Women’s Health under the Affordable Care Act

The Covering Health Reform Webinar Series For Journalists
Presented by the Kaiser Family Foundation

Thursday, February 6, 2014
12:30 p.m. ET – 1:30 p.m. ET

Today’s Speakers from the Kaiser Family Foundation

Alina Salganicoff
Vice President and Director of Women’s Health Policy

Laurie Sobel
Senior Policy Analyst

Penny Duckham
Executive Director, Media Fellowships Program
Women Were a Critical Part of the ACA Debate

The White House Blog
Health Insurance Reform as a Women's Issue: The First Lady’s Take

Comprehensive Health Care Reform: An Essential Prescription for Women
A Report by the Joint Economic Committee
Representative Carolyn B. Maloney, Chair
Senator Charles E. Schumer, Vice Chair

AMA president says pregnant women are barred from buying individual health policies

AARP on What Health Reform Means for Women

Health Care: A Basic Right

March of Dimes Calls for Health Coverage for Women of Childbearing Age and Children
Join YWCA to tell Congress that now is the time to pass comprehensive healthcare reform.

Costs Are a Barrier to Care for Many Women

Percentage of men and women who say they or a family member have done each of the following in the past year because of COST:

- Put off or postponed getting needed health care: 27% (Men) / 40% (Women)
- Skipped a recommended medical test or treatment: 20% (Men) / 33% (Women)
- Didn’t fill a prescription: 22% (Men) / 32% (Women)
- Cut pills or skipped doses of medicine: 15% (Men) / 23% (Women)
- Had problems getting mental health care: 10% (Men) / 14% (Women)

**Millions of Uninsured Women Could Gain Access to Affordable Coverage, but Many Are in the Gap**

Insurance Coverage of Women in the U.S., 2011-2012

- Employer Based/Private 65%
- Medicaid 12%
- Other Government 4%
- Uninsured 19%

96.3 Million Women Ages 19 - 64

18.7 Million Uninsured Women

NOTE: Undocumented refers to those who are not legally authorized in the U.S. Medicaid Eligible includes women eligible for Medicaid in all states. Percentage may not add up to 100% due to rounding.


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

Implementing Expansion in 2014 (26 States including DC)

Seeking to Move Forward with Expansion post-2014 (2 States)

Not Moving Forward at this Time (23 States)

The ACA Makes Many Insurance Reforms Affecting Women

<table>
<thead>
<tr>
<th>Before ACA</th>
<th>After ACA</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No uniform national policy regarding dependent coverage age limits</td>
<td>• Dependent coverage extended to age 26, uninsured rate for women 19-25 fell from 30% in 2009 to 25% in 2012</td>
</tr>
<tr>
<td>• Pregnancy and history of domestic violence could be considered pre-existing conditions</td>
<td>• No pre-existing condition exclusions</td>
</tr>
<tr>
<td>• Individual insurance plans could charge higher premiums to women. Many did.</td>
<td>• Plans are no longer permitted to use gender to determine premiums: gender-rating banned</td>
</tr>
<tr>
<td>• 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.</td>
<td>• Individually purchased plans and employer-based plans include maternity care</td>
</tr>
<tr>
<td>• Plans were not required to cover preventive services without cost sharing.</td>
<td>• ALL new plans must cover recommended preventive services without cost-sharing.</td>
</tr>
</tbody>
</table>

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

ACA requires all “new” private plans to cover preventive services

• Includes:
  – Self-insured employer plans (ERISA plans)
  – Individual insurance plans (plans purchased by individuals)
  – Small and Large group plans (plans employers buy for workers)
  – Plans that are “grandfathered” are exempt

• Requirement also applies to plans that are available in the state Marketplaces because preventive services are considered an Essential Health Benefit
Adult Preventive Services to be Covered by Private Plans Without Cost Sharing

