

Web Briefing for Journalists: Potential Changes to Health Care Access and Coverage: What's at Stake for Women?

Presented by the Kaiser Family Foundation

March 22, 2017

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ACA Repeal and the GOP Replacement Plans: What's at Stake for Women's Health?

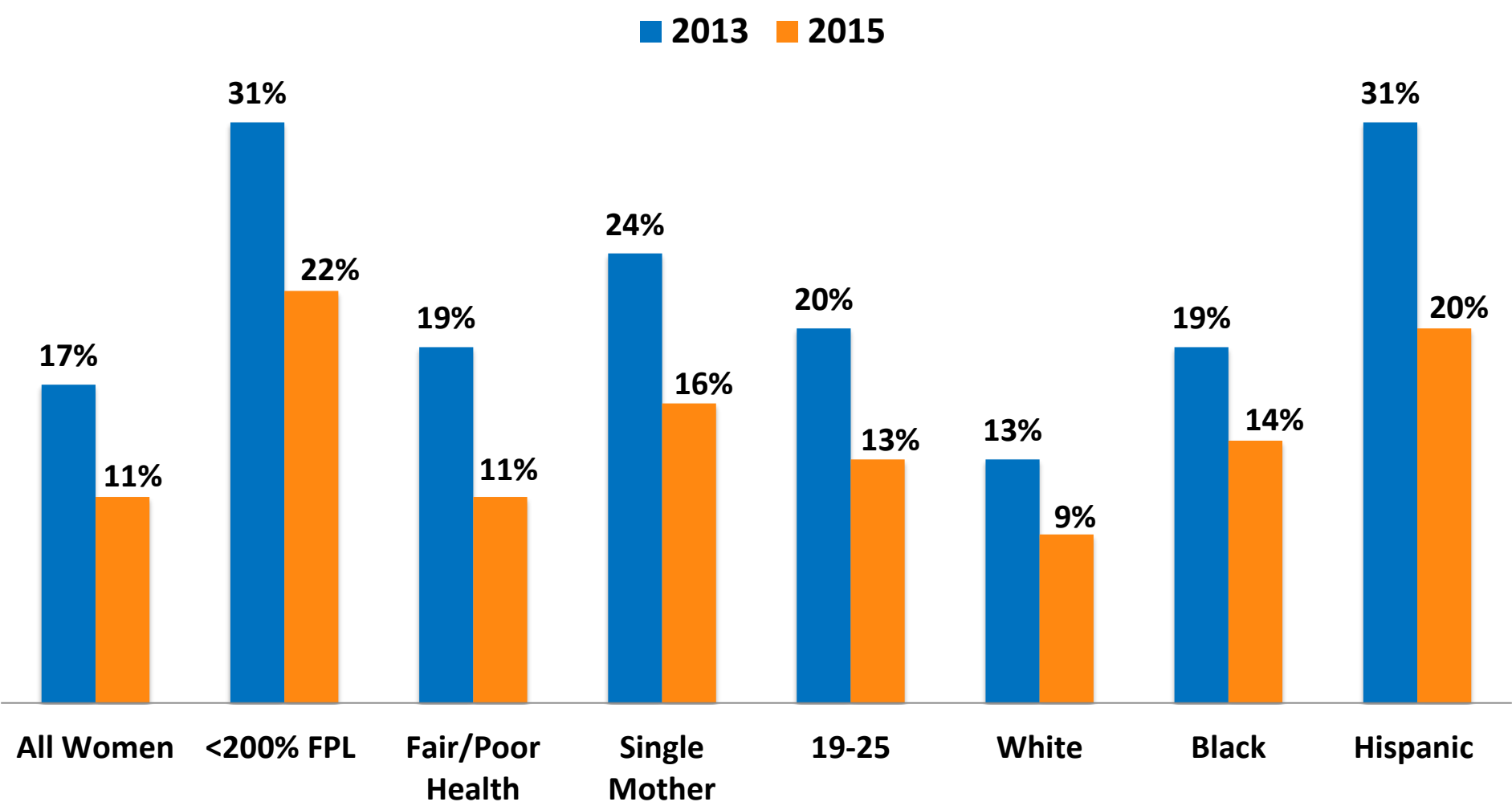
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Henry J. Kaiser Family Foundation

Figure 1

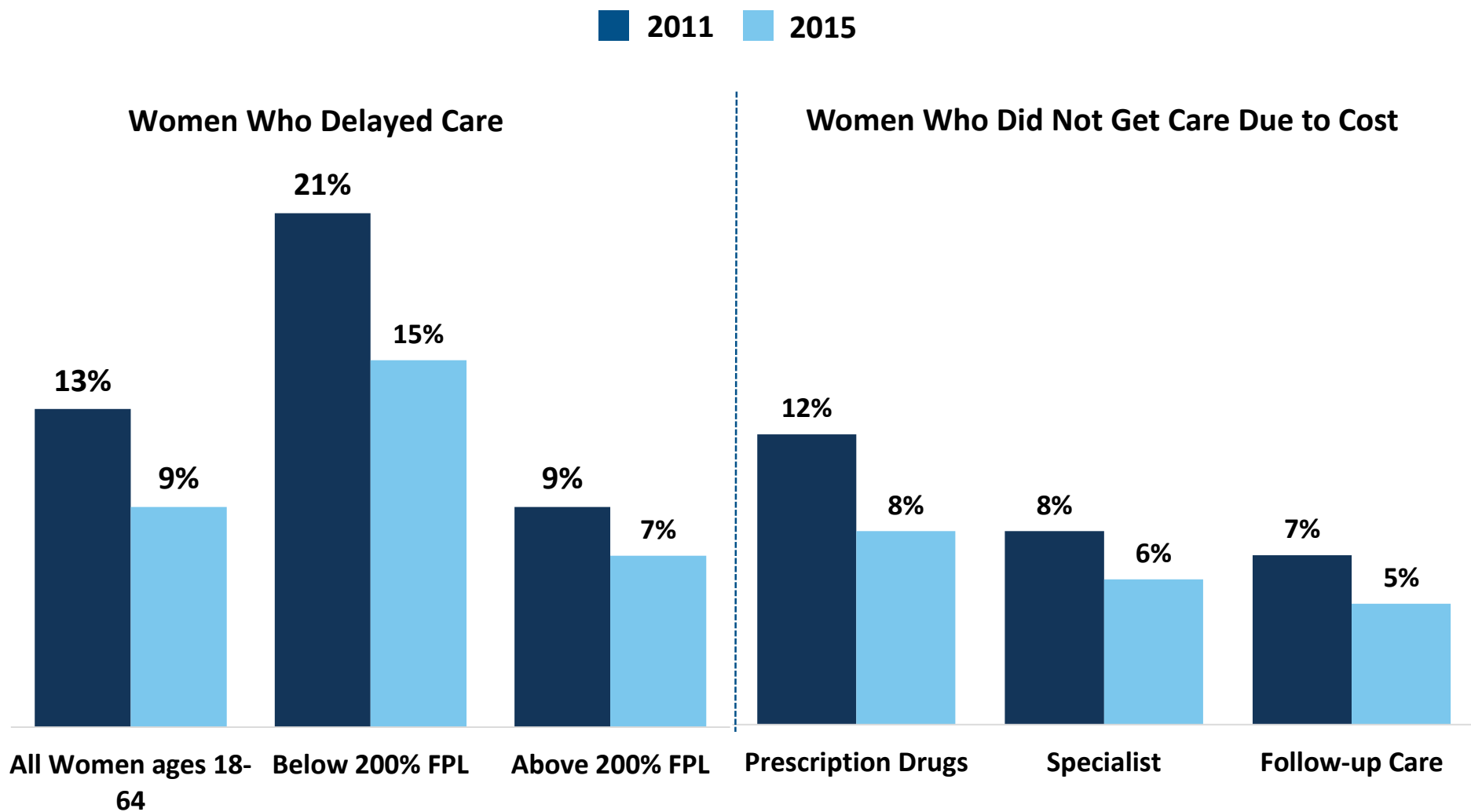
The Uninsured Rate Fell Among all Groups of Women between 2013 and 2015



NOTE: Among women ages 19-64.

SOURCE: Kaiser Family Foundation Analysis of the 2014 and 2016 ASEC Supplement to the Current Population Survey, U.S. Census Bureau.

