



# Women's Health Care: The Implications of the Affordable Care on Coverage and Access

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for

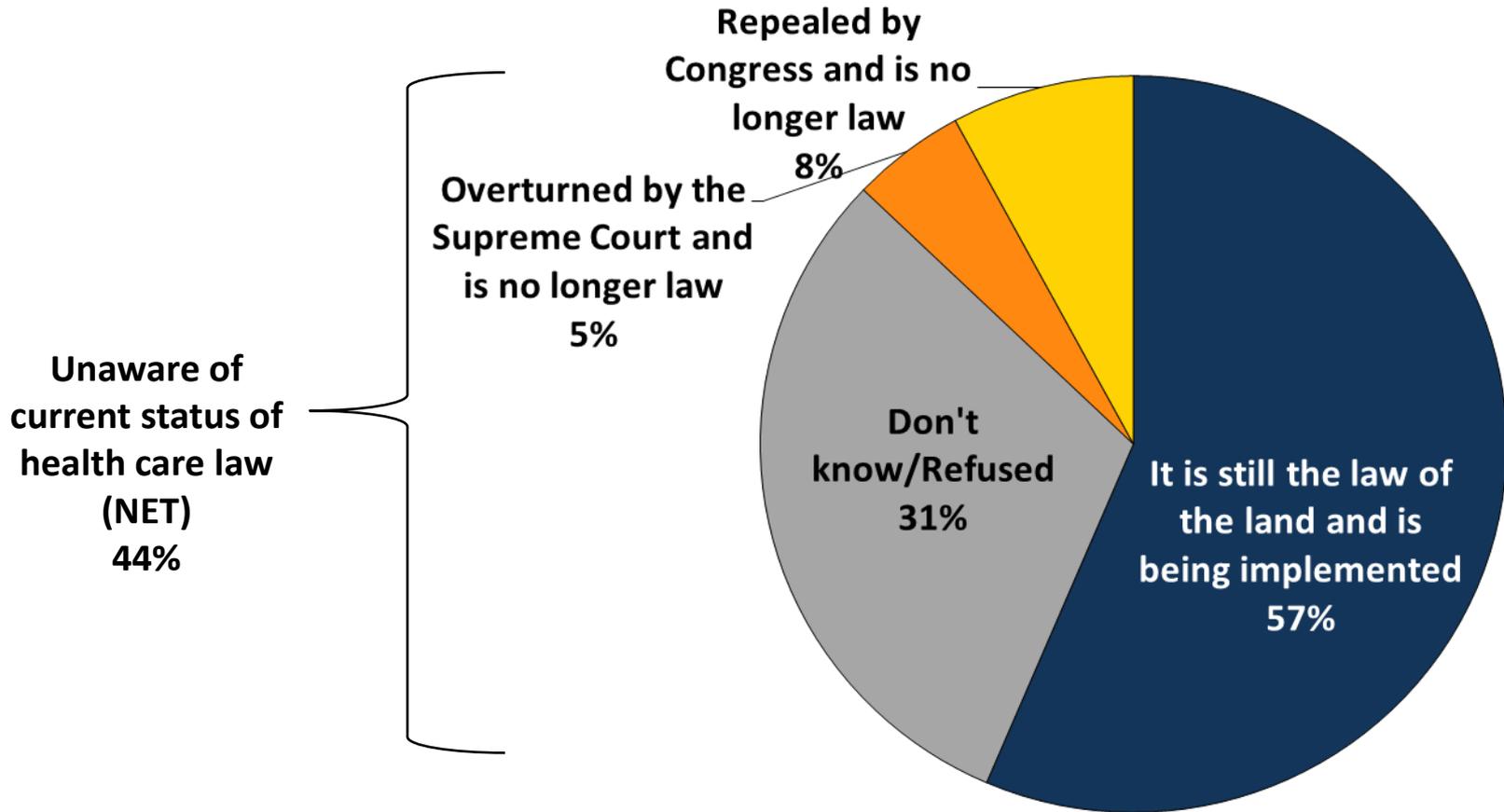
VA HSR&D CyberSeminars

October 3, 2013

Figure 1

# Lots of Confusion about ACA: Over 4 in 10 Americans Unsure Whether ACA Remains Law

As you may know, a health care bill was signed into law in March 2010. As far as you know, which comes closest to describing the current status of the health care law?



SOURCE: Kaiser Family Foundation Kaiser Health Tracking Poll Omnibus Supplement (conducted August 15-18, 2013)

## Poll Question #1

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Do you feel you have enough information about the health reform law to explain to a patient or a family member how it may affect them?

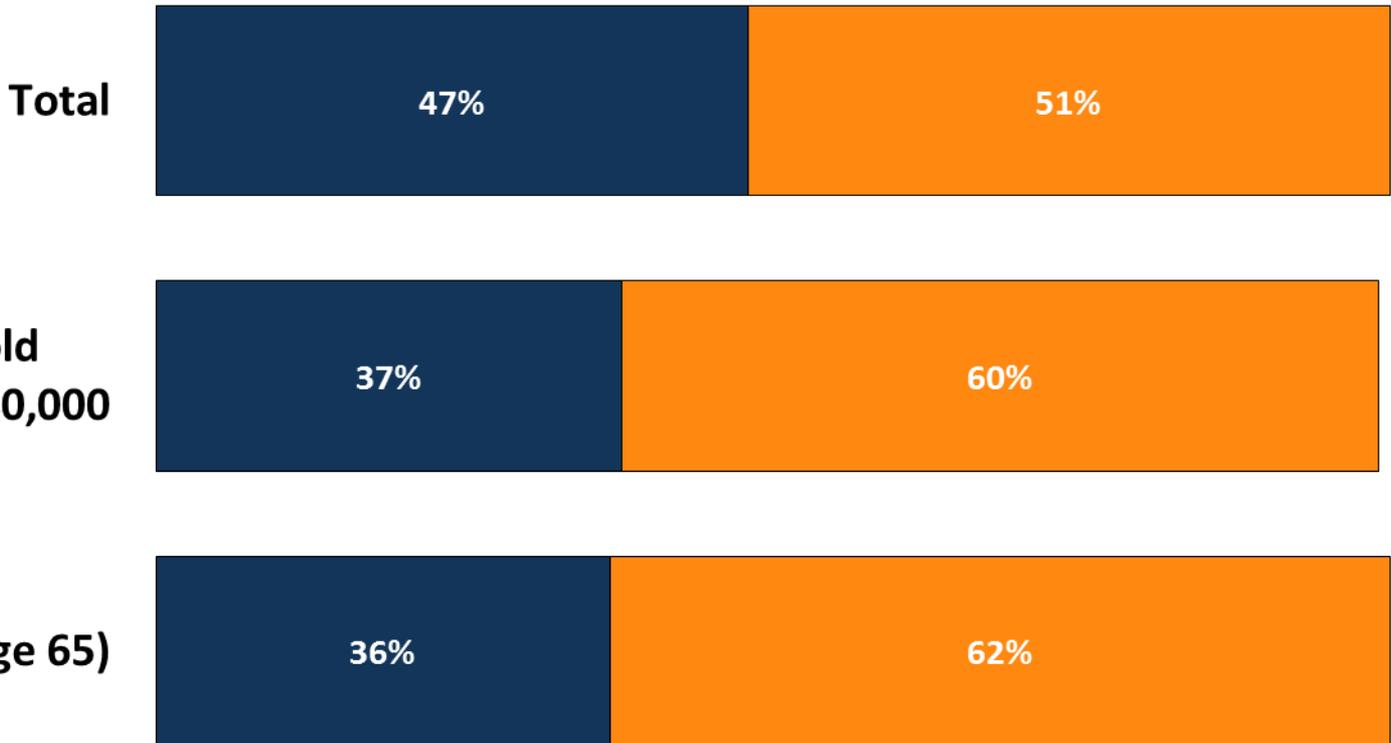
- Yes, I have enough information
- No, I do not have enough information

Figure 3

# Majority of Uninsured, Low Income Don't Know How Law Will Impact Their Family

*"Do you feel you have enough information about the health reform law to understand how it will impact you and your family, or not?"*