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Chronic Conditions</th>
<th>Vaccines</th>
<th>Healthy Behaviors</th>
<th>Pregnancy</th>
<th>Reproductive and Sexual Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Breast Cancer</em></td>
<td>- Mammography for women 40+</td>
<td>- Tide booster, Tdap</td>
<td>- Alcohol misuse screening and counseling (all adults)</td>
<td>- Tobacco and cessation interventions</td>
<td>- STI and HIV counseling (adults at high-risk; all sexually-active women)</td>
</tr>
<tr>
<td></td>
<td>- Genetic (BRCA) screening and counseling</td>
<td>- MMR</td>
<td>- Alcohol misuse screening and counseling (all adults)</td>
<td>- Alcohol misuse screening/counseling</td>
<td>- Screenings:</td>
</tr>
<tr>
<td></td>
<td>- Preventive medication</td>
<td>- Meningococcal</td>
<td>- Diet counseling (adults w/ high cholesterol, CVD risk factors, diet-related</td>
<td>- Rh incompatibility screening</td>
<td>- Chlamydia (sexually active women ≥24yo, older women at high risk)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Hepatitis A, B</td>
<td>chronic disease)</td>
<td>- Gestational diabetes screenings</td>
<td>- Gonorrhea (sexually active women at high risk)</td>
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<tr>
<td></td>
<td></td>
<td>- Pneumococcal</td>
<td>- Tobacco counseling and cessation interventions (all adults)</td>
<td>- 24-28 weeks gestation</td>
<td>- Syphilis (adults at high risk)</td>
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<tr>
<td></td>
<td></td>
<td>- Zoster</td>
<td>- Interpersonal and domestic violence screening and counseling (women 18-64)</td>
<td>- First prenatal visit (women at high risk for diabetes)</td>
<td>- HIV (adults at high risk; all sexually active women)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Influenza, Varicella</td>
<td>- Well-woman visits (women 18-64)</td>
<td>- Preventive screenings:</td>
<td>- Contraception (women w/repro capacity)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Breastfeeding supports, counseling, consultations and equipment rental</td>
<td>- All FDA approved methods as prescribed,</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>- Sterilization procedures</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Patient education and counseling</td>
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<tr>
<td>Colorectal Cancer</td>
<td>- One of following: fecal occult blood testing, colonoscopy, sigmoidoscopy</td>
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NHF: http://www.aicr.org/take-action/5-a-day/.
Kaiser Women's Preventive Services: http://www.hhs.gov/womensguidelines/.

Why does this matter? Insurance coverage facilitates use of preventive care

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

![Chart showing percentage of women reporting screened for various tests by insurance status: Blood Pressure: 95% (Private), 78% (Medicaid), 7% (Uninsured); Pap Test: 75% (Private), 54% (Medicaid), 12% (Uninsured); Blood Cholesterol: 73% (Private), 65% (Medicaid), 45% (Uninsured); Colon Cancer: 42% (Private), 42% (Medicaid), 45% (Uninsured).]

NOTE: Colon cancer screening among women ages 50 and older; *Significantly different from private, p<.05.
SOURCE: Kaiser Family Foundation, 2013 Kaiser Women's Health Survey.
ACA makes important reforms to improve availability of maternity care

- Pregnancy no longer a pre-existing condition
- Maternity and newborn care are essential health benefits
- Prenatal care and recommended screening services, breastfeeding support now covered without cost-sharing
- Medicaid – Pays for nearly half of U.S. births
  - Mandatory coverage of tobacco cessation programs for pregnant women
  - Optional coverage for freestanding birth centers
  - Medicaid coverage for all newborns who lack acceptable coverage
- Workplace breastfeeding protections for nursing mothers
  - Breaks and private area to express milk

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

12 month prevalence of disorders by sex:

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety Disorder</td>
<td>14%</td>
<td>23%</td>
</tr>
<tr>
<td>Major Depression</td>
<td>5%</td>
<td>9%</td>
</tr>
<tr>
<td>*Substance Disorders</td>
<td>15%</td>
<td>12%</td>
</tr>
<tr>
<td>PTSD</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>2%</td>
<td>4%</td>
</tr>
</tbody>
</table>

NOTE: *Substance Disorders includes nicotine addiction.
ACA expands the preventive services that Medicare Part B will cover without cost-sharing