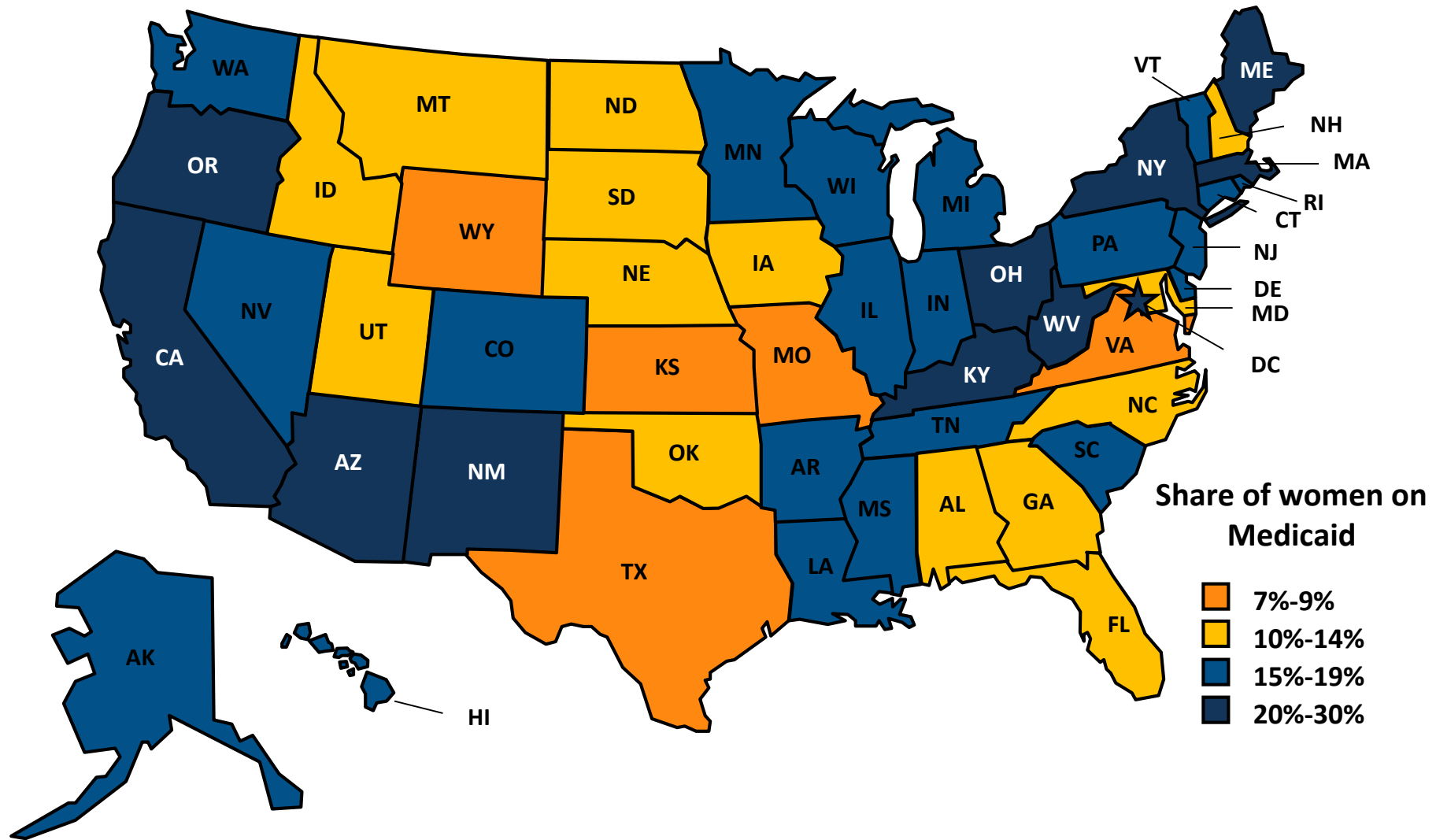
The Share of Women Who Delayed or Did Not Get Care Due to Cost is Falling



NOTES: Among all women ages 18-64.

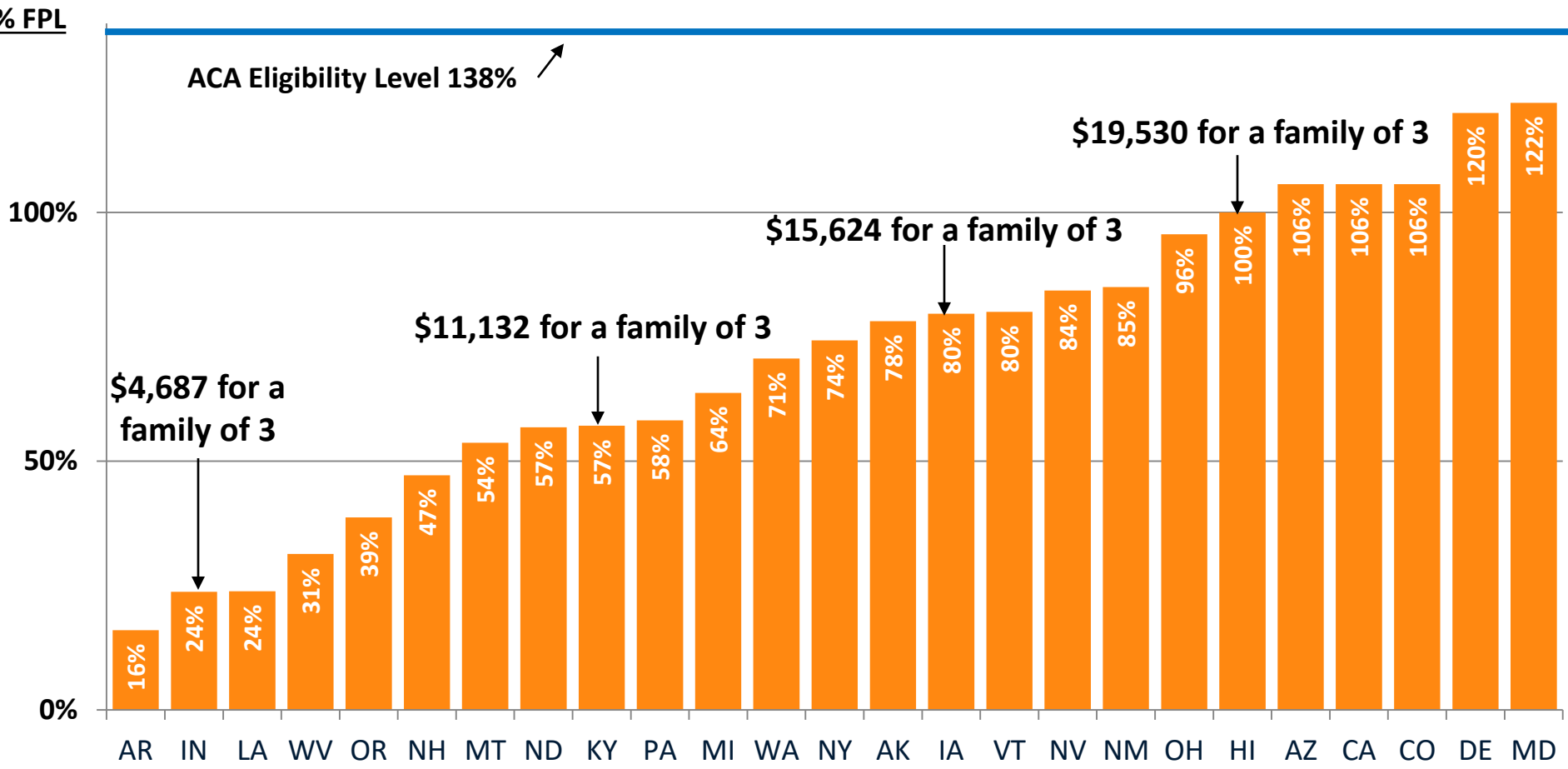
SOURCE: Kaiser Family Foundation Analysis of the National Health Interview Survey 2011-2015.

Medicaid is a Key Source of Coverage for Women in the U.S.



Prior to the ACA, Income Eligibility Levels for Parents Residing in Many States that Expanded Medicaid Were Below Poverty

2013 Medicaid Eligibility Thresholds For Parents



NOTE: Eligibility limits for parents in a family of three. CT, IL, ME, MA, MN, NJ, NY, RI, VT, WI & DC already offered coverage to parents at or above 133% FPL prior to the ACA.
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.

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Subsidies are Particularly Important to Women, Who are More Likely to Be Low-Income than Men

AHCA provides smaller subsidies to low-income individuals compared to ACA

- Under ACA :
 - Tax credits vary with family income, cost of premiums, age
 - Increase annually if premiums rise
 - Cost-sharing is capped for low-income individuals
- Under AHCA :
 - Tax credits vary primarily by age
 - Additional funds are set aside for Senate to use to allocate supplemental funds to older individuals
 - Grows by general inflation (CPI)+1%
 - Cost-sharing cap is repealed

NOTE: Among women and men ages 19-64.

SOURCE: Kaiser Family Foundation Analysis of the 2016 ASEC Supplement to the Current Population Survey, U.S. Census Bureau.

The ACA Made Many Insurance Reforms Affecting Women

Provision	Before ACA
✓ Bans pre-existing condition exclusions	<p>Included:</p> <ul style="list-style-type: none"> • Pregnancy (~ 4 million births per year) • Prior C-section (1/3 births) • Depression (1/10 women) • History of domestic violence (1/3 women)
✓ Requires plans to extend dependent coverage up to age 26	<ul style="list-style-type: none"> • 30% of women, 19-26, were uninsured in 2009, the highest uninsured rate of all age groups.
✓ Bans gender rating	<ul style="list-style-type: none"> • Individual plans may charge higher premiums to women for same coverage • A 2012 study found 1/3 of plans charged 25 and 40 year old women at least 30% more than men
✓ Expands coverage of pregnancy-related care	<ul style="list-style-type: none"> • Maternity and newborn care defined as essential health benefits for individually purchased plans • No cost prenatal visits, screening services, and breastfeeding supports for nearly all women with individual and employer insurance • Medicaid expansion provides coverage for new mothers who otherwise would have lost coverage post partum

SOURCES: Centers for Disease Control and Prevention (CDC), [Births - Method of Delivery 2015](#), [Depression in U.S. Household Population 2009-2012](#).

National Coalition Against Domestic Violence (NCADV), [National Statistics](#), 2010.

National Women's Law Center (NWLCL), [Turning to Fairness Report](#), 2012.

Kaiser Family Foundation/Urban Institute analysis of the March 2009 Current Population Survey, U.S. Bureau of the Census.

