing (women 21+ )</li> <li>- High-risk HPV DNA testing ♀</li> <li>✓ Colorectal Cancer</li> <li>- One of following: fecal occult blood testing, colonoscopy, sigmoidoscopy</li> </ul>	<ul style="list-style-type: none"> <li>✓ Cardiovascular health</li> <li>- Hypertension screening</li> <li>- Lipid disorders screenings</li> <li>- Aspirin</li> <li>✓ Type 2 Diabetes screening (adults w/ elevated blood pressure)</li> <li>✓ Depression screening (adults, when follow up supports available)</li> <li>✓ Osteoporosis screening (all women 65+, women 60+ at high risk)</li> <li>✓ Obesity Screening (all adults) Counseling and behavioral interventions (obese adults)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Td booster, Tdap</li> <li>✓ MMR</li> <li>✓ Meningococcal</li> <li>✓ Hepatitis A, B</li> <li>✓ Pneumococcal</li> <li>✓ Zoster</li> <li>✓ Influenza,</li> <li>✓ Varicella</li> <li>✓ HPV (women and men 19-26)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Alcohol misuse screening and counseling (all adults)</li> <li>✓ Intensive healthy diet counseling (adults w/high cholesterol, CVD risk factors, diet-related chronic disease)</li> <li>✓ Tobacco counseling and cessation interventions (all adults)</li> <li>✓ Interpersonal and domestic violence screening and counseling (women 18-64)♀</li> <li>✓ Well-woman visits (women 18-64) ♀</li> </ul>	<ul style="list-style-type: none"> <li>✓ Tobacco and cessation interventions</li> <li>✓ Alcohol misuse screening/counseling</li> <li>✓ Rh incompatibility screening</li> <li>✓ Gestational diabetes screenings♀</li> <li>- 24-28 weeks gestation</li> <li>- First prenatal visit (women at high risk for diabetes)</li> <li>✓ Screenings</li> <li>- Hepatitis B</li> <li>- Chlamydia (&lt;24, hi risk)</li> <li>- Gonorrhea</li> <li>- Syphilis</li> <li>- Bacteriurea</li> <li>✓ Folic acid supplements (women w/repro capacity)</li> <li>✓ Iron deficiency anemia screening</li> <li>✓ Breastfeeding Supports</li> <li>- Counseling</li> <li>- Consultations with trained provider♀</li> <li>- Equipment rental♀</li> </ul>	<ul style="list-style-type: none"> <li>✓ STI and HIV counseling (adults at high risk; all sexually-active women♀)</li> <li>✓ Screenings:</li> <li>- Chlamydia (sexually active women ≤24y/o, older women at high risk)</li> <li>- Gonorrhea (sexually active women at high risk)</li> <li>- Syphilis (adults at high risk)</li> <li>- HIV (adults at high risk; all sexually active women♀)</li> <li>✓ Contraception (women w/repro capacity) ♀</li> <li>- All FDA approved methods as prescribed,</li> <li>- Sterilization procedures</li> <li>- Patient education and counseling</li> </ul>

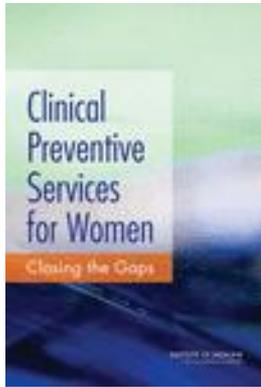
SOURCE: U.S. DHHS, "Recommended Preventive Services." Available at <http://www.healthcare.gov/center/regulations/prevention/recommendations.html>.  
 More information about each of the services in this table, including details on periodicity, risk factors, and specific test and procedures are available at the following websites:  
 USPSTF: <http://www.uspreventiveservicestaskforce.org/recommendations.htm>  
 ACIP: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm#comp> HRSA Women's Preventive Services: <http://www.hrsa.gov/womensguidelines/>



