The Affordable Care Act (ACA) and Women’s Health

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Outline

I. What is the current state of women’s health coverage?

II. What does the new law do?

III. What are the key issues for women?
Section I
The Current State of Women’s Health Coverage
1. What share of women between the ages of 18 and 64 in the U.S. are uninsured?

A. 1 out of 3
B. 1 out of 5
C. 1 out of 10
Types of Insurance for Women in 2011

- Employer: 59%
- Individual: 6%
- Medicaid: 12%
- Uninsured: 20%
- Other: 3%
The Impact of Cost on Access to Care by Gender

- Skipped dental care or checkups: Women 35%, Men 26%
- Cut pills or skipped doses of medicine: Women 18%, Men 13%
- Didn't fill a prescription: Women 24%, Men 16%
- Skipped a recommended medical test or treatment: Women 25%, Men 19%
- Put off or postponed getting needed health care: Women 30%, Men 22%

Heart Disease and Women

Source: CDC Division for Heart Disease and Stroke Prevention 2013. Women and Heart Disease Fact Sheet
Obesity and Women

Prevalence* of Self-Reported Obesity Among U.S. Adults
BRFSS, 2012

*Prevalence reflects BRFSS methodological changes in 2011, and these estimates should not be compared to those before 2011.

Cancer and Women

Source: CDC Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion 2013.
Sexually Transmitted Diseases and Women

Women had 2.5 times the reported chlamydia rate of men in 2011.

Source: CDC Sexually Transmitted Disease Surveillance 2011.
The Affordable Care Act
Addressing the unique health needs of women

More than 6 in 10 women ages 40 and older had a mammogram within the past two years.
The law requires coverage of many preventive services for women, including mammograms, at no cost to women.

Nearly 77 percent of women start breastfeeding after giving birth.
The health care law makes it easier for women to access and pay for health care, helping them and their families stay healthy.

16 percent of women ages 15–44 use some form of contraception.
The law requires coverage of well-woman visits at no cost to women.

More than 4 in 10 women ages 15–44 use some form of contraception.
The law requires full coverage of FDA-approved birth control at no cost to women.

The Health Care Law Protects Women

- Women cannot be denied coverage due to a pre-existing condition.
- Women can choose any primary care provider or OB-GYN in their health plan's network.
- Women cannot be charged more than men for the same health coverage.
- Women's health coverage must include pregnancy and newborn care.


An estimated 19.7 million women are smokers, putting them at risk for several types of cancer and heart disease.
The law requires coverage, at no cost, for services to help women quit smoking.

Learn more about the law at HHS.gov/HealthCare.
Get ready for the Health Insurance Marketplace at HealthCare.gov.
2. What racial/ethnic group of women is LEAST likely to be insured?

A. White women
B. Latina women
C. Black women
Uninsured Rates of Women by Racial/Ethnic Group in 2011

- White: 14%
- Latina: 38%
- Black: 23%
Percent of Women in the U.S. Ages 18 to 64 Reporting No Doctor Visit in Past Year Due to Cost, 2006-2008

- White: 15%
- Latina: 28%
- Black: 23%

Source: Kaiser Family Foundation, Unpublished data based on report *Putting Women’s Health Care Disparities on the Map*, 2009
3. Which state has the highest percentage of uninsured women in the U.S.?

A. Texas  
B. California  
C. Massachusetts  
D. New York
Uninsured Rates by State in 2011

- United States: 20%
- Texas: 30%
- California: 20%
- New York: 14%
- Massachusetts: 5%
4. Which of the following is presently NOT true about Medicaid, the health coverage program for low-income individuals?

A. About 2/3 of adult Medicaid enrollees are women
B. All women with incomes below the federal poverty level qualify for Medicaid
C. Contraceptive counseling and supplies is a guaranteed benefit for women enrolled in Medicaid
D. Medicaid pays for more than 40% of all births nationally
Medicaid Eligibility for Women Before the Affordable Care Act

- Pregnant Women: 185%
- Working Parents: 64%
- Non-Working Parents: 38%
5. Which of the following is TRUE about Medicare, the health insurance program for seniors and people with disabilities?

A. Men comprise the majority of Medicare enrollees
B. Women on Medicare, on average, are more likely to live in poverty and alone than men
C. Medicare covers preventive services like mammograms, colonoscopies, and pap smears for women, but charges a co-payment
Medicare Beneficiaries by Gender

- Men: 44%
- Women: 56%
Nursing Home Residents and Home Health Users by Gender

Nursing Home Residents
- Total = 1.5 million
- Average cost = $77 K/year

Home Health Users
- Total = 2.5 million
- Average cost = $29/hour

Source: Kaiser Family Foundation analysis of Medicare Current Beneficiary Survey Access to Care file, 2006
WebMD Video

http://www.webmd.com/health-insurance/default.htm?ecd=soc_tw_aca_keyword_desktop_ad1
The Affordable Care Act has already:

• Required plans to cover the costs of preventive care (ex. immunizations, mammograms, colonoscopies)*
• Extended the maximum age to stay under a parent’s insurance policy to 26

*Grandfathered plans exempt
More changes will take place on January 1, 2014:

- You will no longer be charged more for pre-existing conditions (ex. asthma, diabetes, high blood pressure, Multiple Sclerosis)
- Insurers will not be able to charge people more based on gender, health status, or occupation
- There will be no lifetime limits or caps on benefits allowed
- There will be guaranteed renewability (regardless of health status)
- Insurance will be required for most Americans
- Most Americans will have to pay a penalty if they don’t have insurance
- Coverage through the Health Insurance Marketplace will begin
Grandfathered Plans

• Requirements to maintain status:
  – Existed as of March 23, 2010
  – No major changes in coverage

• All plans must:
  – End lifetime limit
  – Cover children up to age 26
  – End annual limits
  – End pre-existing condition exclusions
  – Provide standard Summary of Benefits and Coverage
  – Provide coverage beginning within 90 days

• Exempt from:
  – Preventive services at no cost
  – Third-party appeals review
  – “Essential health benefits” requirement
More about the Health Insurance Marketplace

• Starting in October 1, 2013, you can compare and choose plans through the Health Insurance Marketplace at http://www.healthcare.gov
• With one Marketplace application, you can learn if you can get lower costs based on your income, compare your coverage options side-by-side, and enroll
• Open enrollment will take place October 1, 2013 – March 31, 2014
• Coverage will start as soon as January 1, 2014
• Each state will have a Marketplace– some run by the state, others by the federal government
• People called “Navigators” will be available to help
• The Health Insurance Marketplace is sometimes known as the health insurance “exchange”
Essential Health Benefits

All private health insurance plans offered in the Marketplace will offer the same set of essential health benefits. These are services all plans must cover:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (such as surgery)
- Maternity and newborn care (care before and after your baby is born)
- Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)
- Prescription drugs
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services

Essential health benefits are minimum requirements for all plans in the Marketplace. Plans may offer additional coverage. You will see exactly what each plan offers when you compare them side-by-side in the Marketplace.
Medicaid Expansion

All individuals with incomes up to 138% Federal Poverty Level will qualify for Medicaid.
Medicaid Expansion

• The Affordable Care Act expands Medicaid coverage for most low-income adults to 138% of the FPL
  – $15,800 for an individual or $32,500 for a family of 4 in 2013
  – Health Insurance Marketplace will identify eligibility in states expanding Medicaid
• Federal government pays 100% of cost of expansion for 3 years, then 90%
• June 2012 Supreme Court decision: States can choose whether or not they want to do the Medicaid expansion
Status of State Medicaid Expansion Decisions, as of July 1, 2013

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In States not Expanding Medicaid

- Individuals with income more than 100% of FPL can purchase health insurance in Marketplace and receive subsidies
- Individuals with incomes below 100% FPL will not be eligible for subsidies
  - Eligibility for Medicaid will be determined by state’s rules
  - Exempt from individual penalty
Primary Care Access and Availability

Disability/Condition Limiting Activity
- 18 to 44 years: 9%
- 45 to 64 years: 18%
- 65 and older: 22%

Chronic Condition Requiring Ongoing Treatment
- 18 to 44 years: 9%
- 45 to 64 years: 23%
- 65 and older: 50%

Arthritis
- 18 to 44 years: 9%
- 45 to 64 years: 32%
- 65 and older: 59%

Diabetes
- 18 to 44 years: 5%
- 45 to 64 years: 13%
- 65 and older: 20%

Heart Disease
- 18 to 44 years: 2%
- 45 to 64 years: 8%
- 65 and older: 18%

Source: Kaiser Family Foundation, 2004 Kaiser Women’s Health Survey.
If you have employer sponsored coverage...

- Employers must send “Notice of Exchange Coverage and Eligibility for Premium Tax Credits” by October 1, 2013
- General information about health insurance marketplace and subsidies
- Information about employer-sponsored health insurance, which will determine whether employee and/or dependents are eligible for subsidies
  - Which employees are offered health insurance
  - Which dependents are eligible
  - Whether coverage meets 60% minimum value standard
  - Whether coverage is intended to be affordable
Minimum Coverage Requirements

- Measured by Actuarial Value (AV) – percentage of health care expense a plan would cover on average for a standard population
- Four standardized actuarial value tiers:
  - Bronze: AV = 60% (average out-of-pocket = 40%)
  - Silver: AV = 70% (average out-of-pocket = 30%)
  - Gold: AV = 80% (average out-of-pocket = 20%)
  - Platinum: AV = 90% (average out-of-pocket = 10%)
- Plans must have maximum out-of-pocket level – same as maximum out-of-pocket costs allowed for a HDHP paired with a Health Savings Account
- In 2013: $6,250 individual, $12,500 family (lower for families below 400% of FPL)
Individual Mandate

• Nonexempt individuals will be required to have “minimum essential coverage” or pay a penalty when they file their federal income tax return.