■ Yes, have enough information    ■ No, do not have enough information



NOTE: Don't know/Refused answers not shown.  
SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted August 13-19, 2013)



# ACA and Women's Health

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- **Status of implementation 3 years post enactment**
- **Major Issues Involved in the Coverage Expansion: Medicaid and the Exchanges**
  - Eligibility and Enrollment
  - Benefits and Scope of Coverage
  - Cost and Affordability
- **Services of Importance to Women**
- **Considerations Looking Forward**

# ACA's Impact on Access to and Affordability of Coverage

## Already Implemented: Insurance Reforms

- ✓ Temporary high-risk pools
- ✓ Dependent coverage extended to age 26
- ✓ No lifetime limits and no rescissions; restricted annual limits
- ✓ No pre-existing condition exclusions for children
- ✓ Review of increases in health plan premiums
- ✓ Plan rebates
- ✓ No cost-sharing for preventive services in private plans

# Promoting Health Coverage through the ACA

## How will it work?

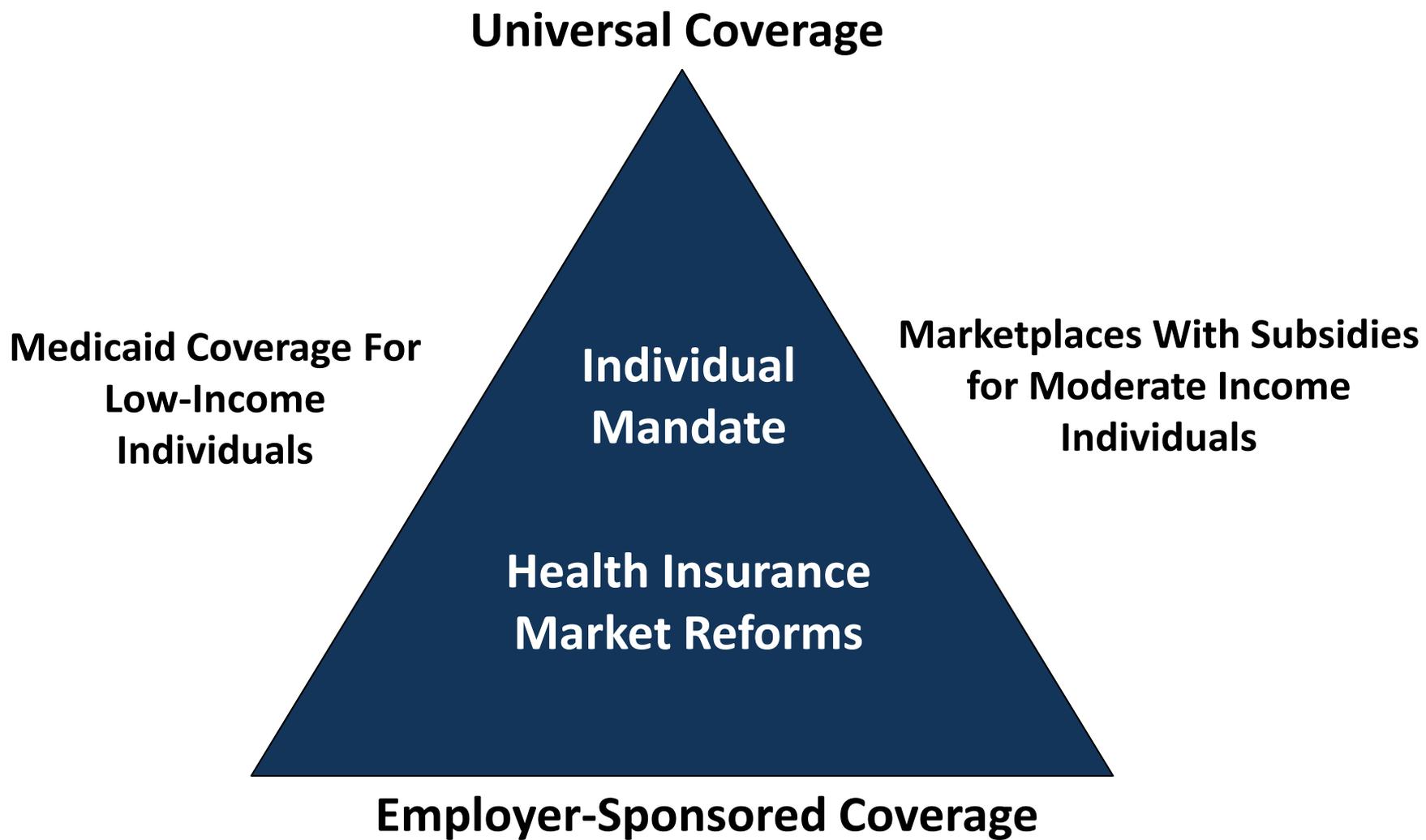
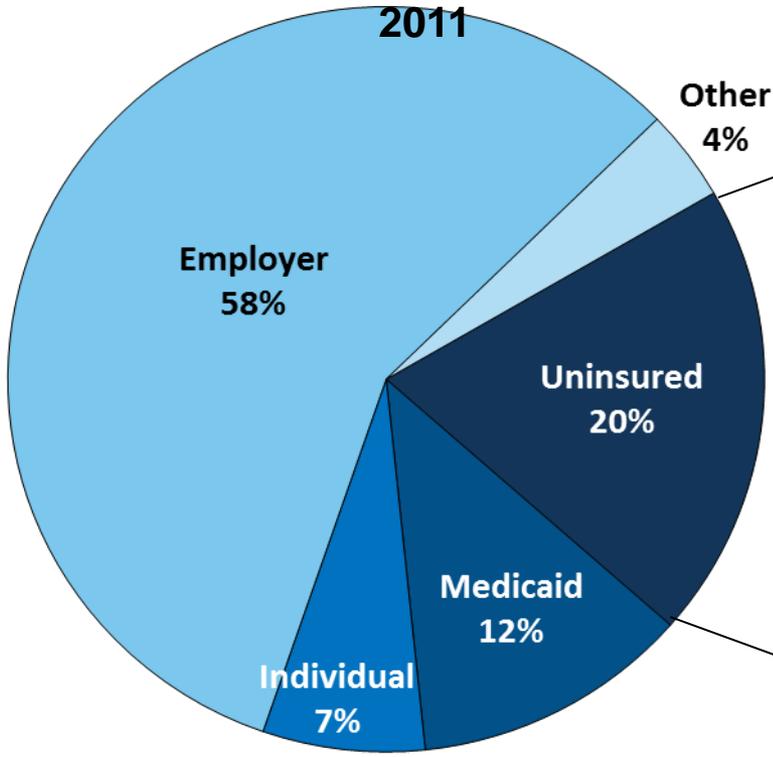


Figure 7

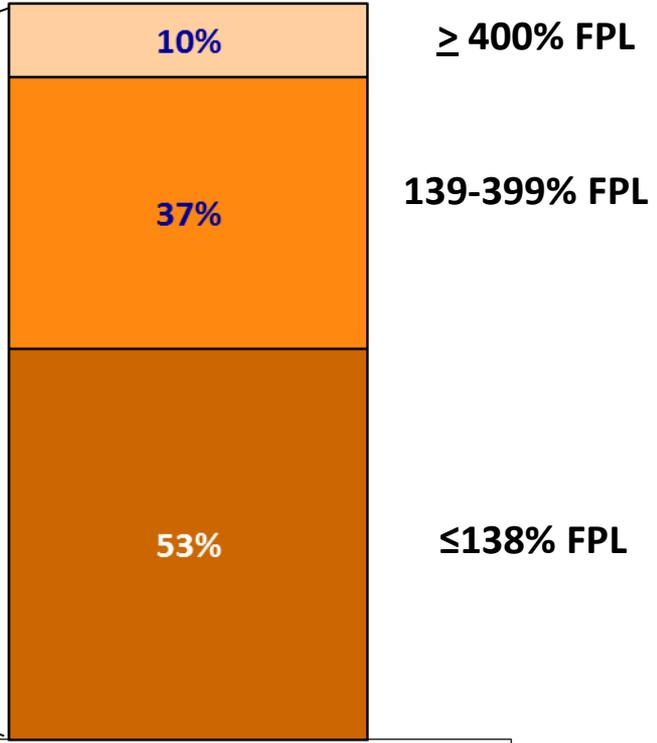
# Many Uninsured Will Be Newly Eligible for Coverage:

## Health Insurance Coverage of Nonelderly Women, 2011



98.2 million women ages 18-64

## Income Levels of Uninsured Women



19 million uninsured

NOTE: Other includes programs such as Medicare and military-related coverage.