# Contraceptive Coverage: What is Included and Why did it go to the Supreme Court?

- **HRSA Guidelines apply to full range of FDA-approved methods “as prescribed” for women, including sterilization**
- **Also includes counseling and insertion as well as services related to follow-up and management of side effects, counseling for continued adherence, and device removal**
- **HHS Clarification:**
  - If the generic drug (or a brand name drug) would be medically inappropriate, plan must waive cost-sharing for the provider-recommended branded or non-preferred brand version
  - If generic is not available or it would be medically inappropriate, then plan must cover the brand name drug “without cost-sharing, subject to reasonable medical management”
- **All houses of worship exempt** from contraceptive coverage requirement if they wish; if religiously affiliated non-profit objects, insurer/TPA required to cover the contraceptives, NOT the employer.
- **More than 90 lawsuits have been filed against HHS, DOL and Treasury to block implementation.**
  - Non-profits, for-profits, individuals, and corporations are among the filers. Some object to all contraceptive coverage and some focus on EC. On March 25, Supreme Court heard oral arguments from two for-profit employers that challenge requirement as infringement on religious liberty

# At least one annual well-woman visit is covered... but who should do it? and what should be included?



## IOM Services Recommended for Potential Inclusion in Well Woman Visit

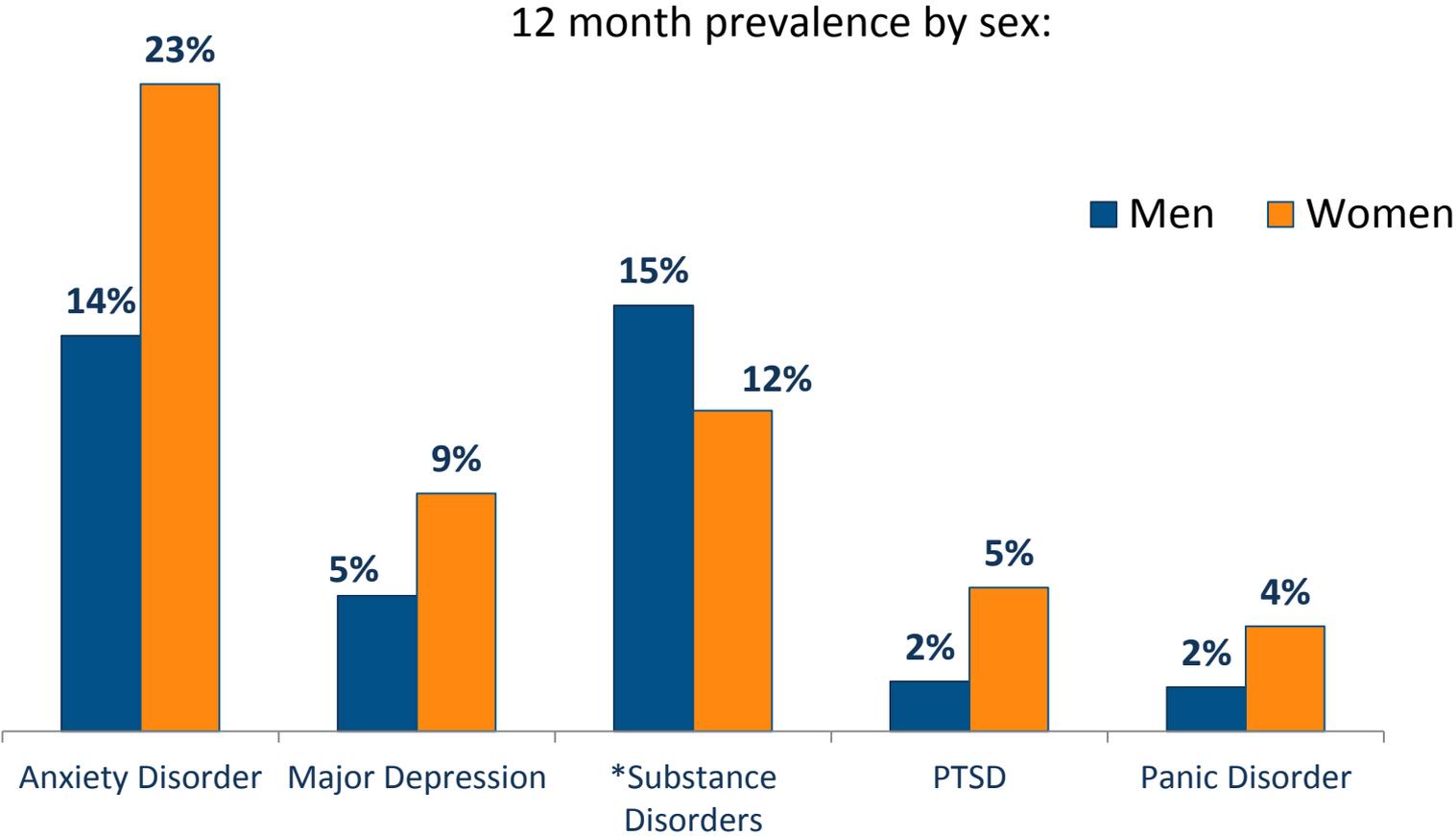
- ✓ Alcohol misuse counseling
- ✓ Blood pressure screening
- ✓ *BRCA* screening, counseling about
- ✓ Breast cancer preventive medication
- ✓ Breast cancer screening
- ✓ Breastfeeding counseling
- ✓ Cervical cancer screening
- ✓ Chlamydia infection screening
- ✓ Cholesterol abnormalities screening
- ✓ Colorectal cancer screening
- ✓ Depression screening
- ✓ Diabetes screening
- ✓ Folic acid supplementation
- ✓ Gonorrhea screening:
- ✓ Healthy diet counseling
- ✓ HIV screening
- ✓ Obesity screening and counseling
- ✓ Osteoporosis screening
- ✓ STIs counseling
- ✓ Tobacco use counseling and interventions
- ✓ Syphilis screening
- ✓ Diet and Physical Activity
- ✓ Establishing Pregnancy History of CVD-related Conditions
- ✓ Mental health
- ✓ Metabolic Syndrome
- ✓ Preconception health
- ✓ Prenatal Care
- ✓ STIs: Screening for *Chlamydia* and gonorrhea