- “Welcome to Medicare” preventive visit
- Yearly “Wellness” visit
- Abdominal aortic aneurysm screening
- Alcohol misuse screenings & counseling
- Bone mass measurements (bone density)
- Cardiovascular disease screenings
- Cardiovascular disease (behavioral therapy)
- Cervical & vaginal cancer screening
- Colorectal cancer screenings
- Depression screenings
- Diabetes screenings and self-management training
- Glaucoma tests
- HIV screening
- Mammograms (screening)
- Nutrition therapy services
- Obesity screenings & counseling
- Sexually transmitted infections screening & counseling
- Vaccinations: Flu, Hepatitis B, Pneumococcal
- Tobacco use cessation counseling


Focus on Coverage of Contraception and Abortion
Contraceptive Coverage: What does it include?

- ACA requires coverage of FDA-approved contraceptive methods “as prescribed” for women with no cost sharing.

- Includes counseling and insertion as well as services related to follow-up and management of side effects, counseling for continued adherence, and device removal.

- All new plans and for-profit employers must cover contraceptives.

- Exemptions and accommodations for certain religious and affiliated nonprofits.

### FDA Approved Contraceptive Services and Supplies - Covered without Cost-Sharing

<table>
<thead>
<tr>
<th>Contraceptive</th>
<th>Costs</th>
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</thead>
<tbody>
<tr>
<td><strong>Barrier Methods</strong></td>
<td></td>
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<tr>
<td>Diaphragm</td>
<td>$15-$75</td>
</tr>
<tr>
<td>Sponge</td>
<td>$9-$15</td>
</tr>
<tr>
<td>Cervical Cap</td>
<td>$60-$75</td>
</tr>
<tr>
<td>Spermicide</td>
<td>$8</td>
</tr>
<tr>
<td>Female Condom</td>
<td>$4</td>
</tr>
<tr>
<td><strong>Hormonal Methods</strong></td>
<td></td>
</tr>
<tr>
<td>Oral Contraceptives (Pills)</td>
<td>$15-$50</td>
</tr>
<tr>
<td>Birth Control Patch (Ortho Evra)</td>
<td>$15-$80</td>
</tr>
<tr>
<td>Birth Control Ring (NuvaRing)</td>
<td>$15-$80</td>
</tr>
<tr>
<td>Birth Control Shot (Depo-Provera)</td>
<td>$35-$100</td>
</tr>
<tr>
<td><strong>Emergency Contraception</strong></td>
<td></td>
</tr>
<tr>
<td>Plan B – One Step, Next Choice, Levonorgesterol</td>
<td>$35-$60</td>
</tr>
<tr>
<td>ella</td>
<td>$55</td>
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<tr>
<td><strong>Implanted Devices</strong></td>
<td></td>
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<tr>
<td>Intrauterine device – ParaGard, Hormonal IUD-</td>
<td>$500-$1000</td>
</tr>
<tr>
<td>Mirena, Skyla</td>
<td></td>
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<tr>
<td>Implantable Rods</td>
<td>$400-$800</td>
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<tr>
<td><strong>Sterilization for Women</strong></td>
<td></td>
</tr>
<tr>
<td>Procedure</td>
<td>$1500-$6000</td>
</tr>
</tbody>
</table>

NOTE: A woman’s reproductive life spans approximately 30 years.

Contraceptive Coverage: Exemptions and Accommodations

Exempt
Nonprofit Houses of Worship

Mandatory
For Profit Employers: No Exemptions or Accommodations

Nonprofit Employers
Secular
Religiously Affiliated

Employer must include contraceptive coverage or face a penalty

Employer objects to contraceptives on religious grounds

Accommodation
Self-Certify and notify insurer or third party administrator (TPA)

Employer not obligated to purchase contraceptive coverage: Insurer or TPA must pay for coverage for workers/dependents.

NOTE: This requirement applies to employers with fifty or more employees unless they are offering coverage through a grandfathered plan. Small employers (less than fifty employees) are not penalized for not offering health insurance to their workers. However, if a small employer does provide health insurance it must cover preventive services, including contraceptives for women.