The federal poverty level for a family of three in 2011 was \$18,530.

SOURCE: KFF/Urban Institute analysis of 2012 ASEC Supplement to the Current Population Survey, U.S. Census Bureau.



Figure 8

# Tremendous Geographic Variation in Who Potentially Benefits from ACA Coverage Expansions

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

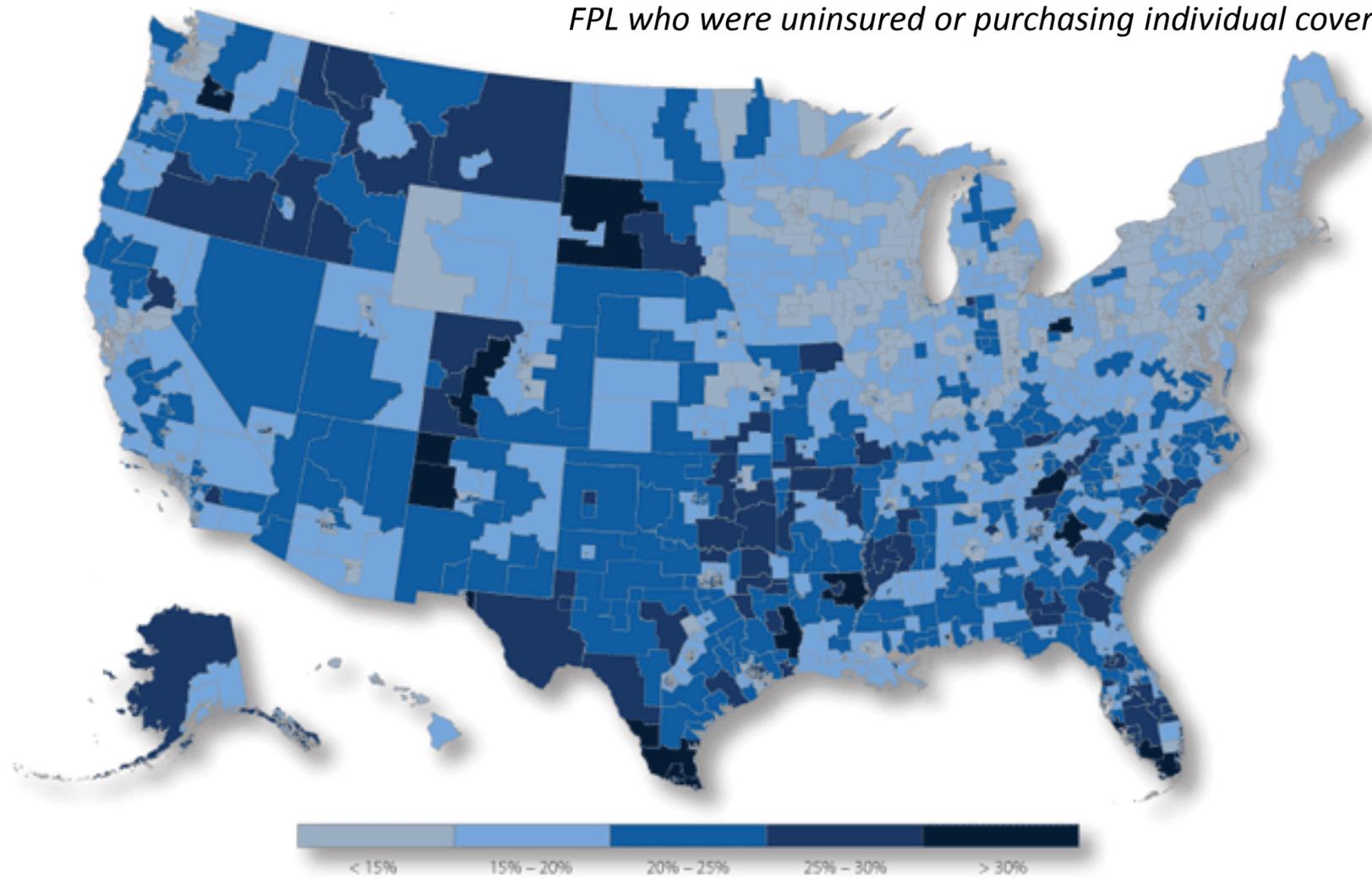
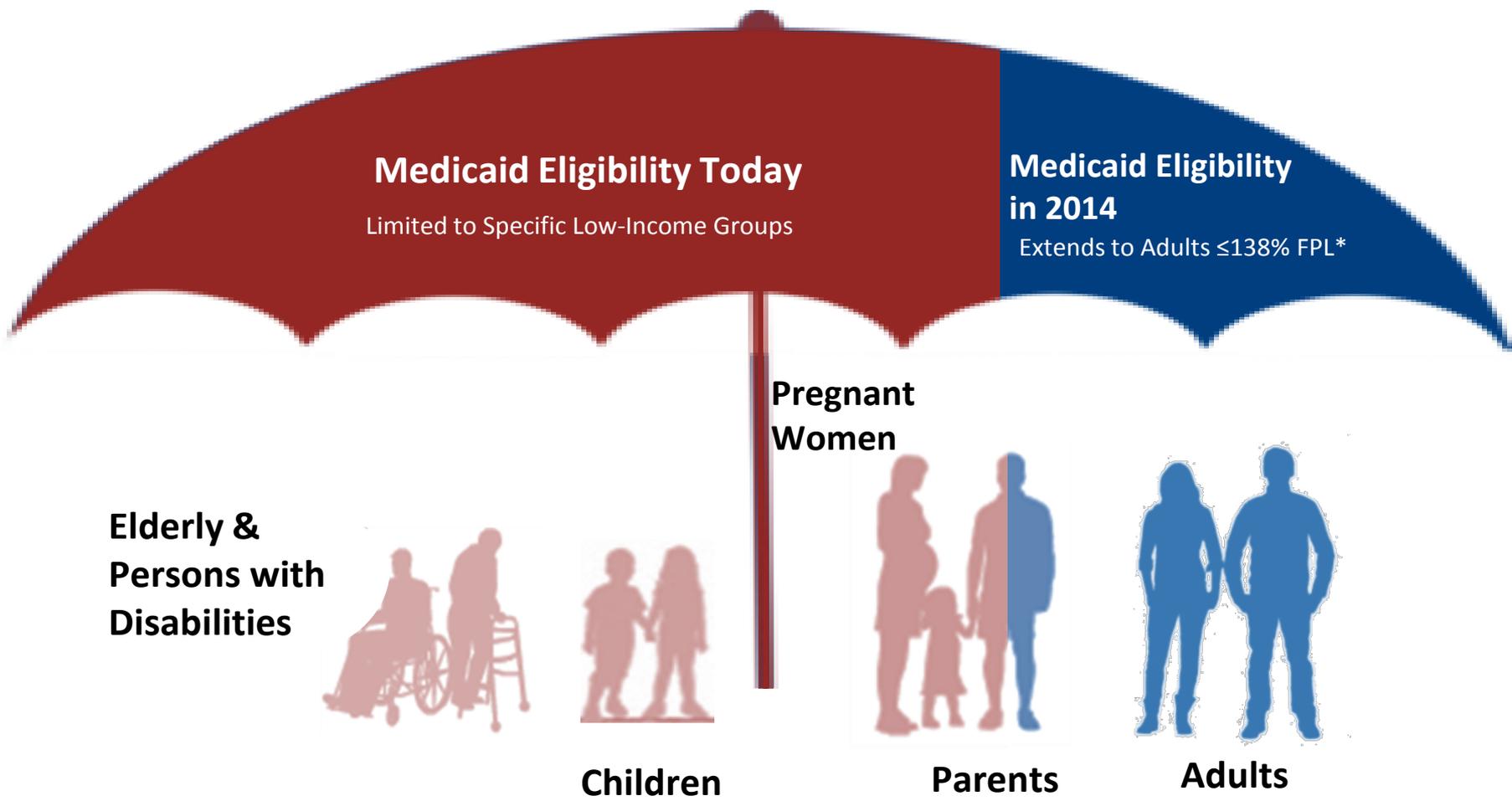