# ACA and Abortion Coverage

- **Abortion explicitly banned as an essential health benefit**
- **State policy also shapes coverage**
  - **Medicaid:**
    - The Hyde Amendment limits the use of federal funds (including tax credits and subsidies) to abortion coverage only in the cases of rape, incest, life endangerment
  - **State Marketplaces and Private Insurance:**
    - States can ban abortion coverage in Marketplaces; 24 states have done so
    - 9 states have either banned or restricted abortion coverage in plans sold by private insurers in the state (beyond the State Marketplace)

Figure 16

# ACA's mental health coverage benefit helps women who have historically lacked coverage for many conditions



NOTE: \*Substance Disorders includes nicotine addiction.

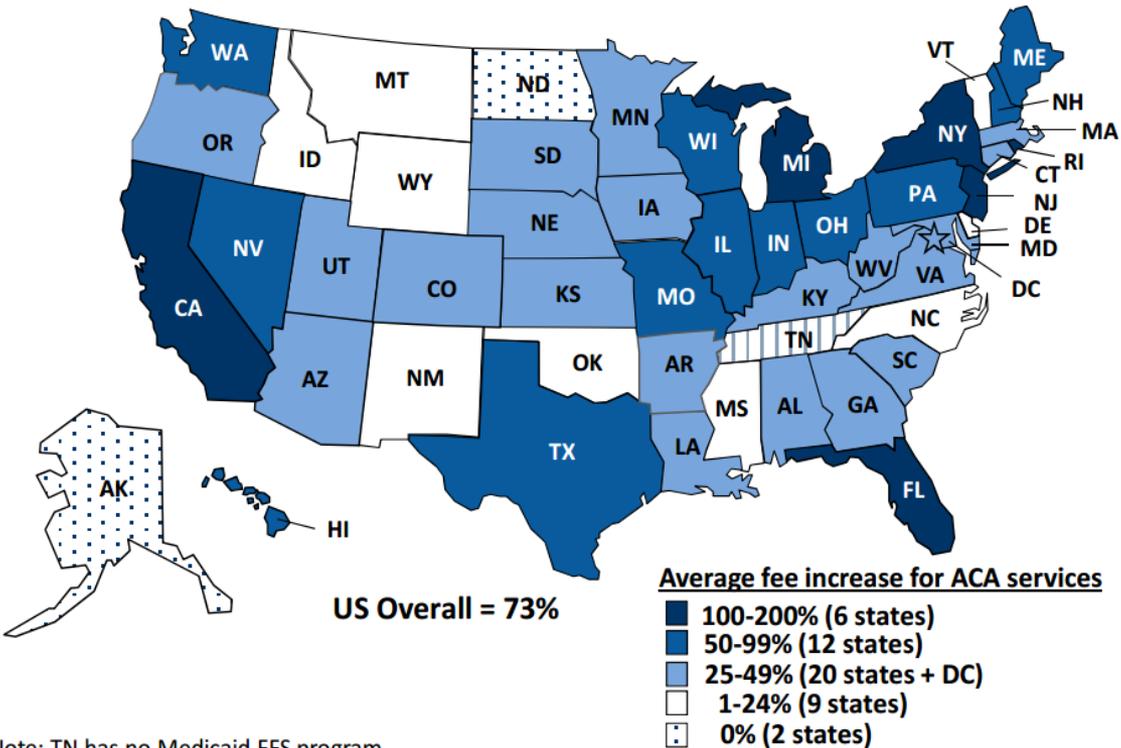
SOURCE: Comorbidity Survey Replication, updated 2012. *Journal of the American Academy of Child and Adolescent Psychiatry*, March 2009.



# Impacts of ACA on Practice: The Good News

- **More patients will have coverage** – Exchange Plans and Medicaid will increase access to and affordability of coverage for millions
- **Floor on scope of coverage-** Essential Health Benefits, includes maternity
- **Comprehensive coverage for preventive care** – 63 preventive services now covered without cost sharing
- **Incentives for primary care** – higher reimbursements for Medicaid and Medicare

### Average Medicaid Fee Increases for ACA Primary Care Services in 2013, by State



Note: TN has no Medicaid FFS program.  
 SOURCE: 2012 KCMU/Urban Institute Medicaid Physician Fee Survey

# A Few Considerations for Providers

- **Coverage Challenges**

- Coinsurance and Deductibles could be high
- “Reasonable Medical Management”

- **Primary care**

- Concerns about size and composition of workforce

- **Medicaid**

- Low reimbursement rates;
- Limited provider participation
- Some efforts to tie reimbursement to quality metrics

- **Plan Reimbursement Levels**

- To keep premiums low, provider payment may be low and evidence of limited networks