ACA Requires All Private Plans, Medicare, and Medicaid Expansion to Cover Recommended Preventive Services Free of Cost Sharing

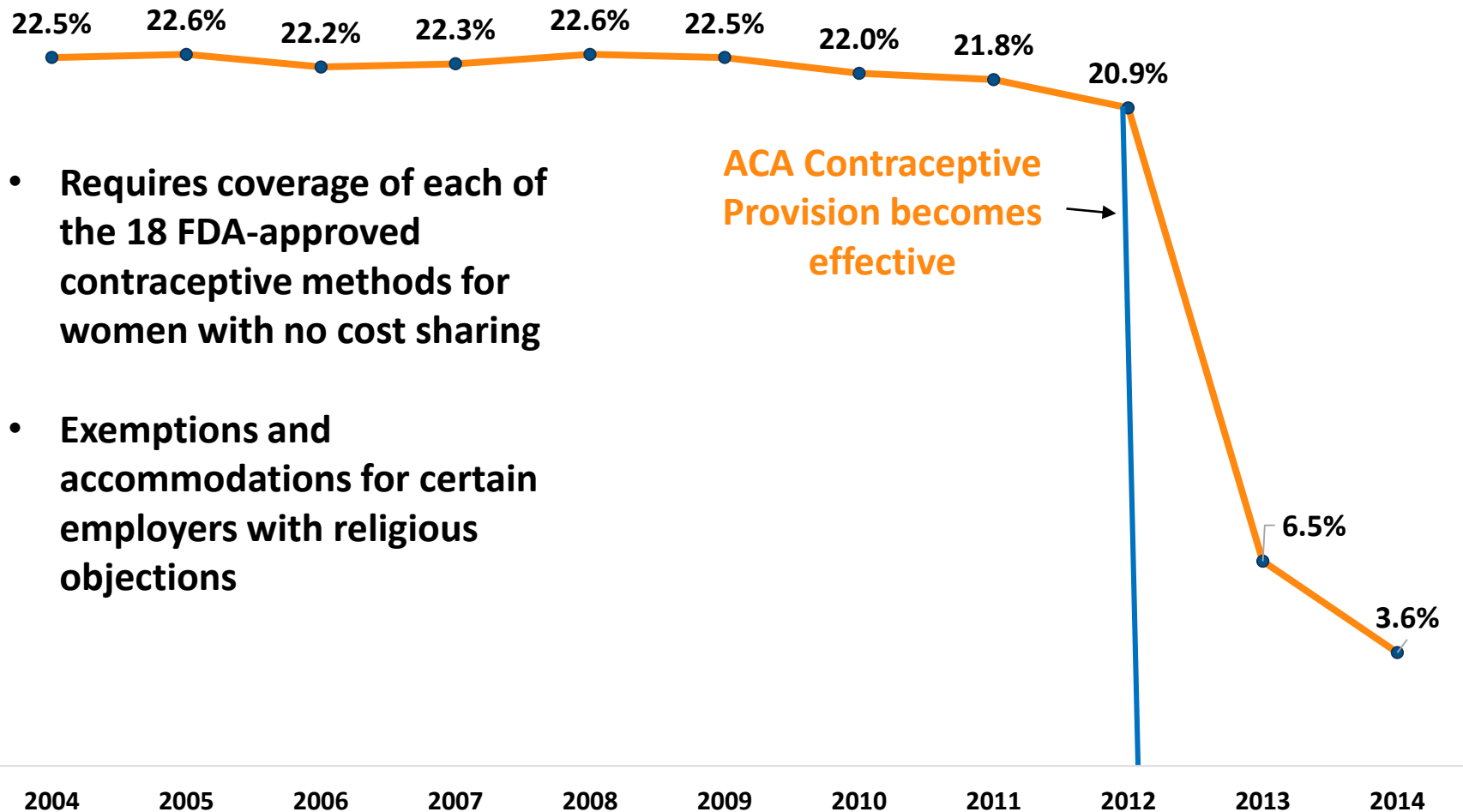
Cancer	Chronic Conditions	Vaccines	Healthy Behaviors	Pregnancy	Repro & Sexual Health
Breast Cancer Mammography Genetic screening & counseling Preventive medication	Cardiovascular Health Hypertension screening Lipid disorders screenings Aspirin	Td booster, Tdap MMR Meningococcal Hepatitis A, B	Alcohol Misuse Screening & counseling Diet Counseling for adults w/high cholesterol, CVD risk factors, diet-related chronic disease	Breastfeeding Counseling, consultations, equipment rental Folic acid supplements	STI & HIV Counseling & Screening Gonorrhea Syphilis Chlamydia HIV
Cervical Cancer Pap testing High-risk HPV DNA testing	Type 2 Diabetes Screening Depression Screening	Pneumococcal Zoster	Tobacco Counseling & cessation interventions	Tobacco & Cessation Interventions	Contraception All FDA approved methods as prescribed Sterilization procedures Patient education & counseling
Colorectal Cancer Fecal occult blood testing, colonoscopy, or sigmoidoscopy	Osteoporosis Screening Obesity Screening Counseling & behavioral interventions	Influenza Varicella HPV	Interpersonal & Domestic Violence Screening & counseling Well-Woman Visits	Alcohol Misuse Screening/counseling Other Screenings Anemia, Hepatitis B, Chlamydia, Gonorrhea, Syphilis, Bacteriuria, Rh incompatibility, Gestational Diabetes	

Note: Orange indicates service exclusive to women.

SOURCE: U.S. DHHS, "Recommended Preventive Services." Available at <http://www.healthcare.gov/center/regulations/prevention/recommendations.html>

Contraceptive Coverage Has Had a Large Effect on Women's Out-of-Pocket Spending in a Short Amount of Time

Share of women reporting any out-of-pocket spending on oral contraceptives



NOTE: Share of Women age 15-44 with health coverage from a large employer who have any out-of-pocket spending on oral contraceptive pills, 2004-2014.
SOURCE: Kaiser Family Foundation analysis of Truven Health Analytics MarketScan Commercial Claims and Encounters Database, 2004-2014.

What Will Happen to Contraceptive Coverage...?

- **HHS could drop requirement**
 - Requirement defined by HHS (HRSA)
- **HHS could scale back the requirement**
 - Could allow employers/plans to choose fewer methods, more medical management
- **HHS could exempt all employers who object – *Hobby Lobby* and *Zubik* Supreme Court cases – religious employers (plaintiffs) sought exemption**
 - Obama Administration: Women workers & dependents entitled to contraception, accommodation developed
 - Trump Administration: Could issue new regulations allowing employers who object to contraception to become exempt (same as houses of worship)

The AHCA Would Go Further than the ACA to Block Coverage of Abortion in Health Plans

Under the ACA:

- Abortion is not an Essential Health Benefit
- States can ban abortion coverage from plans offered through the Marketplace (25 states have done this)
- No Federal premium and cost-sharing subsidies can be used to pay for abortion beyond Hyde limitations
- In states that offer the option of abortion coverage, funds must be segregated and there must be an option to enroll in a plan that doesn't include abortions

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Under the AHCA

- Qualified health plans cannot cover abortion beyond Hyde limitations
- Federal premium tax credits cannot be applied to any plans that cover abortion beyond Hyde limitations.
 - This includes individual plans available on and off the Marketplace
 - Could potentially include employer plans, because tax credits can be used to offset cost of COBRA plans
- Bans small employers receiving tax credits to pay for plans that include abortion coverage beyond Hyde limitations
- Allows insurers to offer or individuals to buy separate policies to cover abortion as long as no tax credits are applied.

Laurie Sobel



Associate Director,
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What's at Stake for Low-Income Women's Access to Reproductive Health Care?

Laurie Sobel, J.D.

Associate Director, Women's Health Policy

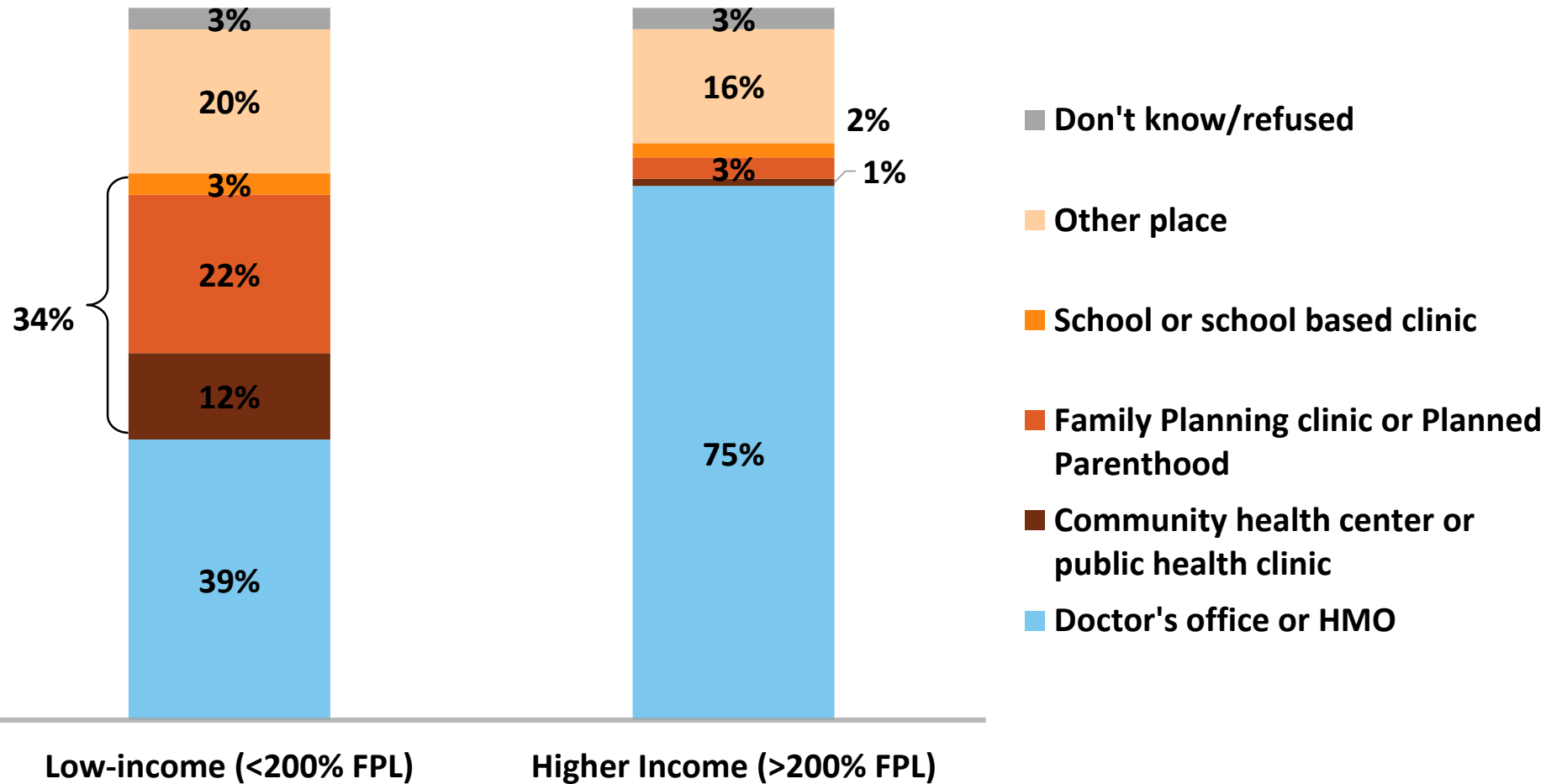
Henry J. Kaiser Family Foundation

What's at Stake for Low-Income Women's Access to Reproductive Health Care?