Figure 9

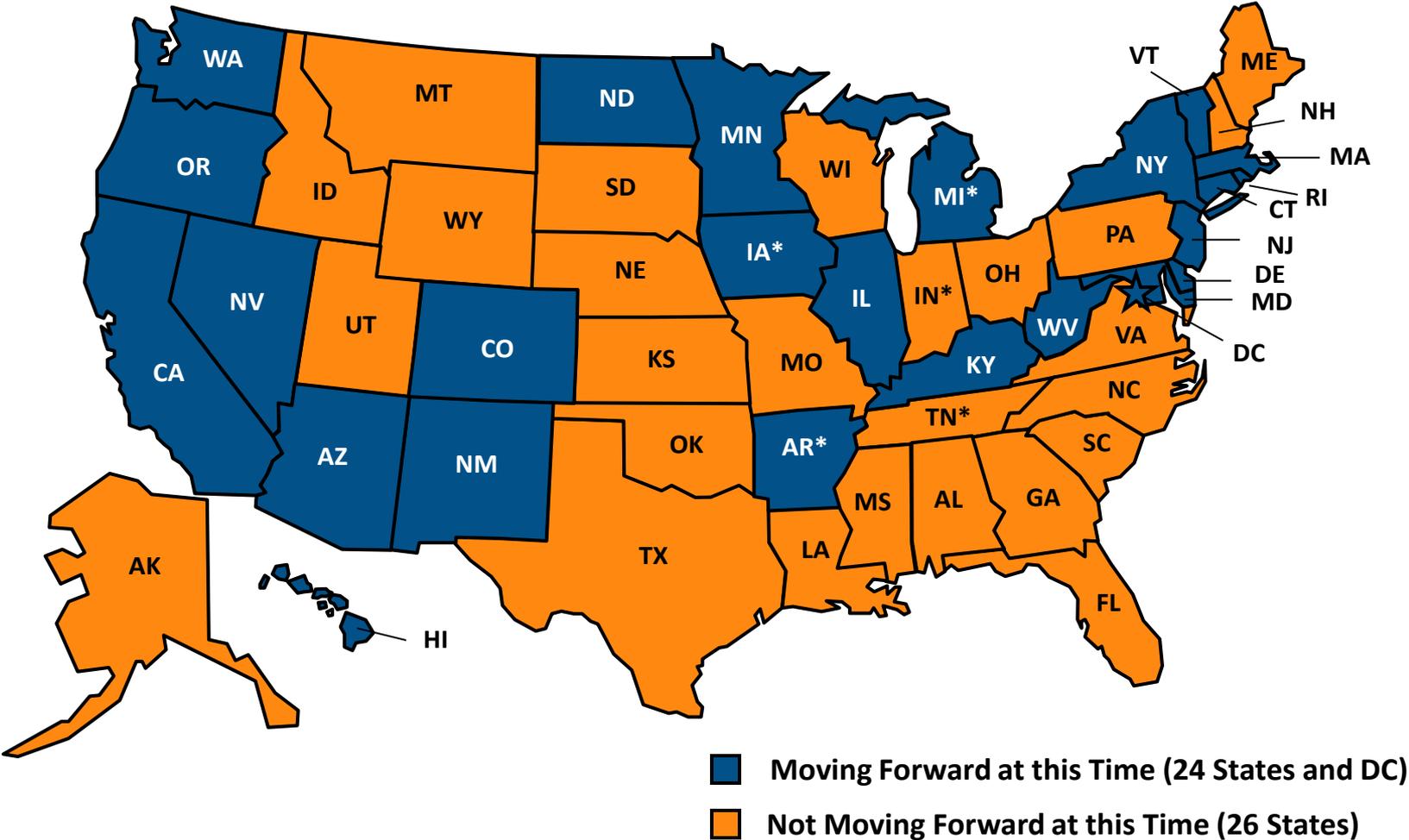
# ACA Medicaid Expansion Fills Current Gaps in Coverage



\*138% FPL = \$15,856 for an individual and \$26,951 for a family of three in 2013.

Figure 10

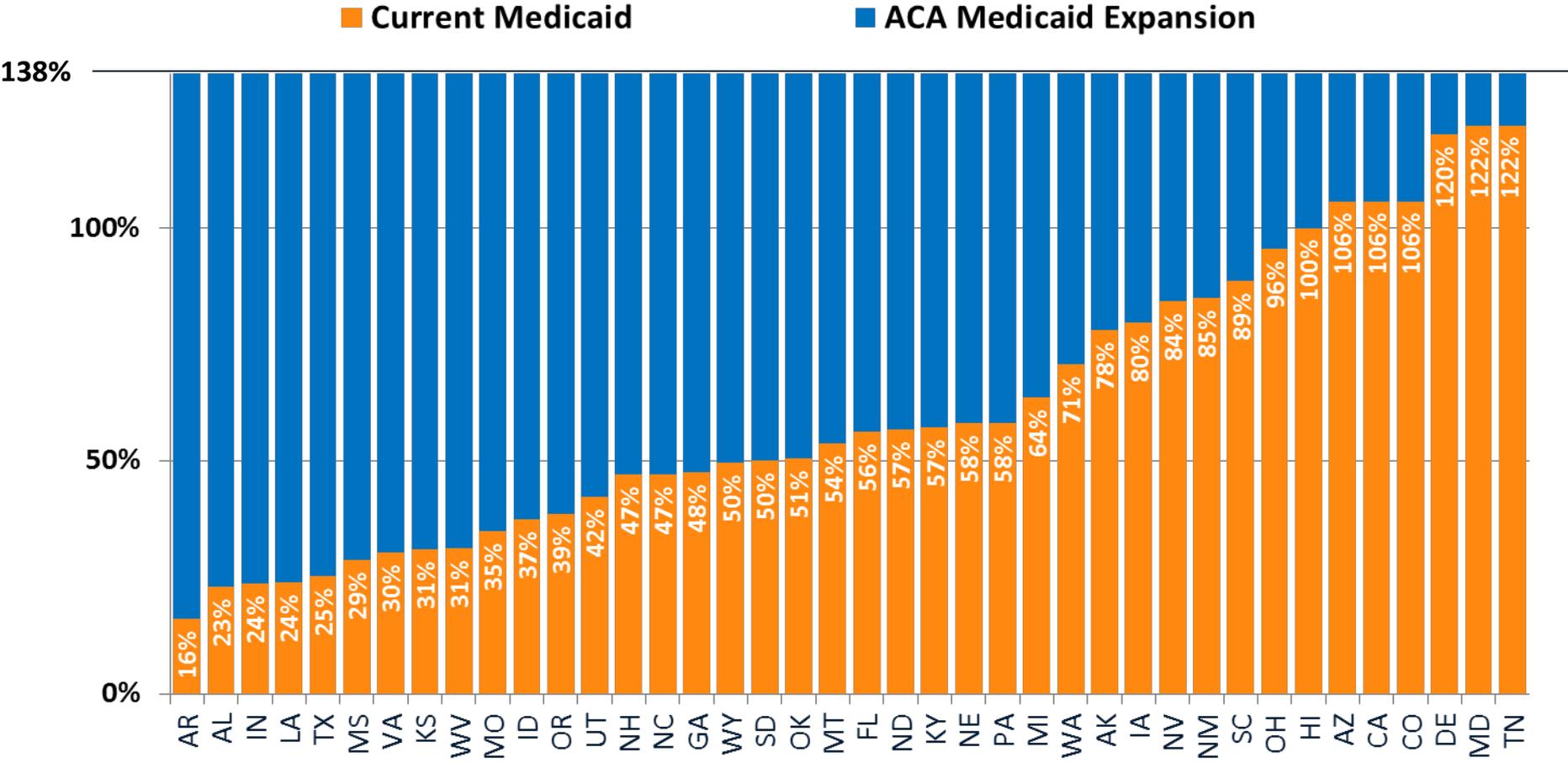
# Supreme Court Ruling Impact: Half of states will be expanding Medicaid eligibility



NOTE: \*These states are exploring an approach to the Medicaid expansion that is likely to require waiver approval.  
SOURCE: Kaiser Family Foundation, State Health Facts, *Status of State Action on the Medicaid Expansion Decision*, October 1, 2013.