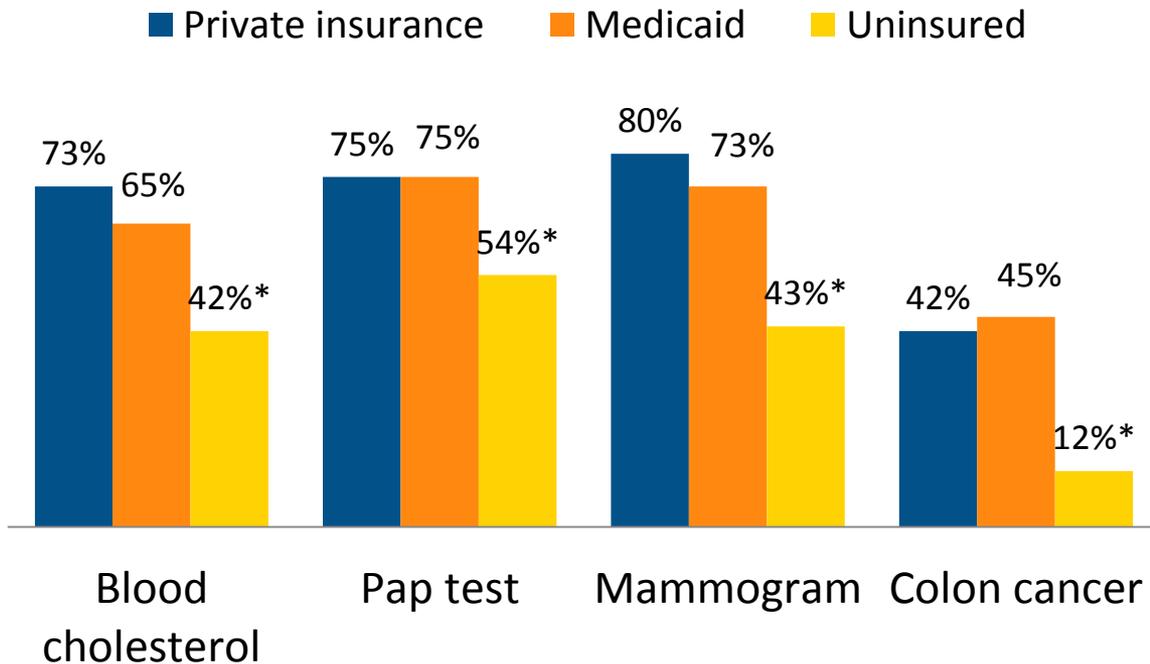
- **Network Adequacy**

- Extent of involvement of Essential Community Providers (e.g. CHC and Family Planning Clinics) could be limited

# AND Not All Will Be Covered ... Will the Uninsured Have Access to Care?

- Who will remain uninsured?
  - Undocumented residents
  - Eligible for Medicaid but not enrolled
  - Exempt from mandate (most because can't find affordable coverage)
  - Choose to pay penalty in lieu of getting coverage
- Many remaining uninsured will be low-income

Share of women reporting they have received following in past two years:



NOTE: Among women ages 18-64. Mammogram screenings among women ages 40-64. Colon cancer screening among women ages 50-64. \*Indicates a statistically significant different from Private insurance, p<.05.