• To qualify for premium tax credit (subsidy), the individual:
  – Must receive coverage through the Exchange
  – Must pay the premium
  – Cannot be eligible for “affordable” employer-based coverage
Subsidies

• Provided as Premium Tax-Credits at time of purchase
• Based on second lowest cost Silver plan in area
• Premium paid limited to percentage of household income:
  – 100-133% FPL: 2% of income
  – 133-150% FPL: 3-4% of income
  – 150-200% FPL: 4-6.3% of income
  – 200-250% FPL: 6.3-8.05% of income
  – 250-300% FPL: 8.05-9.5% of income
  – 300-400% FPL: 9.5% of income
• Any changes in income or status reported to marketplace so subsidy can be adjusted, if necessary
• Premium tax-credits are reconciled with income tax filing
Private Exchanges

• Marketplace of health insurance products – employees choose a health plan from several provided by employer through private exchange
  – Single-carrier exchanges: single payer offering multiple plan designs
  – Multi-carrier exchanges: third-party intermediary provides a range of payer and plan design options
• Supports paradigm shift to Defined Contribution health care
  – Employers make cash contributions to accounts employees use to purchase health insurance
Section III

Key Issues for Women
#1: Scope of Coverage
Women’s Health Living Room
Discussions with HHS Secretary Kathleen Sebelius

http://www.youtube.com/watch?v=T5stFDJKmuc&list=PLC19777C15423180C
The Affordable Care Act and Women

http://www.youtube.com/watch?v=N17sulNMIc
#2: Reproductive Health
6. Which of the following is TRUE about the Affordable Care Act as it affects women?

A. All plans will be required to cover maternity care
B. Women can no longer be denied insurance due to pre-existing conditions, such as having had a cesarean section or having a history of domestic violence
C. Insurers will no longer be permitted to charge women higher premiums than men for the same level of coverage (gender rating)
D. All of the above
The Affordable Care Act and Maternity Care

http://www.youtube.com/watch?v=Zjz-DlUBsI
7. Which of the following is TRUE about contraceptive coverage and the Affordable Care Act?

A. All brands and methods of contraceptives are covered
B. All employer plans, including churches, must cover contraceptives
C. Plans must pay for condoms
D. None of the above
The Affordable Care Act and Contraception

http://www.youtube.com/watch?v=qFuFemX2ry4
8. Which Affordable Care Act requirement is NOT TRUE for mothers with newborns?

A. Employers with 50 or more workers must provide employees who are nursing mothers with a private space and break time for expressing milk

B. New private plans must provide nursing mothers with support services such as lactation consultants

C. All plans are required to buy all nursing mothers a new breast pump, without cost-constraints
The Affordable Care Act and Breastfeeding Support

https://www.youtube.com/watch?v=KsR6LuNk41c
9. TRUE or FALSE? States may enact laws that ban private insurance plans for providing abortion coverage to their policy holders.

A. True
B. False
Where Insurance Doesn't Cover Abortion

- **Dark Green**: State has a ban on insurance coverage of abortion in all private plans in the state, including the exchange.
- **Teal**: State has a ban on insurance coverage of abortion only in state insurance exchanges.
- **Light Grey**: State has no ban on insurance coverage of abortion.
- **White**: State has no ban on insurance coverage of abortion.

Source: National Women's Law Center

THE HUFFINGTON POST
#3: Primary Care and Prevention
10. Which of the following preventive services are now covered without cost sharing for women enrolled in new private plans as a result of the Affordable Care Act?

A. Well-women visits
B. Mammography and genetic testing for breast cancer
C. The HPV vaccine that protects against cervical cancer
D. Interpersonal and Domestic Violence screening and counseling
E. All of the above
# US Preventive Services Task Force (USPSTF) Recommendations

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#4: Long-Term Care
The Affordable Care Act and Medicare

http://www.youtube.com/watch?v=sf1wokX4Lq4
#5: Excluded Populations
The Affordable Care Act and Excluded Communities

http://www.youtube.com/watch?v=kDQ4HiiCBu8&list=PLC19777C15423180C
#6: Implementation
I Will NOT Be Denied!

Protect Women’s Health Care
Protect the Health Care Law

http://www.youtube.com/watch?v=0j-CneONiGQ
References/Resources

The Health Insurance Marketplace
https://www.healthcare.gov/

Kaiser Family Foundation Health Reform Source
http://healthreform.kff.org/

National Women’s Law Center

Office on Women’s Health
http://womenshealth.gov/index.html

Patients Aware: Medicare and the Health Care Reform
http://patientsaware.ncpssm.org/

Raising Women’s Voices Coalition of Women’s Health Advocates
http://www.raisingwomensvoices.net/more-resources/

United States Preventive Services Task Force
http://www.uspreventiveservicestaskforce.org/

WebMD Health Care Reform
http://www.webmd.com/health-insurance/default.htm?ecd=soc_tw_aca_keyword_desktop_ad1