Figure 11

# Medicaid Expansion Would Increase Access to Coverage for Many Low-income Adults, Especially Single Adults & Couples without Kids



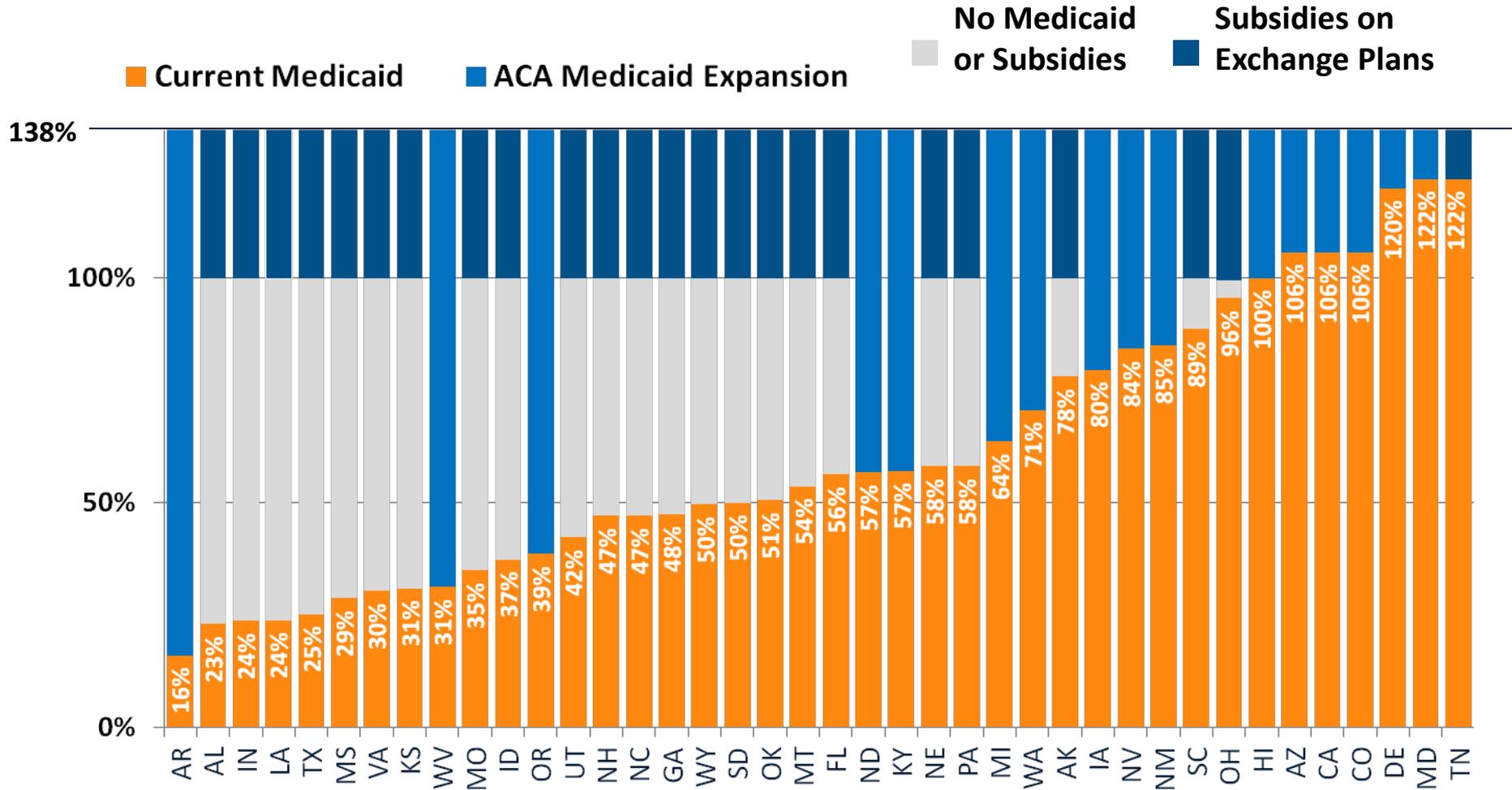
NOTE: Ten states (CT, IL, ME, MA, MN, NJ, NY, RI, VT, WI) & DC already offer coverage to parents at or above 133% FPL; under the ACA an income disregard of 5 percentage points will be applied to this limit increasing the effective income limit to 138% FPL.

SOURCE: Based on the results of a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2013.



Figure 12

# However, Not All States are Participating, Creating Continued Coverage Challenges for Adults in Many States



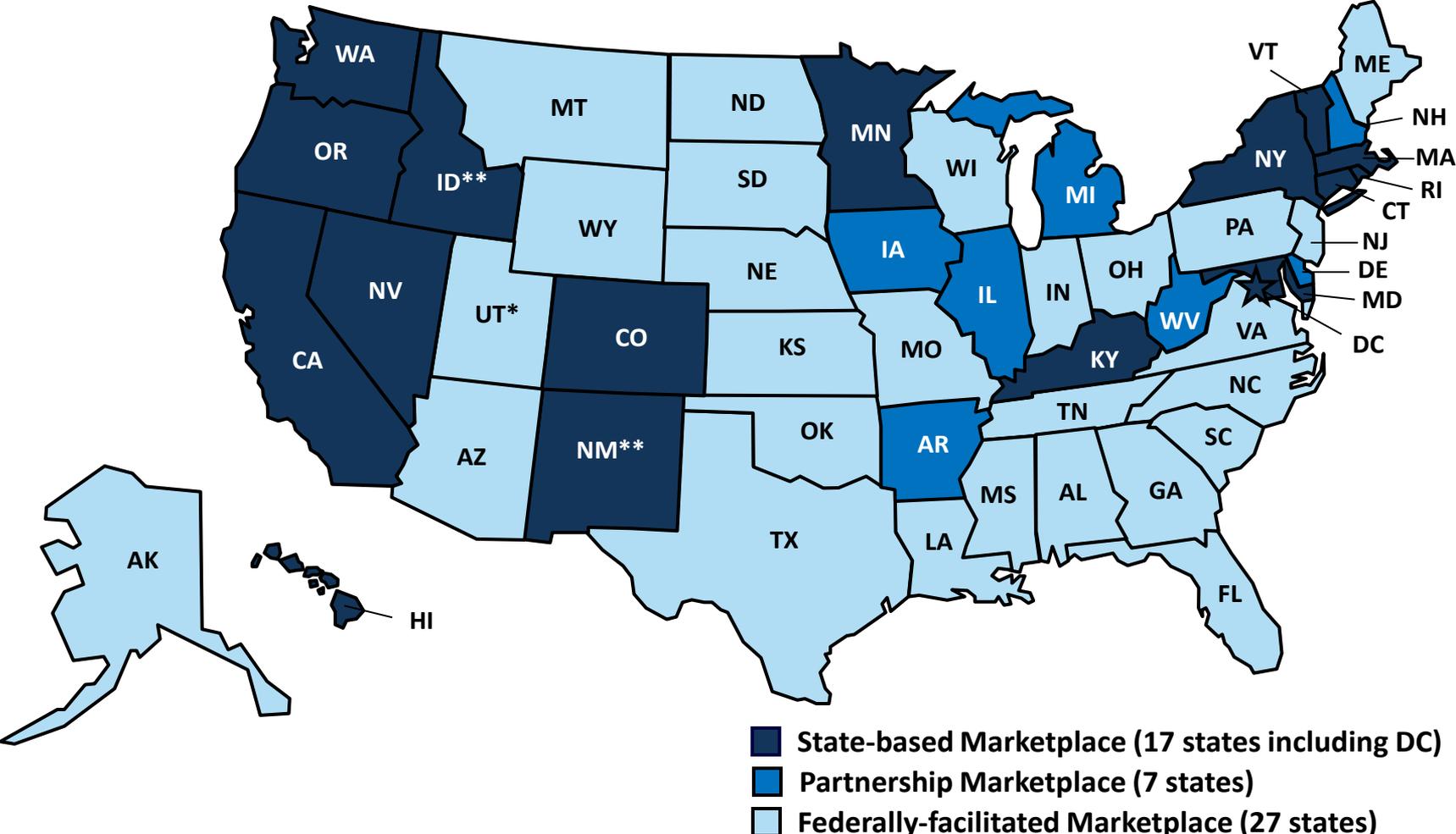
NOTE: Ten states (CT, IL, ME, MA, MN, NJ, NY, RI, VT, WI) & DC already offer coverage to parents at or above 133% FPL; under the ACA an income disregard of 5 percentage points will be applied to this limit increasing the effective income limit to 138% FPL.