Do for-profit corporations have religious rights?
Supreme Court - Oral Argument 3/25/14

<table>
<thead>
<tr>
<th>Case</th>
<th>Plaintiff</th>
<th>Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hobby Lobby, Inc. v. Sebelius</td>
<td>Green family, Protestants of Oklahoma, own Hobby Lobby, a national chain of craft stores with over 500 stores in over 41 states and over 13,000 employees</td>
<td>Greens object to providing health insurance coverage for Ella, Plan B, and IUDs because it is against their religious beliefs and the requirement violates the Religious Freedom Restoration Act (RFRA) and the First Amendment</td>
</tr>
<tr>
<td>Conestoga Wood Specialties Corp. v. Sebelius</td>
<td>Hahn family, Mennonites of Pennsylvania, own Conestoga Woods Specialties which manufactures wood cabinets and has 950 full time employees.</td>
<td>Hahns object to providing health insurance coverage for Plan B and Ella because it is against their religious beliefs and the requirement violates RFRA and the First Amendment</td>
</tr>
</tbody>
</table>

The Religious Freedom Restoration Act of 1993 (RFRA) provides that the government “shall not substantially burden a person’s exercise of religion” unless that burden is the least restrictive means to further a compelling governmental interest.

http://www.law.cornell.edu/uscode/text/42/chapter-21B

What the Supreme Court Must Consider

1. Is the for-profit employer a “person” capable of religious belief? NO
2. Does the requirement to provide health insurance for contraceptives substantially burden the employer? NO
3. Does the government have a compelling interest to provide health insurance coverage for preventive care including contraceptives? NO
4. Is the government meeting the compelling interest in the least restrictive way? YES

Does not violate RFRA

Violates RFRA

Broader Ramifications of the Decision Beyond Health Care:

A decision in favor of granting for profit corporations religious rights could have far-reaching consequences:

- Some business owners may have religious beliefs that conflict with various aspects of health care, including: blood transfusions, vaccinations, infertility treatments, psychiatry treatment and drugs, and health insurance all together.

- Employers could ask to “opt out” of civil rights laws including:
  - Laws meant to protect people from employment and housing discrimination based on race, gender, religion, national origin, or pregnancy.


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)

SOURCE: Patient Protection and Affordable Care Act, Section 1334.
State Policies on Abortion Coverage in Medicaid and Private Insurance

State abortion coverage restriction:
- state Medicaid programs
- state Marketplace plans
- private insurance


Availability of Abortion Coverage for Women Uninsured Prior to 2014

- Restricted Coverage for Abortion Under Medicaid or Private Insurance* 33% (3.9 Million Women)
- Coverage Gap Ineligible for Medicaid or Tax Credits** 15% (1.8 Million Women - 99% reside in states that restrict abortion under Medicaid)

Coverage for Abortion without Restrictions Allowed 52% (6.1 Million Women)

NOTE: Total excludes women who are not legally authorized in the U.S. *Includes women qualifying for Medicaid in states that limit abortion coverage to Hyde; or are eligible for subsidies in states that ban abortion in their state Marketplace; or with incomes 400% FPL in states that ban abortion in private plans.
**Includes women with incomes below the federal poverty level but who live in states not expanding Medicaid and do not qualify for subsidies.

Women’s Health and ACA: Key Issues and Dates

✓ Enrollment:
  ✓ Women comprise 54% of early Marketplace enrollees. Women’s role in promoting enrollment to families and young adults is key

✓ Coverage Gap
  ✓ 2.4 million women in coverage gap

✓ Preventive Services
  ✓ Implementation will be key

✓ Reproductive Services
  ✓ Contraceptive coverage: Supreme Court oral arguments on Hobby Lobby and Conestoga Wood Specialties will be on March 25th, 2014, with an expected decision in June 2014
  ✓ Abortion coverage rules still in play in state and federal arena

Women’s Health Resources from The Kaiser Family Foundation

• The Kaiser Family Foundation, Women’s Health Policy
• FAQ’s about Women’s Health and the ACA
• A Guide to the Supreme Court’s Review of the Contraceptive Coverage Requirement
• Coverage for Abortion Services and the ACA
• Health Reform: Implications for Women’s Access to Coverage and Care
• Fact Sheet: Women’s Health Insurance Coverage
• Medicaid’s Role for Women Across the Lifespan: Current Issues and the Impact of the Affordable Care Act
Women’s Health on kff.org

