The Affordable Care Act: Making a Difference in Women’s Health Care

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In 2010, 45 million women across the United States reported that because of the cost, they:

– Did not fill a prescription;
– Skipped a recommended test, treatment or follow-up;
– Did not go to the doctor when they had a medical problem or
– Did not see a specialist when it was needed.

Commonwealth Fund, May 2011
Making a Difference Through

Expanding Coverage

Insurance Reforms

Benefits

Family Planning Advocates of New York State
Expanding Coverage
Figure 1
Assistance For Uninsured Women Under Health Reform

Type of Assistance Potentially Available in 2014

- No Subsidies ≥ 400%
- Tax Credits 139-399%
- Medicaid < 138%

96.7 million women ages 18-64

19 million uninsured

Employer 59%
Uninsured 20%
Medicaid 12%
Individual 6%
Other 3%

Other includes programs such as Medicare and military-related coverage.
The federal poverty level for a family of three in 2010 was $18,310.
Expanding Coverage

Medicaid Expansion

Health Benefit Exchange

Basic Health Plan

More Affordable Coverage
## Current NY Income Eligibility Levels for Medicaid

<table>
<thead>
<tr>
<th>Eligibility Group</th>
<th>Current Medicaid Income Levels (Net Income Standard)</th>
<th>Current FHPlus &amp; CHPlus Income Levels (Gross Income Standard)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>Approx. 83% FPL</td>
<td></td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>100% FPL (full coverage)</td>
<td>150% FPL</td>
</tr>
<tr>
<td></td>
<td>200% FPL (prenatal and maternity coverage)</td>
<td></td>
</tr>
<tr>
<td>Childless Adults</td>
<td>Approx. 78% FPL</td>
<td>100% FPL</td>
</tr>
<tr>
<td>19 and 20 year olds</td>
<td>Approx. 83% FPL</td>
<td>150% FPL</td>
</tr>
<tr>
<td>Children &lt;1</td>
<td>200% FPL</td>
<td>No limit; subsidies &lt;400%FPL</td>
</tr>
<tr>
<td>Children, ages 1-5</td>
<td>133% FPL</td>
<td>No limit; subsidies &lt;400%FPL</td>
</tr>
<tr>
<td>Children, ages 6-18</td>
<td>100% FPL</td>
<td>No limit; subsidies &lt;400%FPL</td>
</tr>
</tbody>
</table>

*FPL*: Federal Poverty Level

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**Family Planning Advocates of New York State**
Medicaid & Women
- covers 12% of women nationally
- two-thirds of all adult beneficiaries
- 56% of NY beneficiaries

Expansion = greater access
- up to 138% FPL or $25,267 for family of 3
- no categorical requirements
- <65 and meet documentation requirements
- more streamlined eligibility
  Ex. Single application for Medicaid, CHPlus and subsidies
Expanding Coverage: State Health Benefit Exchange

- State insurance exchange
  - individual & SHOP
  - subsidies up to 400% FPL
  - coverage option for 500,000+ NY women
  - “no wrong door”
  - inclusion of essential community providers
  - “qualified plans” must cover essential health benefits
Expanding Coverage: Basic Health Plan

• OPTIONAL: Basic Health Plan
  – 139% FPL – 200% FPL
  – improves access to affordable coverage
  – protects from financial penalties
  – improves continuity of care
  – cost–savings to the state
### The Big Picture

<table>
<thead>
<tr>
<th>Total Number of Women Ages 18-64 in NY</th>
<th>Total Number of Uninsured Women 2009-2010</th>
<th>Percent of Total Women in NY</th>
<th>Likely to Qualify for Medicaid*</th>
<th>Likely to Qualify for Premium Credits in the Exchanges**</th>
</tr>
</thead>
<tbody>
<tr>
<td>6,314,656</td>
<td>1,011,706</td>
<td>16%</td>
<td>49%</td>
<td>38%</td>
</tr>
</tbody>
</table>
Insurance Reforms
Insurance Reforms

- Direct access *
- Extending dependent coverage *
- Standard MLR *
- Individual/employer mandates

No gender rating!