SOURCE: Based on the results of a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2013.



Figure 13

# States Have Made Their Decisions For Creating Health Insurance Marketplaces



NOTES: \* In Utah, the federal government will operate the individual exchange while the state will run the SHOP exchange.  
\*\* Idaho and New Mexico received approval to operate state-based marketplaces; however, due to time constraints, the states will rely on the federal government for the IT infrastructure, but will perform most other functions.  
SOURCE: Kaiser Family Foundation, State Health Facts, *State Decisions for Creating Health Insurance Exchanges, as of May 28, 2013.*

## Poll Question #2

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Have you seen or read ads or other materials that provide information about the health care marketplace in your state?

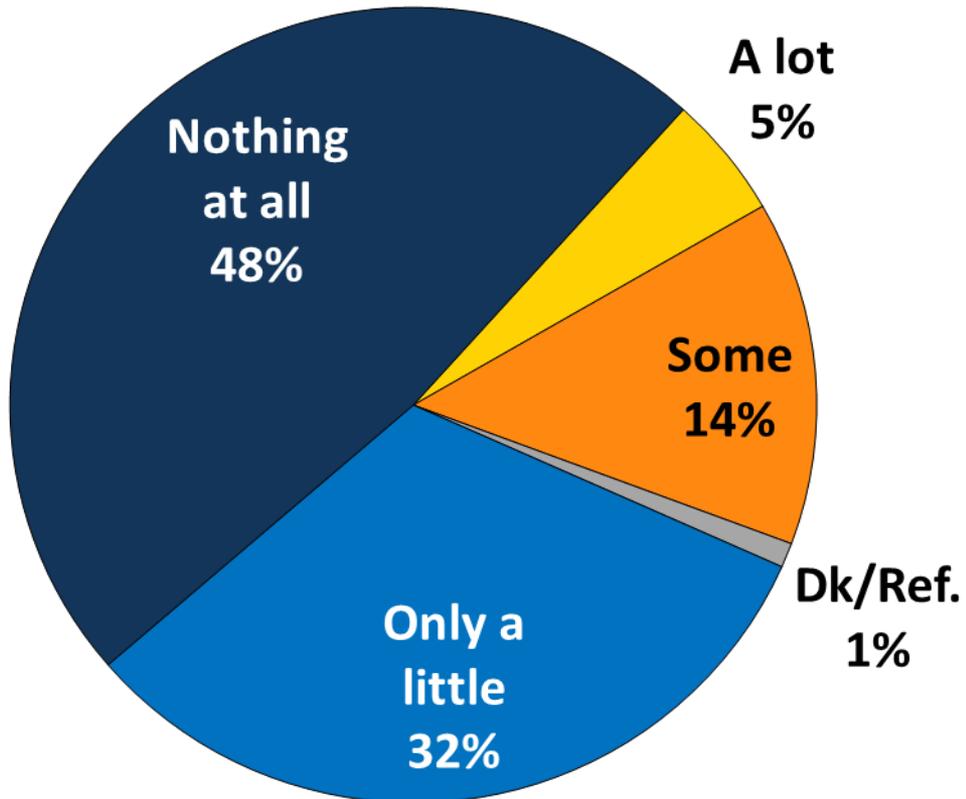
- Yes
- No

Figure 15

# 8 in 10 Adults Have Either Not Heard or Only Heard a Little about Health Insurance Marketplaces

As you may know, the health care law does create health insurance exchanges or marketplaces where people who don't get coverage through their employers can shop for insurance and compare prices and benefits. How much, if anything, have you heard about this new health insurance marketplace, [also known as (STATE EXCHANGE NAME)] in your state?

August 2013



SOURCE: Kaiser Family Foundation Health Tracking Polls



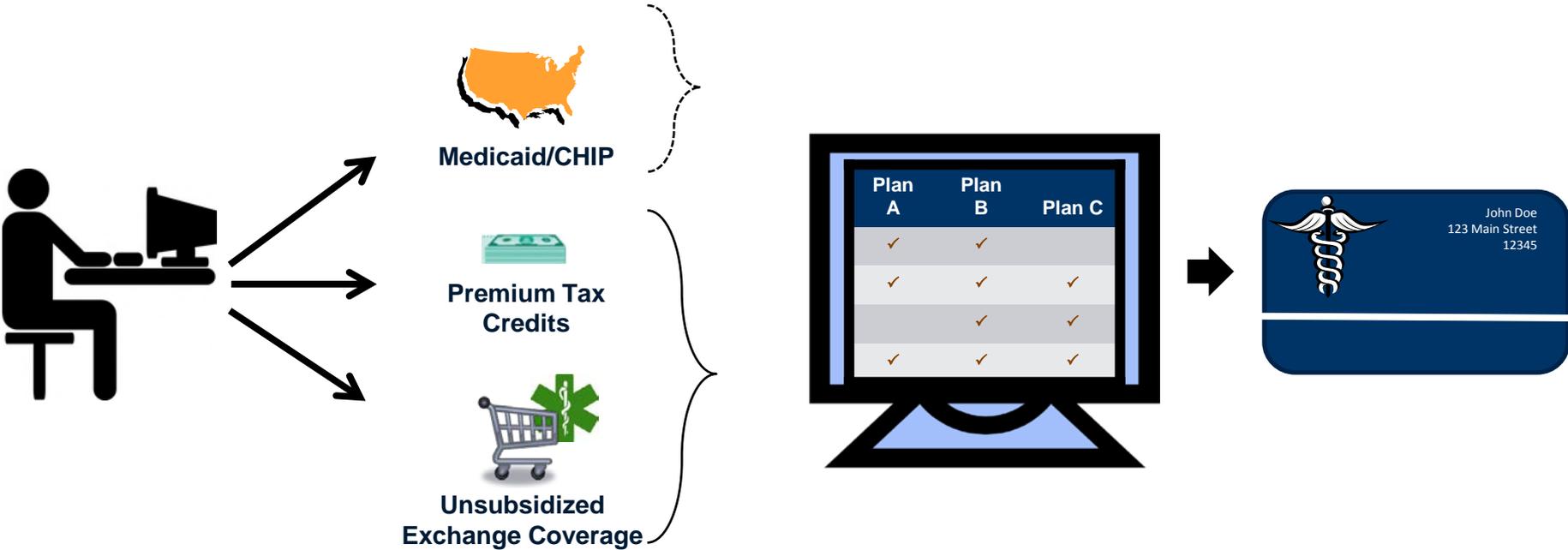
# 17 States Will Be Operating their Own Health Exchanges



Source: <http://kaiserfamilyfoundation.files.wordpress.com/2013/09/8481-getting-into-gear-for-2014-an-early-look-at-branding-and-marketing.pdf>

Figure 17

# Health Insurance Marketplaces Will Facilitate Enrollment into Coverage by Individuals and Small Employers



**Eligibility for Multiple Programs Determined in Real Time**

**Information Provided on Available Plans for Comparison**

**Enrollment Into Selected Plan**

Figure 18

# Examples of Coverage Options for Individuals and Small Businesses

Plan Type	“Actuarial Value”	Typical Deductible	Coinsurance	Maximum Out-of-Pocket Cost
Bronze	60%	\$5,000	30%	\$6,350
Silver	70%	\$2,000	20%	\$6,350
Gold	80%	\$0	20%	\$6,350
Platinum	90%	\$0	10%	\$6,350
Catastrophic (up to age 30)	NA	\$6,350	0%	\$6,350

All figures are for single coverage. Amounts for families would be double.