- Importance of family planning safety-net
- Title X Funding
- AHCA implications for Medicaid financing & family planning
- Banning Medicaid reimbursement for Planned Parenthood

One in Three Low-Income Women Receive Birth Control From Family Planning Clinics

Site of care for birth control during past 12 months; by poverty level



NOTES: Among women ages 15-44 who have had sex and used any birth control within the past 12 months. "Other place" includes drugstores and other unspecified sites.

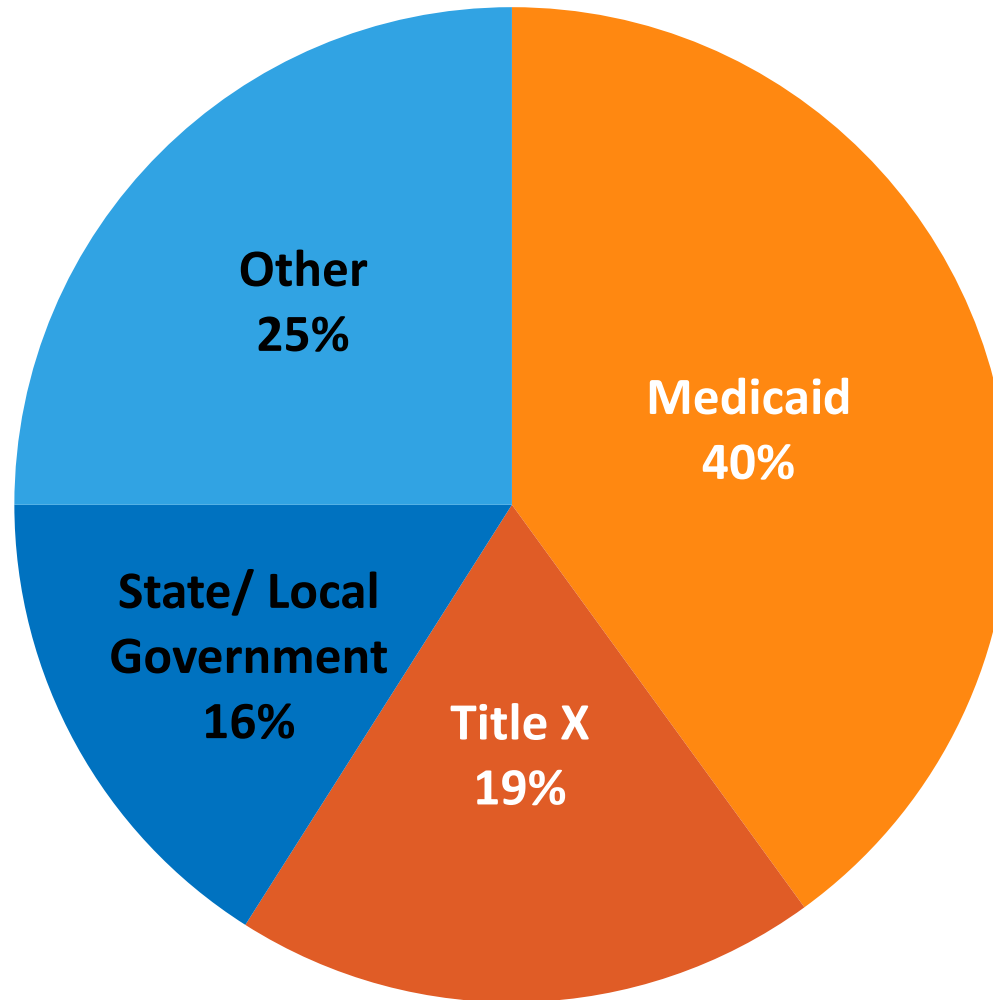
SOURCE: Kaiser Family Foundation, 2013 Kaiser Women's Health Survey.

Title X is Major Source of Public Funding for Family Planning Services for Low-income Women

- \$285 million federal grant program for family planning
- Pays for care, education and infrastructure
- Supports 4,000 sites (including FQHCs, Planned Parenthoods, and State and Local Health Departments) serving 4 million women
- Provide clients with a broad range of contraceptive methods as recommended by the National Quality Family Planning Guidelines (QFP)
- Future funding is uncertain: President has proposed major cuts to HHS; House has not been supportive of Title X in recent years

Title X and Medicaid are Critical Sources of Funding to Family Planning Providers

Distribution of Revenue Sources to Title X Clinics



Medicaid and Family Planning

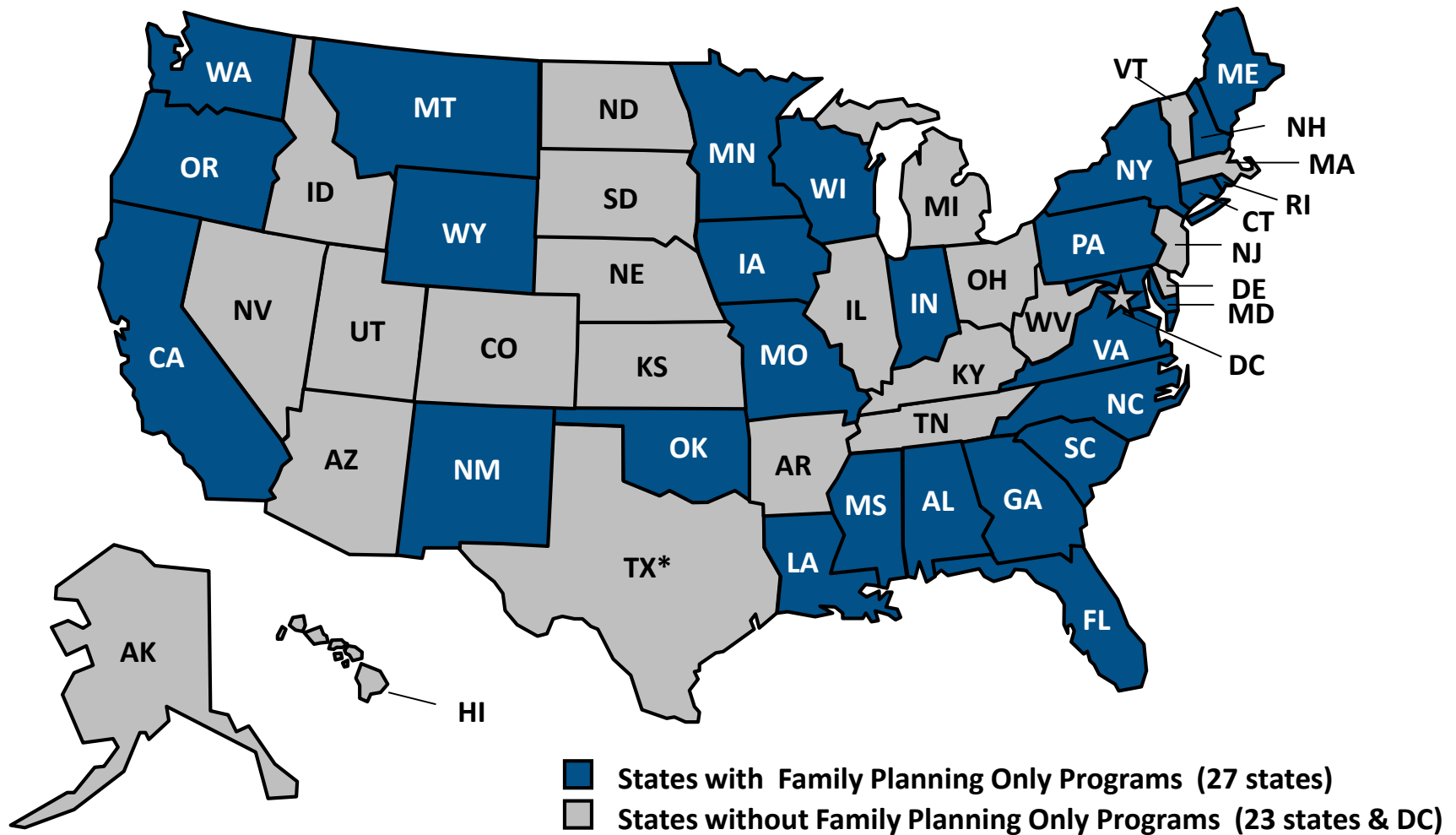
Provisions

- Family planning is a mandatory benefit that must be provided free of cost-sharing
- Allows beneficiaries to choose any willing participating provider
- Federal government picks up 90% of costs
- Allows states to establish limited scope family planning programs

Major Source of Financing of Family Planning Services for Low-Income Women

- 70% of women on Medicaid are of reproductive age
- Covers one in five women of reproductive age
- Pays for nearly $\frac{3}{4}$ of all public family planning costs

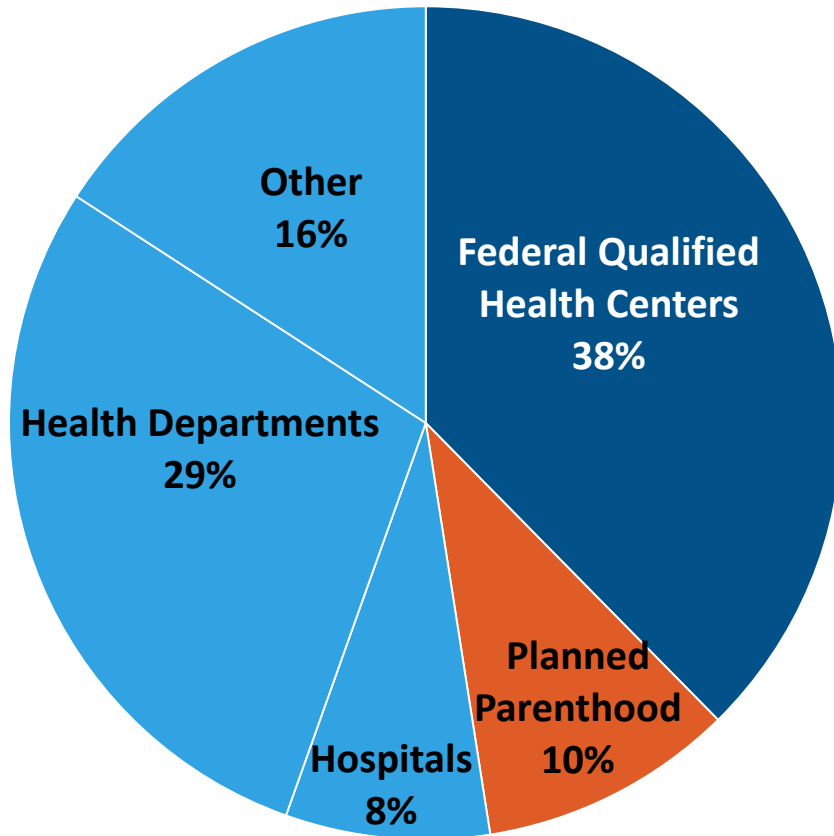
States That Have Expanded Eligibility for Coverage of Family Planning Services Under Medicaid



NOTES: *Texas operates an entirely state funded program that provides family planning services to women at least 18 years of age with incomes up to 185% FPL.
SOURCE: Kaiser Family Foundation. [States That Have Expanded Eligibility for Coverage of Family Planning Services Under Medicaid](#). State Health Facts. As of September 1, 2016.