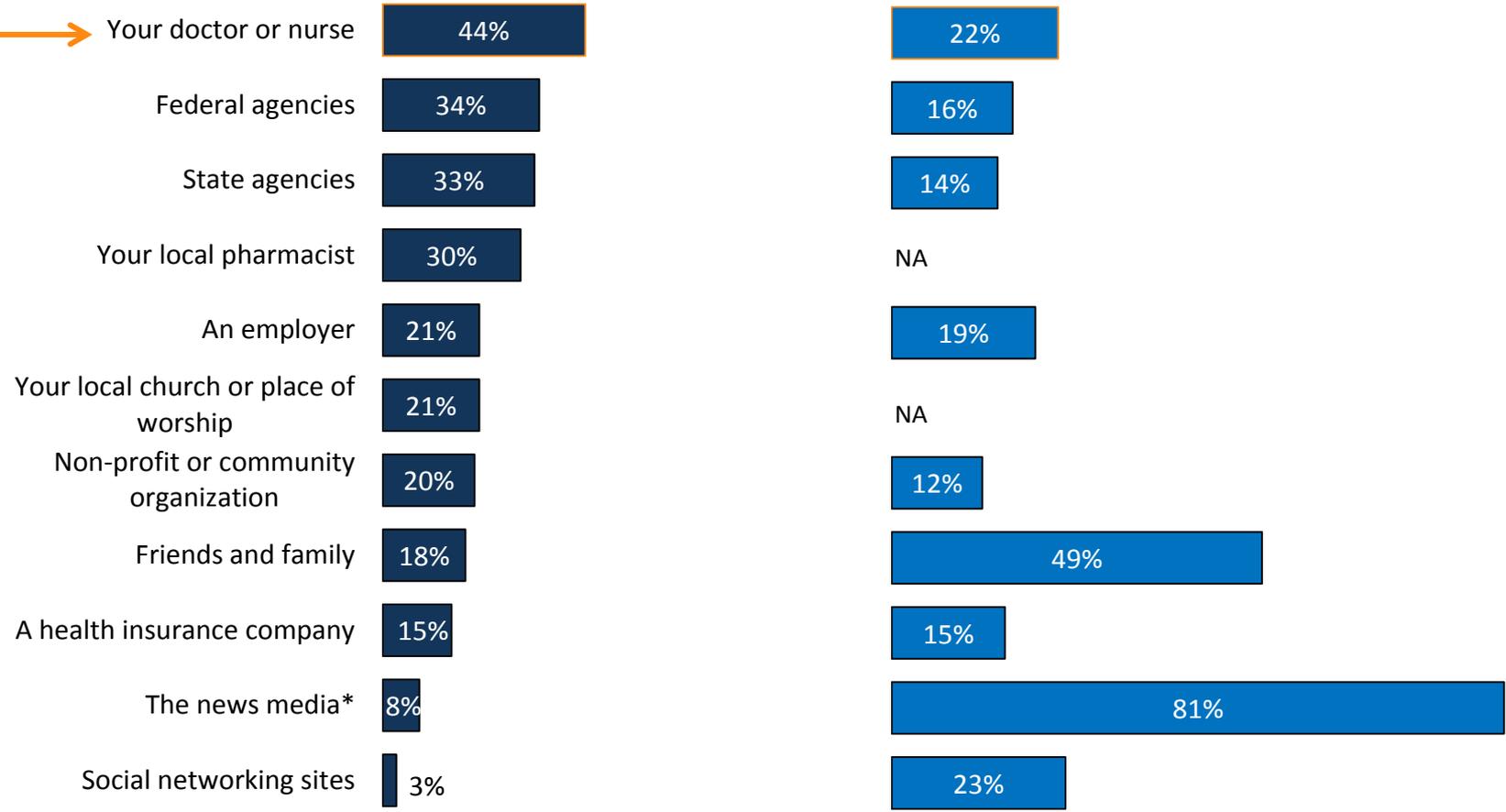
SOURCE: Kaiser Family Foundation, 2013 Kaiser Women's Health Survey.

Figure 20

# Most Trusted on ACA: Providers, Federal and State Agencies, Pharmacists

Percent who say they would trust information about the health care law from each of the following 'a lot':

Percent who say they have heard something about the law from each of the following in the past 30 days:



NA = Item not asked for this question.

\*The news media includes cable TV news, national or local TV news, radio news or talk radio, online news sources, and newspapers/magazines.

NOTE: Wording for some items abbreviated; item wording between questions varies. For full question wording see topline:

<http://www.kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-august-2013/>

SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted August 13-19, 2013)



# WOMEN'S HEALTH ON KFF.ORG

*Issue Brief: Coverage for Abortion Services and the ACA*

[Read Issue Brief](#)

**AVAILABILITY OF ABORTION COVERAGE**

Coverage Category	Percentage
Abortion Coverage Without Limitations	52%
Abortion Coverage Only Under Limited Circumstances	33%
Insurance Coverage Gap	15%

*A Guide to the Supreme Court and the ACA's Contraception Coverage Requirement*

[Read Issue Brief](#)

**INTERACTIVES**

*Data: Compare women's health and access across states.*

[View State-Level Data](#)

*FAQs about Women's Health and the ACA*

[Learn More](#)

## CURRENT ISSUES

As states implement the Affordable Care Act, it will be critical to consider coverage, affordability and access issues that are important for women.

- Health Reform: Implications for Women's Access to Coverage and Care
- State Coverage of Preventive Services for Women under Medicaid: Findings from a State-Level Survey
- Checklist: Key Issues for Women in ACA Health Insurance Exchanges

## KAISER HEALTH NEWS

- U.S. Abortion Rate Drops, But Not For The Reasons You Might Think
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