All plans have to cover a wide range of benefits.

# Annual Premium Subsidy Examples (California Average)



## Single 25 year old making \$20,000

Unsubsidized silver premium =	\$2,772
<u>Individual contribution =</u>	<u>\$1,021</u>
Tax credit (federal subsidy) =	\$1,751



## 40 year old parents with two kids making \$50,000

Unsubsidized silver premium =	\$10,563
<u>Family contribution =</u>	<u>\$3,365</u>
Tax credit (federal subsidy) =	\$7,198



## 60 year old couple making \$50,000

Unsubsidized silver premium =	\$14,986
<u>Family contribution =</u>	<u>\$4,750</u>
Tax credit (federal subsidy) =	\$10,236

# 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 22

# Adult Preventive Services to be 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                             <ul style="list-style-type: none"> <li>- Mammography for women 40+*</li> <li>- Genetic (BRCA) screening and counseling</li> <li>- Preventive medication counseling</li> </ul> </li> <li>✓ Cervical Cancer                             <ul style="list-style-type: none"> <li>- Pap testing (women 21+ )</li> <li>- High-risk HPV DNA testing</li> </ul> </li> <li>✓ Colorectal Cancer                             <ul style="list-style-type: none"> <li>- One of following: fecal occult blood testing, colonoscopy, sigmoidoscopy</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>✓ Cardiovascular health                             <ul style="list-style-type: none"> <li>- Hypertension screening</li> <li>- Lipid disorders screenings</li> <li>- Aspirin</li> </ul> </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                             <ul style="list-style-type: none"> <li>- Hepatitis B</li> <li>- Chlamydia (&lt;24, hi risk)</li> <li>- Gonorrhea</li> <li>- Syphilis</li> <li>- Bacteriurea</li> </ul> </li> <li>✓ Folic acid supplements (women w/repro capacity)</li> <li>✓ Iron deficiency anemia screening</li> <li>✓ Breastfeeding Supports                             <ul style="list-style-type: none"> <li>- Counseling</li> <li>- Consultations with trained provider</li> <li>- Equipment rental</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>✓ STI and HIV counseling (adults at high risk; all sexually-active women )</li> <li>✓ Screenings:                             <ul style="list-style-type: none"> <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> </ul> </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 does it include?

- **HRSA Guidelines apply to full range of FDA-approved contraceptive methods “as prescribed” for women including:**
  - barrier methods (diaphragm, sponge, spermicide, cervical cap)
  - hormonal methods (OCs, Patch, Ring, shots)
  - Emergency contraception (Plan B, One Step, Next Choice, Ella)
  - implanted devices, (IUDs, implantable rods)
  - sterilization (surgery or implants)
- **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”

## What About Religious Exemptions for Contraceptive Coverage?

- **All “houses of worship” exempt** from ONLY the contraceptive coverage requirement if they wish.
- **An HHS regulation** for religiously affiliated non-profits that object. In those cases, the insurer/TPA is required to cover the contraceptive services and supplies, NOT the employer.
- **More than 60 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. Lawsuits expected to reach Supreme Court.

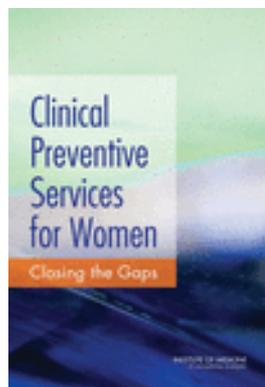
# Access to Coverage for Abortions Explicitly Addressed

- **Abortion explicitly banned as an essential benefit**
- **Medicaid:**
  - Hyde limitations still apply, no federal funds, tax credits or subsidies may be used for abortion coverage except in rape, incest, life endangerment
  - States may use state funds to cover other “medically necessary” abortions
- **State Exchanges:**
  - States can ban coverage in Exchanges; 23 states have done so
  - If there is a plan with abortion coverage, the state must also offer at least one plan that limits abortion coverage to Hyde rules
  - Plans that offer abortion coverage beyond Hyde limits must segregate premium payments for coverage of abortion; Abortion coverage separated from all else

# Maternity Care

- 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
- Medicaid
  - Covers 41% births nationally
  - Mandatory coverage of tobacco cessation programs for pregnant women
  - Optional coverage for freestanding birth centers
  - Medicaid coverage for all newborns who lack acceptable coverage
- Grants to states for home visiting and postpartum depression services
- Workplace breastfeeding protections for nursing mothers

# At least one annual well-woman visit is covered... but who should do it? How do we create a medical home for women?



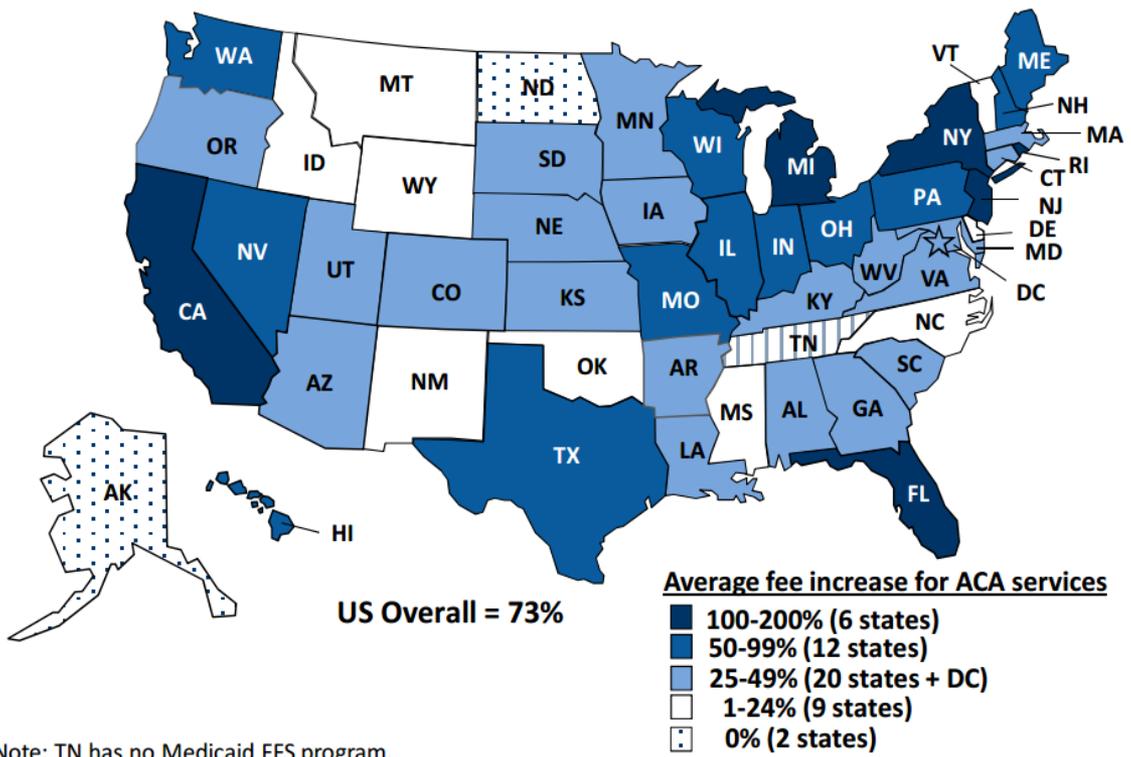
## IOM Services Recommended for Potential Inclusion in Well Woman Visit

- ✓ 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

# 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
- **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: Much is still unknown