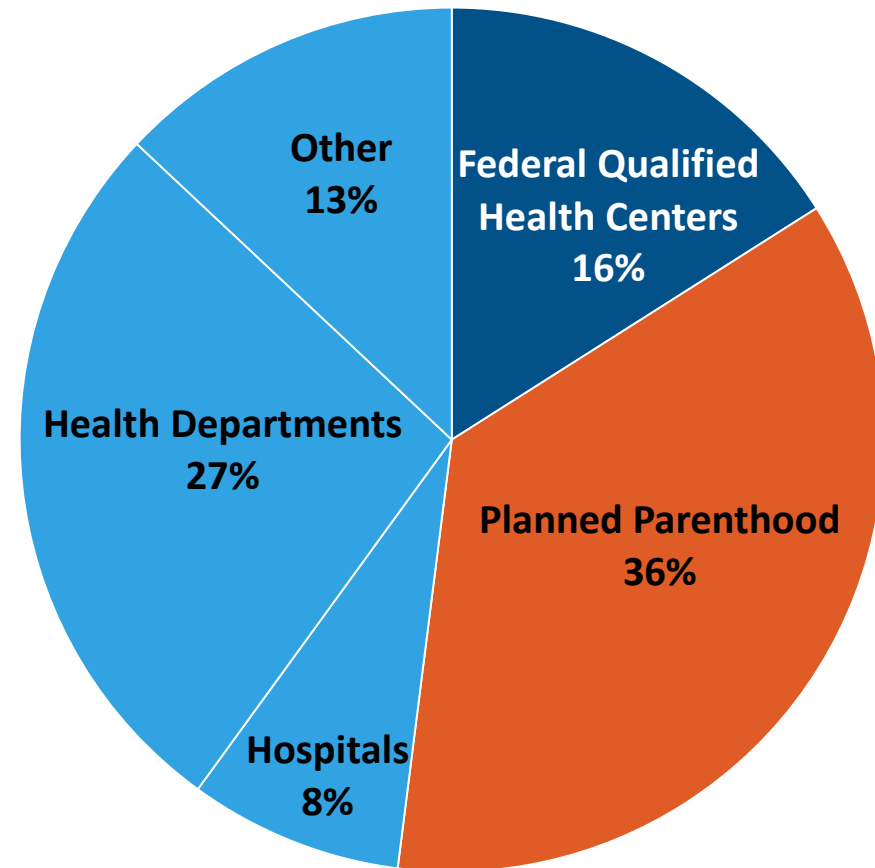
Banning Planned Parenthood as a Medicaid Provider Could Limit Access to Family Planning Services for Many Low-Income Women

Distribution of Clinics



Total = 8,409 clinics providing publicly funded family planning services

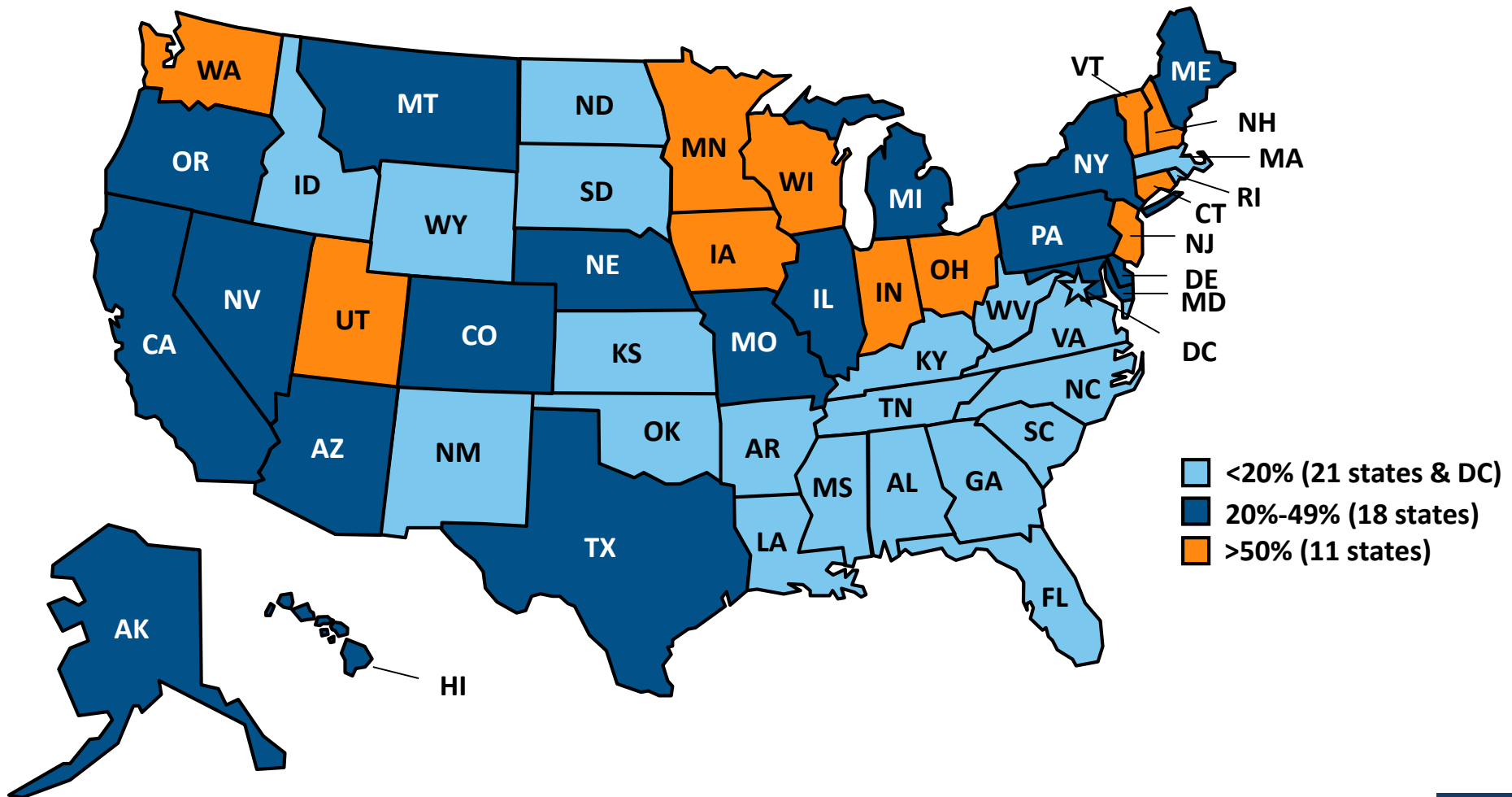
Distribution of Clients



Total = 6.7 million female Contraceptive Clients

The Impact of a Medicaid Ban on Reimbursement to Planned Parenthood Will Differ by State

Share of clients who obtain publicly supported family planning services served by Planned Parenthood Clinics