I’m still on my parent’s insurance

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Protection from Unfair Insurance Practices

- Insurers cannot cancel your policy if you get sick or make a mistake in your insurance application
- No lifetime limits on amount of care they will cover – AND – in 2014 no annual limits
- Women cannot be charged more than men for coverage*
- No coverage denials for children with pre-existing conditions
- Adults can’t be denied coverage due to pre-existing conditions in 2014

*Women must be charged the same amount as men for coverage for the same family plan.
Health Insurance Benefits
Insurance Benefits

**Essential Health Benefits**

- New plans must offer minimum coverage in the following categories:
  - Ambulatory care, emergency services, hospitalization, maternity and newborn care, mental health and substance abuse disorder services, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services, and chronic disease management.

**Preventive Care**

- Eliminates cost-sharing for:
  - U.S. Preventive Services Task Force grade A and B recommended services
  - Advisory Committee on Immunization Practices
  - HRSA recommended preventive care and screening for infants, children & adolescents
  - Preventive services for women
Essential Health Benefits

• Creates a standard for what is considered “adequate” health coverage
• Must meet the scope of benefits offered under a typical employer plan
• Plans can offer benefits in addition – as can states but the states must pick up tab (ex. state mandates)
• Must include:
  – maternity/newborn care
  – preventive care
  – mental health services
Preventive Health Services

- No cost-sharing requirements for non-grandfathered plans, Medicaid and Medicare
- Effective September 2010 non-grandfathered plans required to cover with no-cost sharing:
  - preventive services recommended as grade A or B by U.S. Preventive Services Task Force
  - immunizations recommended by the Advisory Committee on Immunization Practices (CDC)
  - evidence-based preventive care and screening for infants, children, and adolescents guidelines by Health Resources and Services Administration (HRSA)
- Women’s preventive services effective August 2012
<table>
<thead>
<tr>
<th>Cancer</th>
<th>Chronic Conditions</th>
<th>Immunizations</th>
<th>Healthy Behaviors</th>
<th>Pregnancy-Related**</th>
</tr>
</thead>
</table>
Women’s Preventive Services
Effective August 2012

✓ FDA approved contraceptives
✓ Annual well-woman care exam
✓ Screening for sexually-transmitted diseases
✓ Breastfeeding counseling and equipment
✓ Screening for gestational diabetes
✓ Screening and counseling for intimate partner violence

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Coverage of the Women’s Preventive Health Services: Script for Calling Your Health Insurance Plan

Q: Hi. I understand that under the health care law, new health plans must provide coverage for women’s preventive services, such as a well woman visit and birth control, with no cost sharing. I am trying to confirm that my plan is providing these services. Can you tell me if it is, or whether my plan is grandfathered under the health care law?

Plan is Not Grandfathered

Q: That means the plan should be providing coverage for the women’s preventive services without cost sharing. Is that correct?

No

Q: Do you know why the plan is not following this requirement?

Some plans don’t have to comply with the requirement (self-funded student health plans, and some religiously affiliated employers, schools, and universities). See “Follow-Up Questions” in script for some specific questions you could ask.

Yes

If you run into any problems learning about your coverage or identify any potential barriers to getting coverage, contact the National Women’s Law Center at 1-866-PILL4US or pill4us@nwlc.org

Plan is Grandfathered and Does Not Yet Have to Provide Coverage

Q: Do you know if the plan will still be providing the women’s preventive services without cost sharing?

See follow-up questions in script that you can ask about coverage of specific preventive services.

Q: Do you have information on what services are covered with no cost-sharing?

See follow-up questions in script that can help you find out details about specific preventive services.
WHO SHOULD MAKE DECISIONS ABOUT YOUR BIRTH CONTROL?

YOUR BOSS? ........OR YOU?

Family Planning Advocates of New York State
The ACA will help regardless of age

✓ Coverage for women’s health care needs across the lifespan
  ✓ mammograms, pap smears and bone density screenings without copays
  ✓ helping to close the doughnut hole
Abortion Coverage

• In the Exchange
  • cannot be defined as an essential benefit
  • no federal funds can go towards coverage except in cases of rape, incest or life endangerment
  • if coverage is offered, a separate premium must be collected and funds must be segregated
  • states can ban abortion coverage (both in exchange and private market)
Final Thought

In many ways it is up to us
Learn
Share
Stay connected
Ask questions
Be involved

It is the only true way we can ensure the vision of the ACA is realized in a way that meets the needs of New Yorkers
Resources of Interest

- Henry J. Kaiser Family Foundation: www.healthreform.kff.org/
- Raising Women’s Voices: www.raisingwomensvoices.net
- National Women’s Law Center: www.nwlc.org
- Federal Health Reform Website: www.healthcare.gov
- New York State’s Implementation Website: www.healthcarereform.ny.gov
Questions?

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