KFF Resources on Insurance Coverage for Women

- Health Reform: Implications for Women’s Access to Coverage and Care
- Fact Sheet: Women’s Health Insurance Coverage
- Health Insurance Coverage of Women, State Estimates
- Medicaid’s Role for Women Across the Lifespan: Current Issues and the Impact of the Affordable Care Act
- Preventive Services Covered by Private Health Plans under the Affordable Care Act

Search for “women’s health” on kff.org
KFF Resources on **Contraception and Abortion**

- A Guide to the Supreme Court’s Review of the Contraceptive Coverage Requirement
- Coverage for Abortion Services and the ACA
- Fact Sheet: Emergency Contraception
- State Health Facts: Abortion Statistics and Policies

**Search for “contraceptive” or “abortion” on kff.org**

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**State-by-State Data on Women’s Health**

**Search State Health Facts:**

- Abortion

**Choose Category**

- Demographics and the Economy
- Health Costs & Budgets
- Health Coverage & Uninsured
- Health Insurance & Managed Care
- Health Reform
- Health Status
- HIV/AIDS
- Medicaid & CHIP
- Medicare
- Minority Health
- Providers & Service Use
- Women’s Health

**Choose Location**

- Select a State

[www.kff.org/statedata/](http://www.kff.org/statedata/)
KFF’s Frequently Asked Questions (FAQs) on the ACA

Search FAQs by typing a search term or click on a section heading (not pictured)

Frequently Asked Questions About Health Reform

To search Frequently Asked Questions about health reform, enter your search term in the box to the right.

While we have made every effort to provide accurate information in these FAQs, people should contact the Marketplace or Medicaid agency in their state for guidance on their specific circumstances.

The Kaiser Family Foundation appreciate help received from staff at the Center on Budget and Policy Priorities and also Georgetown-University Center on Health Insurance Reform in answering these frequently asked questions.

For additional resources to answer consumer questions, see:
www.healthinsuranceinformation.org

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kff.org/health-reform/faq/health-reform-frequently-asked-questions/

KFF Resources on ACA and Low- to Moderate-Income Adults

• The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid

• State Estimates for People Eligible for Tax Credits In Marketplace

kff.org/health-reform/
KFF Resources on **Exchanges / Marketplaces**

- (NEW) Marketplace Enrollment as a Share of the Marketplace Eligible Population
- State Marketplace Statistics
- Explaining Health Care Reform: Questions About Health Insurance Exchanges
- State Decisions For Creating Health Insurance Exchanges

Search for “marketplaces” on kff.org

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KFF Resources on **Tax Credits & Premiums**

- Quantifying Tax Credits for People Now Buying Insurance on Their Own
- Explaining Health Care Reform: Questions About Health Insurance Subsidies
- Why Premiums Will Change for People Who Now Have Nongroup Insurance

Search for “tax credit” on kff.org
KFF Resources on Insurance Market Reforms

The “Health Insurance Market Reforms” series covers:

- Pre-Existing Condition Exclusions
- Guaranteed Issue
- Rate Restrictions
- Rate Review

Search for “Health Insurance Market Reforms” at kff.org

Feature Our Resources on Your Site For Free

Health Reform Subsidy Calculator

Animated Video

kff.org/interactive/subsidy-calculator
kff.org/youtoons-obamacare-video

kff.org/aca-consumer-resources
KFF Resources for Consumers on the ACA

- "Los YouToons Se Preparan Para Obamacare" (Video)

- Obamacare y Usted
  - Seven fact sheets on how the ACA affects people if they:
    - Have Medicare
    - Qualify for Medicaid
    - Have coverage through their employers
    - Are uninsured
    - Have pre-existing conditions
    - Are a woman
    - Buy coverage in the individual market

- Calculadora de subsidios

kff.org/aca-consumer-resources

kff.org/cuidado-de-salud-recursos-para-los-consumidores/
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