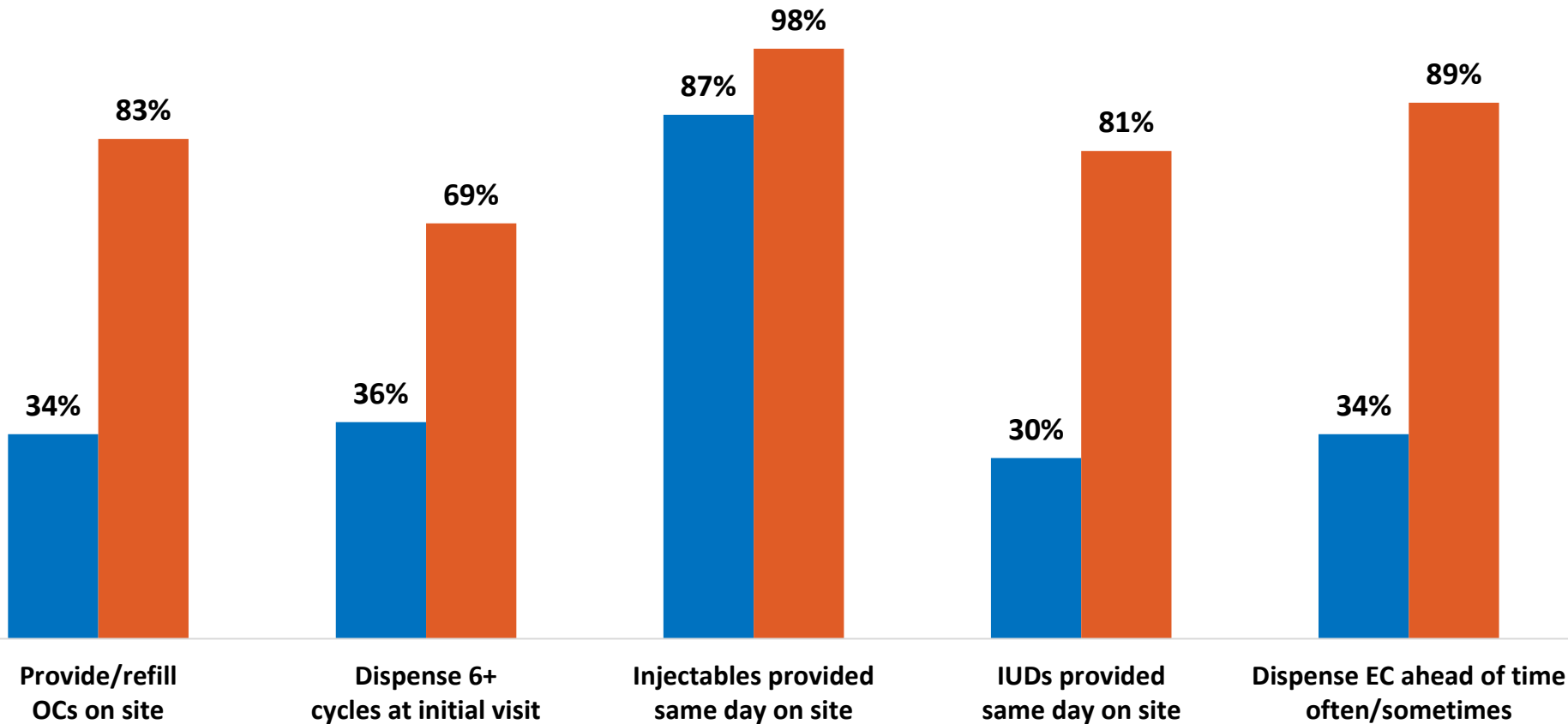


Not All FQHCs Provide the Same Range of Services as Planned Parenthood

Share reporting that they offer service:

■ FQHCs

■ Planned Parenthood



Ashley Kirzinger



Senior Survey Analyst,
Public Opinion and
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Public Opinion on Women's Health Coverage and Federal Funding for Reproductive Health

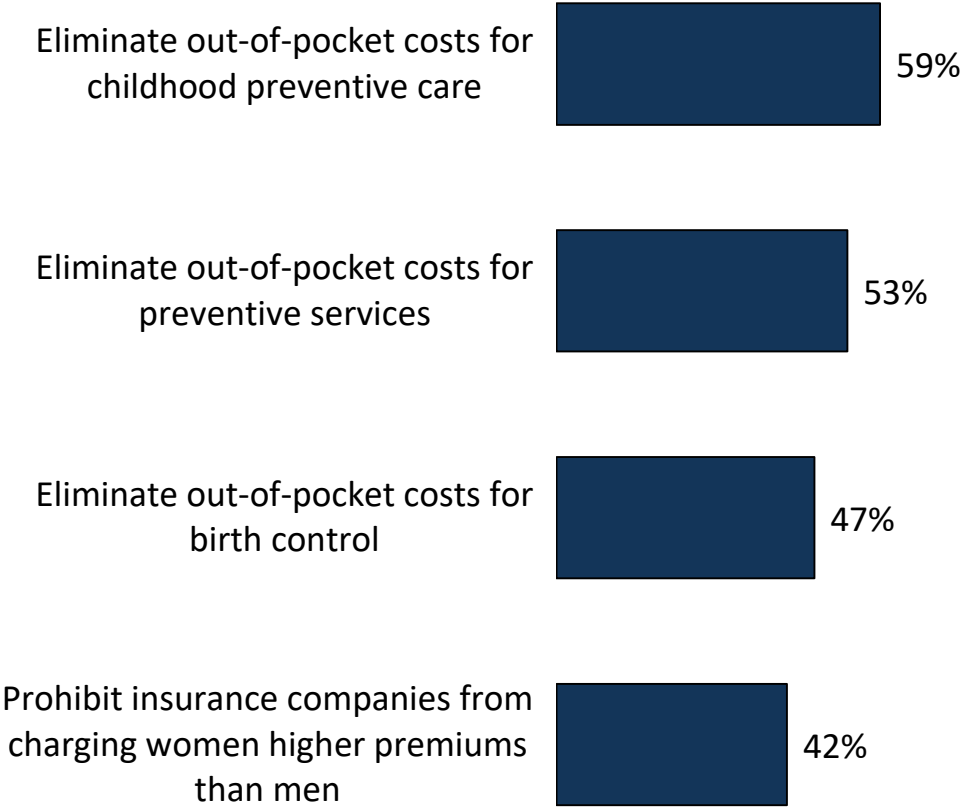
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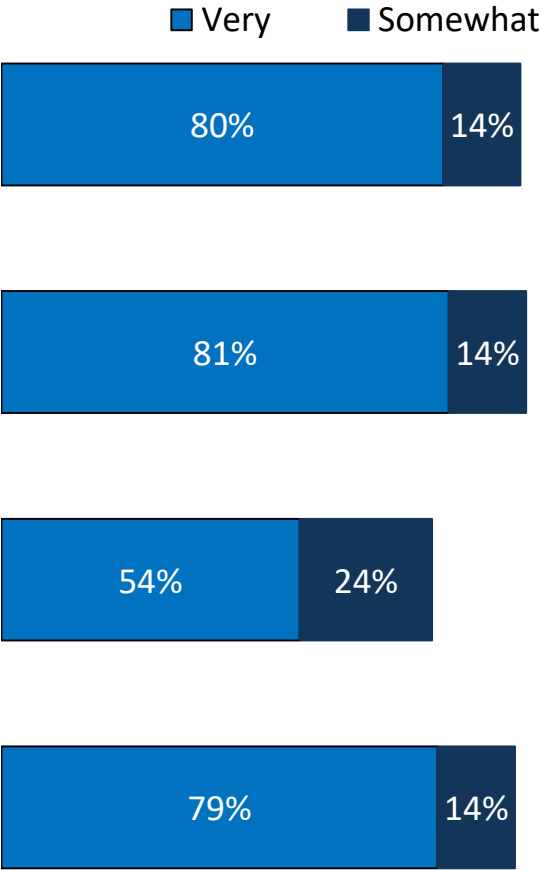
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ACA Provisions for Women’s Health and Preventive Care; Awareness and Support for Keeping them in Place

Percent who are aware each of the following is included in the 2010 health care law:



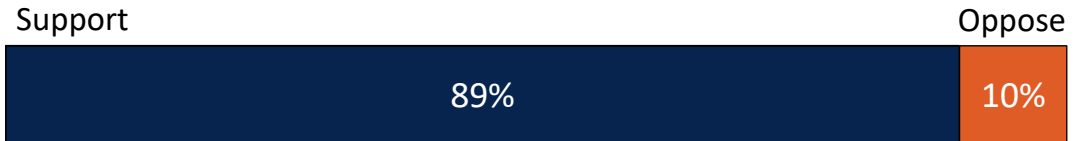
Percent who say it is important that each of the following is kept in place:



NOTE: Question wording abbreviated. See topline for full question wording.
SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted March 6-12, 2017)

Majority Support Requirement for All Private Health Plans to Include Maternity Care, Even After Hearing Arguments

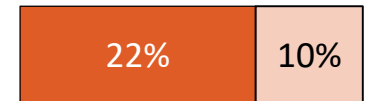
As you may know, the current health care law requires that all private health plans must include coverage for maternity care. In general, do you support or oppose this requirement?



ASKED OF THE 89 PERCENT WHO **SUPPORT** THE REQUIREMENT:

What if you heard that the requirement for all private plans to include coverage for maternity care means some people have to pay for benefits they do not use?

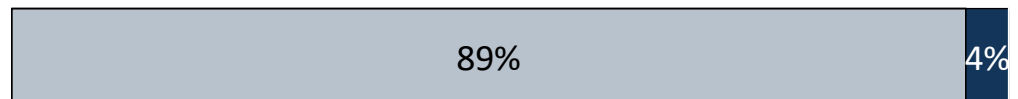
Now say they
oppose



ASKED OF THE 10 PERCENT WHO **OPPOSE** THE REQUIREMENT:

What if you heard that without a requirement for all private plans to include coverage for maternity care, policies that DO include maternity care would become very expensive and unaffordable for some people who need maternity services?

Now say they
support

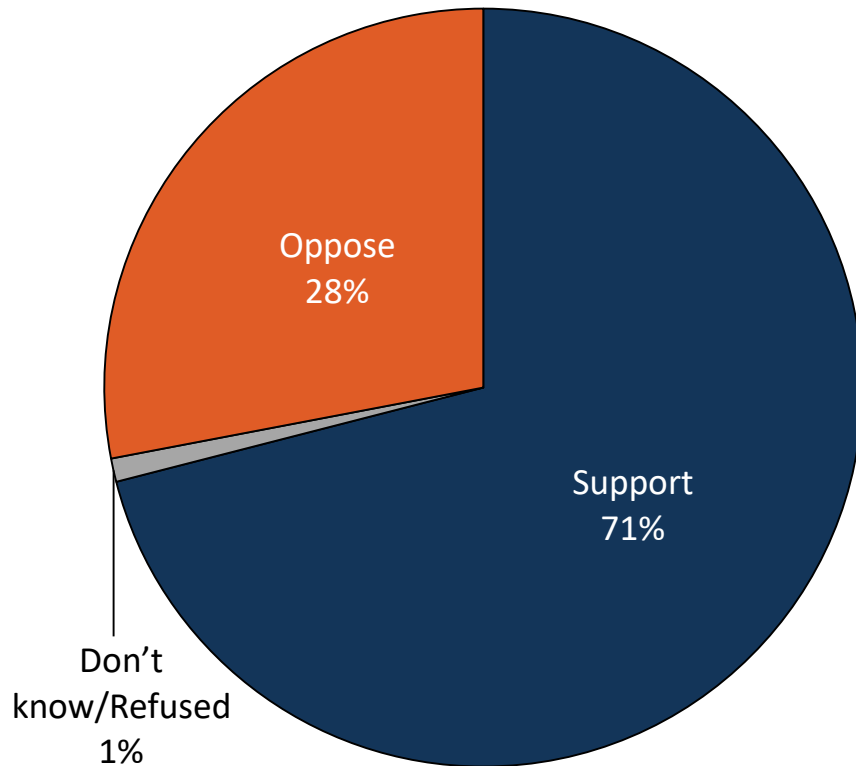


NOTE: Question wording abbreviated. See topline for full question wording. Don't know/Refused responses not shown.