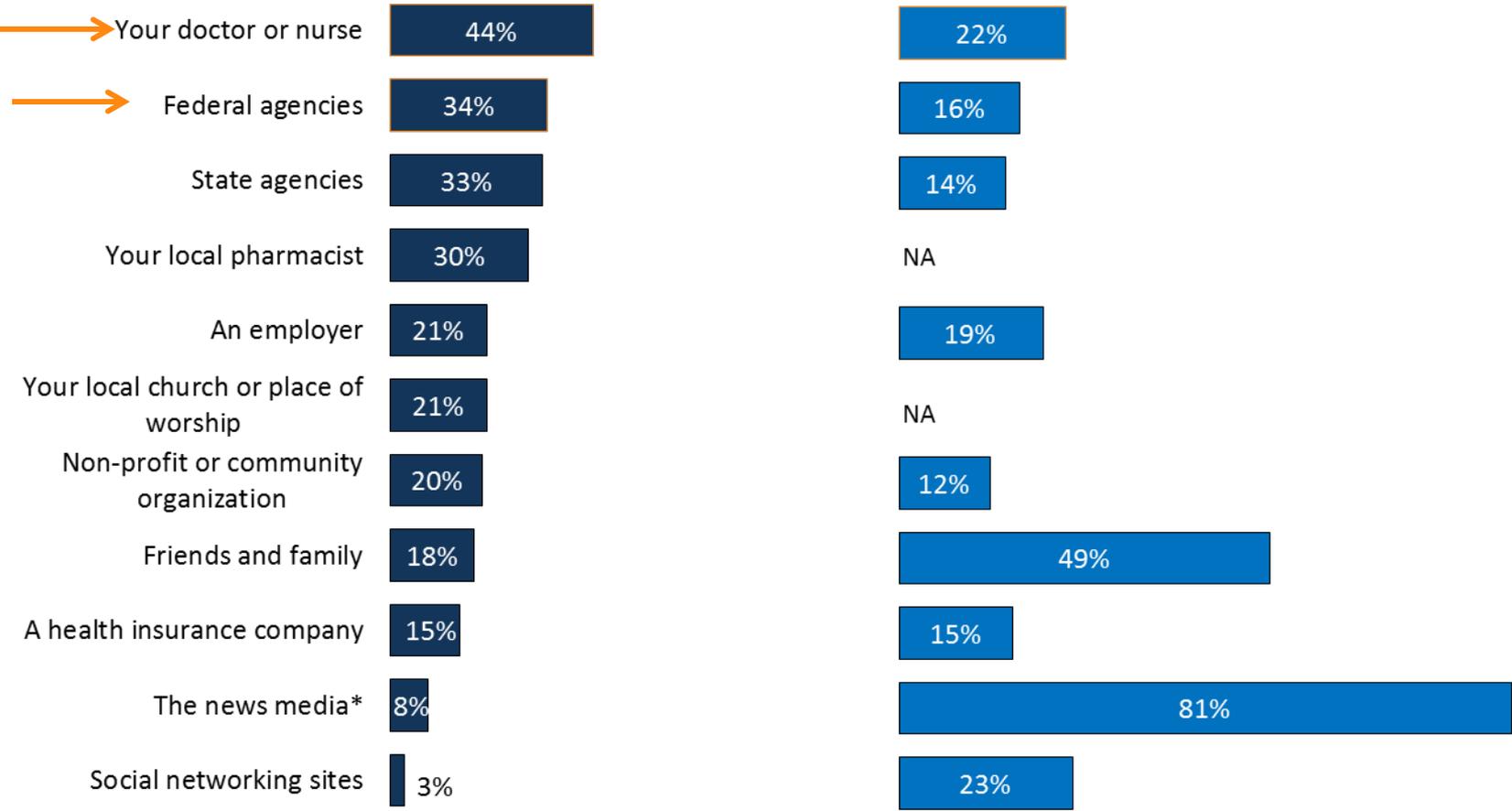
- **Coverage Challenges**
  - Coinsurance and deductibles could be high
  - “Reasonable Medical Management”
- **Primary care**
  - Concerns about size workforce
- **Medicaid**
  - Low reimbursement rates;
  - Limited provider participation
- **Private Plans**
  - Most enrolling in Medicaid and Exchange will be in private plans
  - To keep premiums low, will provider reimbursements be low?
- **Provider Networks**
  - Extent of involvement of Essential Community Providers (e.g. CHC and Family Planning Clinics) could be limited
  - Adequacy of networks... TBD

Figure 30

# Most Trusted on ACA: Doctors and Nurses, 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)

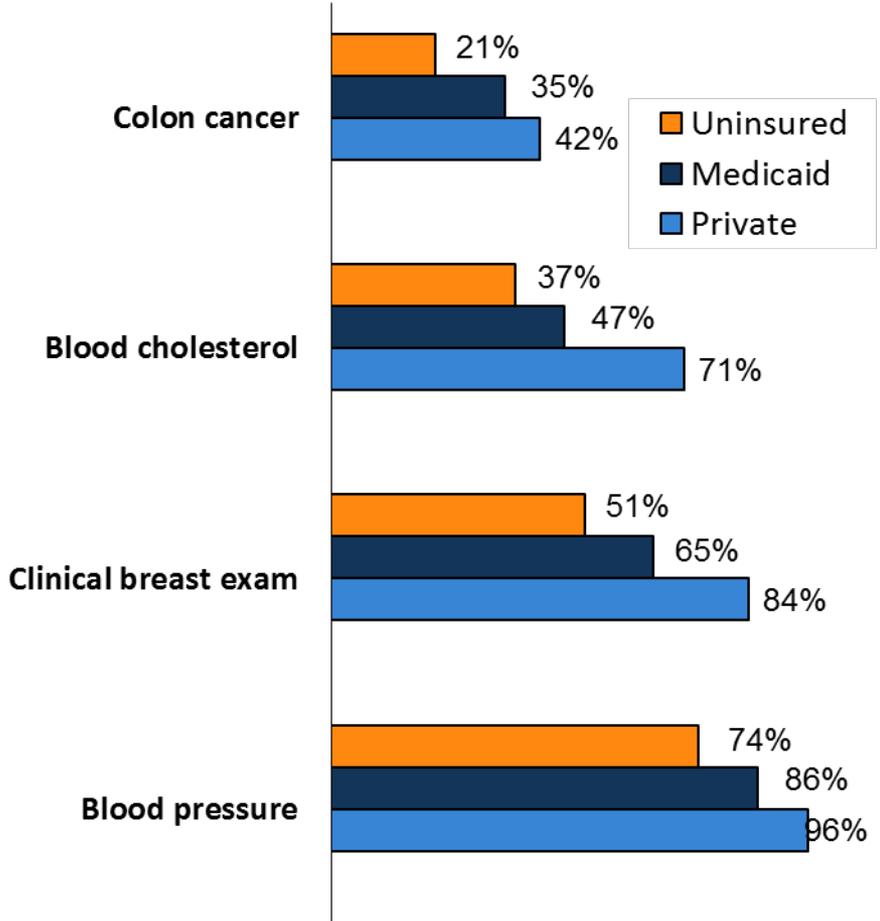


Figure 31

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

- Estimates that in 2019 -- 23 million uninsured nationally
- Who are they?
  - 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 (most?) remaining uninsured will be low-income

Percent of women reporting they have received screening test in past two years:



NOTE: Colon cancer screening among women 50 and older;  
SOURCE: 2008 Kaiser Women's Health Survey; Congressional Budget Office, 2013.

# Looking Ahead

- **Open enrollment for coverage through Marketplaces runs for 6 months (October 1, 2013- March 31, 2014).** Coverage begins January 1, 2014 and much work is still being done by states and the federal government to ensure Marketplaces are fully functional.
- **There are many important elements of the ACA that promote access to coverage and care for women.** Elimination of gender rating, subsidies, and new requirements for coverage of services such as maternity care, contraception, breastfeeding support, and other preventive services represent major advances in scope of coverage.
- **ACA coverage expansions offer an important opportunity to significantly reduce disparities in coverage, but coverage gaps will remain.** Many poor adults in states that don't expand Medicaid, as well as undocumented immigrants, will remain uninsured. Lack of access to affordable coverage may leave others out. A robust safety net will still be critical.
- **Consumer assistance will be essential to ensure people get enrolled into coverage.** Patients will look to and trust their providers for information about enrollment and coverage options. Women will play a critical role in this effort.
- **2014 is not the end, it is the beginning.** Reform will keep getting reformed.

# Want to learn more about the ACA?

- Check out the following resources:
  - HHS site: [healthcare.gov](https://www.healthcare.gov)
  - Kaiser Family Foundation: [kff.org](https://www.kff.org)
    - [Women's Health Policy](#)
    - [Health Reform](#)
    - [Consumer Information](#)

**Thank You!**

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