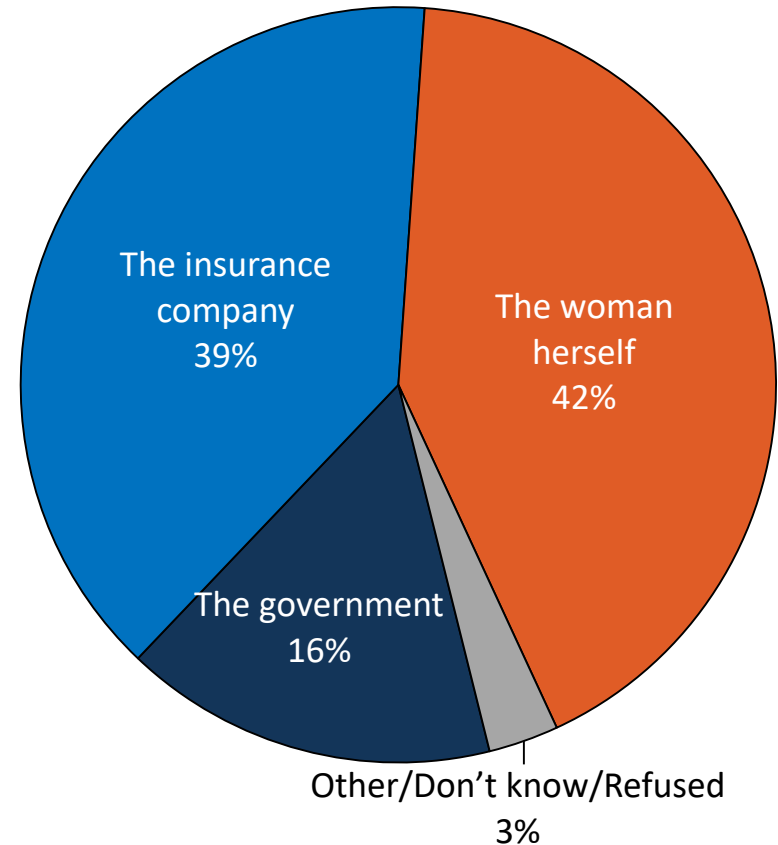
SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted March 6-12, 2017)

Majority Support Requirement for Birth Control Coverage; Divided on Who Should Cover Costs if Employer Has Religious Objections

In general, do you support or oppose the health care law's requirement that private health insurance plans, with the exception of certain religious objections, cover the full cost of birth control?



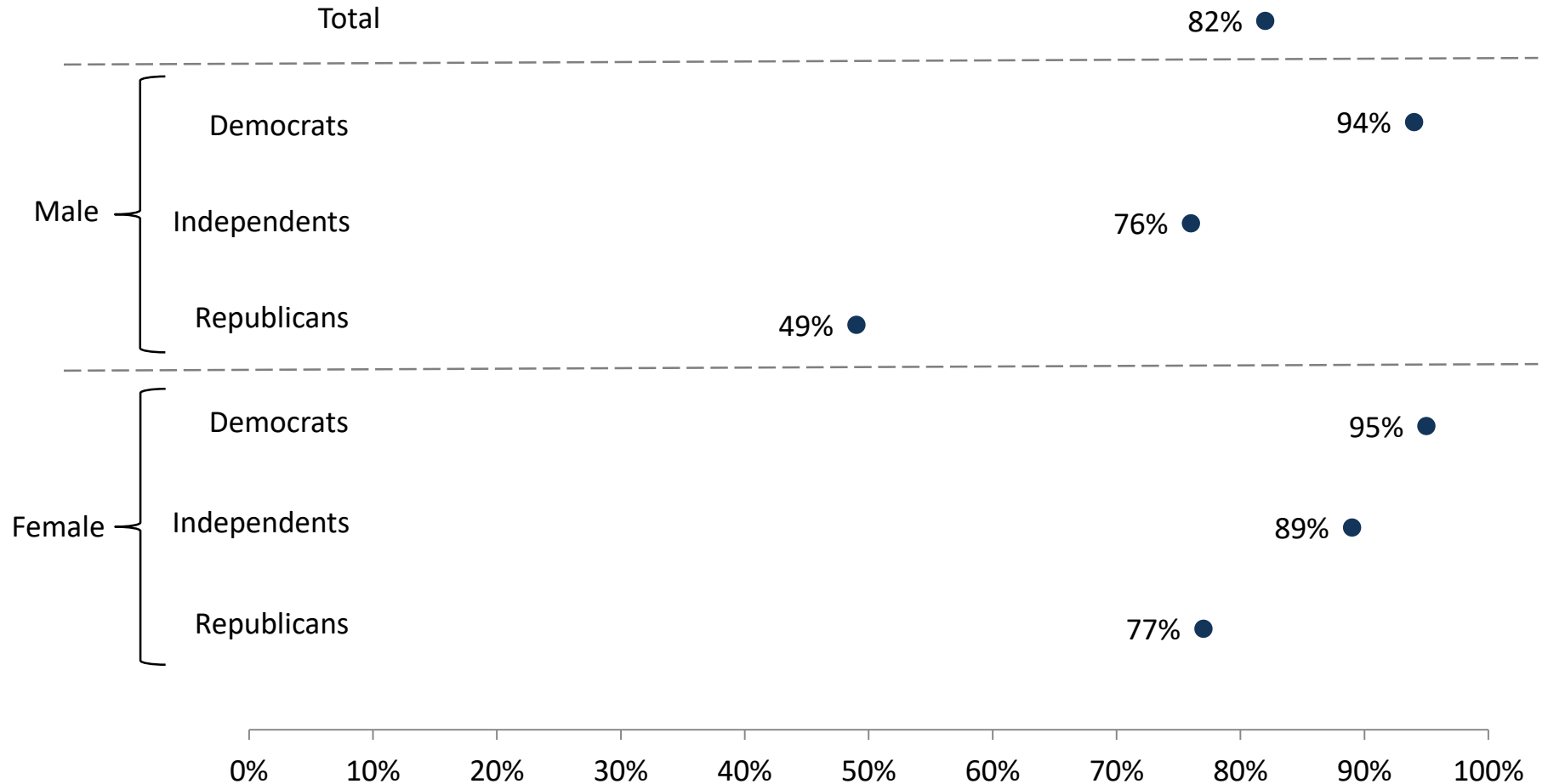
If a woman works for a company whose employer does not pay for coverage of prescription birth control because of religious objections, whose responsibility do you think it should be to pay for this coverage?



NOTE: Question wording abbreviated. See topline for full question wording.
SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted March 6-12, 2017)

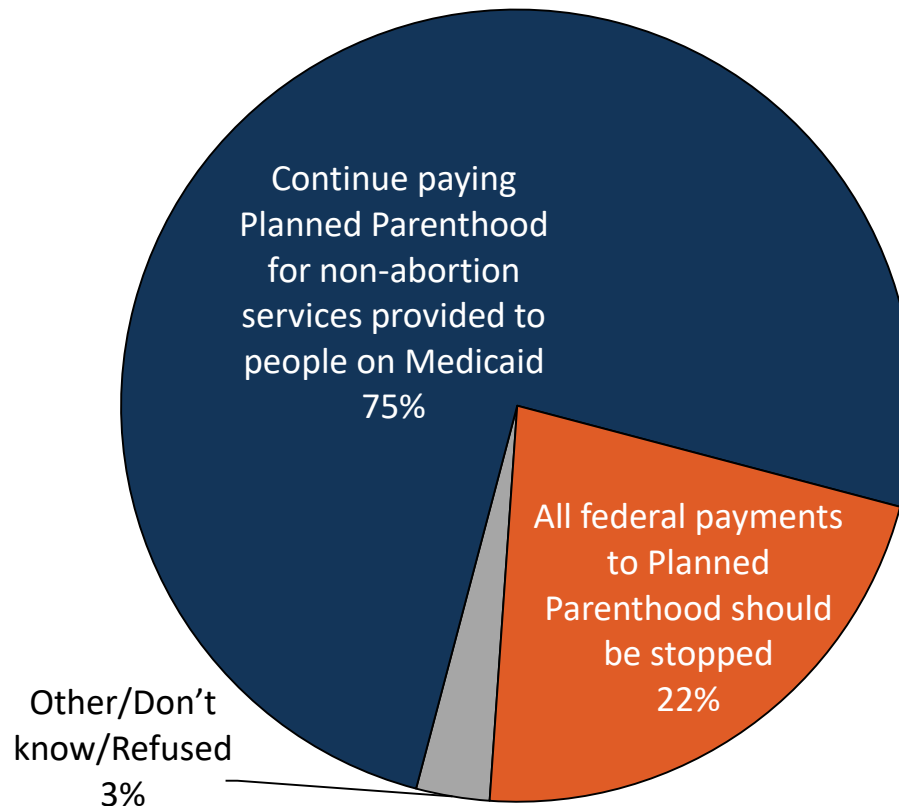
Majority Say Continued Federal Funding for Reproductive Health Services for Lower-Income Women Is Important

Percent who say it is important to them that the federal government provides funding for reproductive health services, such as family planning and birth control, for lower-income women:



Most Say Federal Medicaid Payments to Planned Parenthood Should Continue

As you may know, the Medicaid program pays Planned Parenthood clinics for reproductive health and preventive care services provided to people on Medicaid, including birth control, STD testing and treatment, and cancer screenings. Federal Medicaid funds cannot be used to pay for abortions. Some lawmakers have proposed stopping all federal payments to Planned Parenthood, even for non-abortion services. Do you think that Medicaid should continue to pay Planned Parenthood for non-abortion services or should ALL federal payments to Planned Parenthood be stopped?

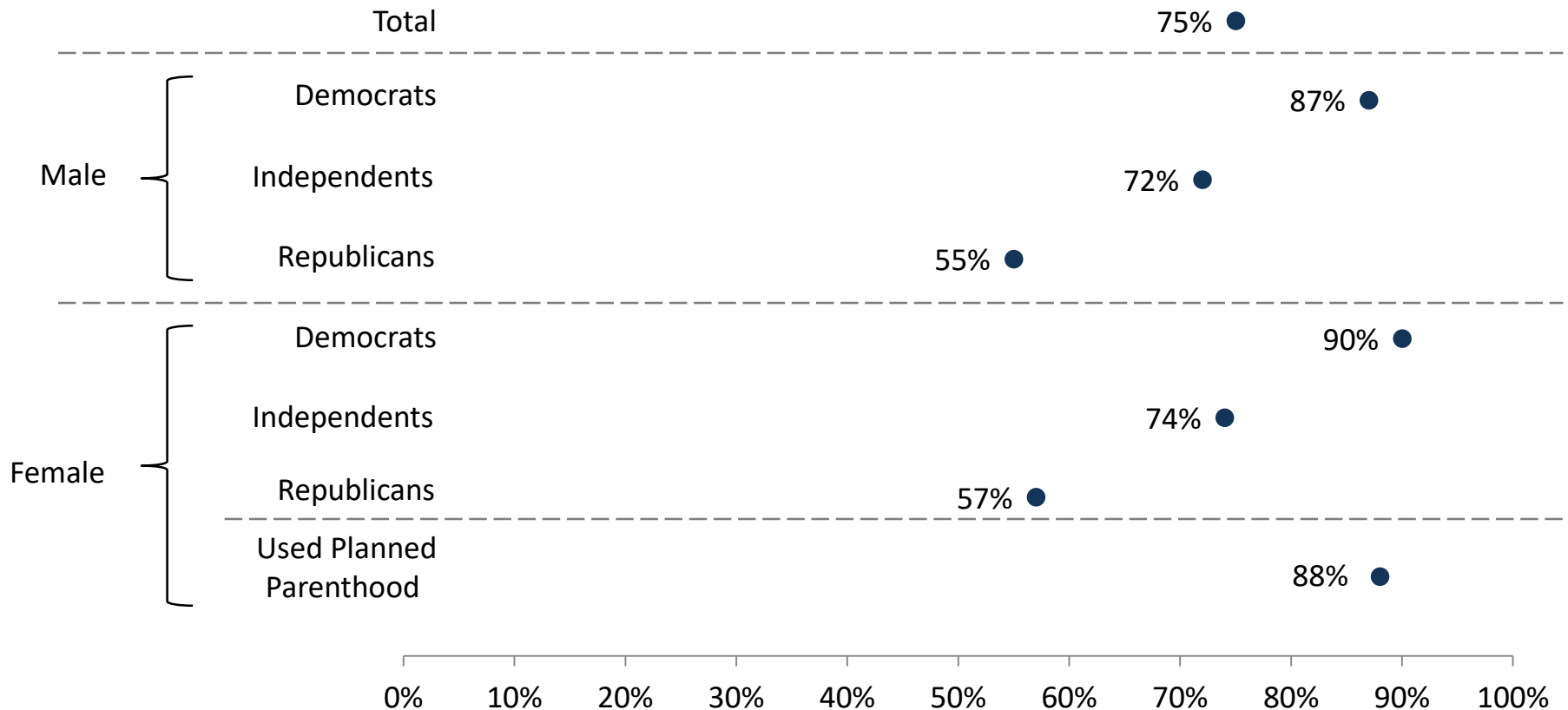


NOTE: "Other/Don't know/Refused" includes those who said Medicaid should pay Planned Parenthood for abortion services too (Vol.)

SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted March 6-12, 2017)

Majorities Across Groups Say Federal Medicaid Payments to Planned Parenthood Should Continue

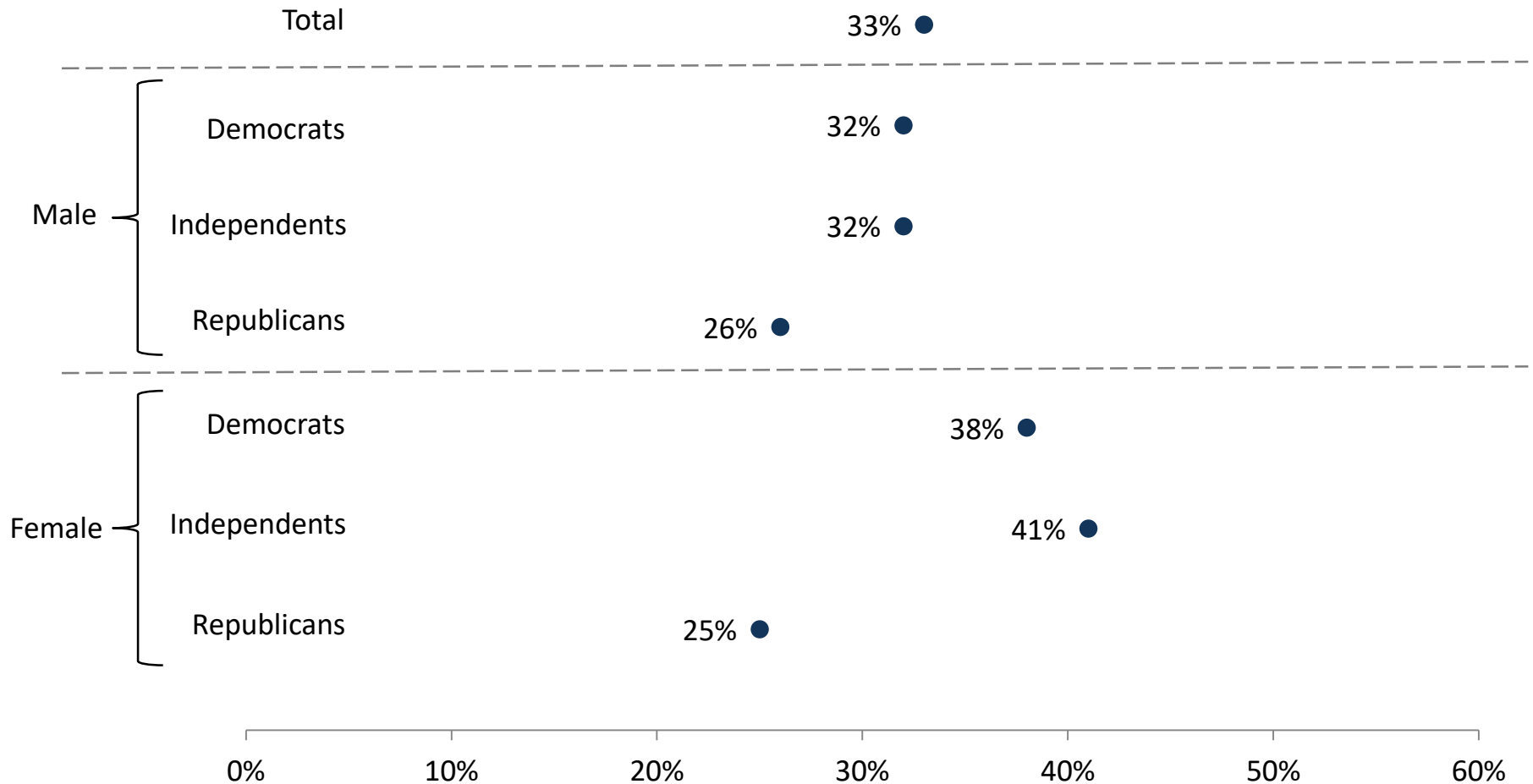
Percent who say Medicaid should continue paying Planned Parenthood for non-abortion services provided to people on Medicaid:



SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted March 6-12, 2017)

One-Third Are Aware of Ban on Federal Funds Being Used to Pay for Abortions, with Lower Awareness Among Republicans

Percent who are aware there is a ban on federal Medicaid funds being used to pay for abortions:



SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted March 6-12, 2017)

Attitudes on Funding Planned Parenthood Are Largely Stable, Unchanged by Arguments

Do you think Medicaid should continue to pay Planned Parenthood for non-abortion services or should ALL federal payments to Planned Parenthood be stopped?

Continue paying
Planned Parenthood

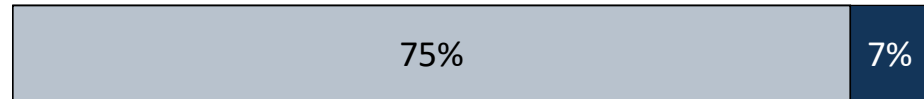
Stop all federal payments
to Planned Parenthood



ASKED OF THE 22 PERCENT WHO THINK MEDICAID SHOULD STOP ALL PAYMENTS TO PLANNED PARENTHOOD FOR NON-ABORTION SERVICES:

What if you heard that cutting off payments to Planned Parenthood would make it difficult for many lower-income women to access certain health services, such as treatment for STDs, cancer screenings, and birth control?

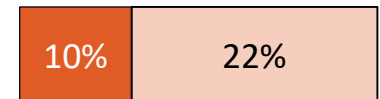
Now say they want
to keep payments



ASKED OF THE 75 PERCENT WHO THINK MEDICAID SHOULD CONTINUE PAYING PLANNED PARENTHOOD FOR NON-ABORTION SERVICES:

What if you heard that even though no federal payment to Planned Parenthood goes directly to abortion services, the organization does provide and refer women for abortions?

Now say they want to
stop all payments



NOTE: Question wording abbreviated. See topline for full question wording. Don't know/Refused responses not shown.

SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted March 6-12, 2017)

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Today's Web Briefing Will Be Recorded

The archived web briefing will be available later today.

Slides are available for download.

kff.org/womens-health-policy/event/web-briefing-for-journalists-potential-changes-to-health-care-access-and-coverage-whats-at-stake-for-women/

Q&A – Ask Questions Via Chat

- Click the chat icon  to open up the chat dialogue.
- Submit questions via chat at any time.
- We will answer questions after the presentations.

Kaiser Family Foundation Resources

Ten Ways That Repealing and Replacing the Affordable Care Act Could Affect Women

<http://kff.org/womens-health-policy/issue-brief/ten-ways-that-repealing-and-replacing-the-affordable-care-act-could-affect-women>

The Future of Contraceptive Coverage

<http://kff.org/womens-health-policy/issue-brief/the-future-of-contraceptive-coverage/>

Kaiser Health Tracking Poll: ACA, Replacement Plans, Women's Health

<http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-aca-replacement-plans-womens-health/>

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