

OPPORTUNITIES TO MAXIMIZE WOMEN'S HEALTH UNDER THE AFFORDABLE CARE ACT

As the key consumers, providers, and coordinators of health care, women will be uniquely affected by national health reform. The Patient Protection and Affordable Care Act (ACA) is a significant opportunity for the United States to prioritize women's health across the lifespan. The ACA addresses women's health challenges by: 1) dramatically increasing insurance coverage, 2) making health insurance more affordable, 3) guaranteeing women comprehensive health benefits, and 4) protecting women from discriminatory insurance practices. Despite these significant strides, certain women's health challenges will persist unless specifically addressed under reform. Philanthropy is uniquely situated to address the challenges

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specific to women's health. Armed with recommendations gleaned from seven years of Massachusetts health reform, the model for national reform, philanthropy can play a crucial role in funding initiatives to address these remaining challenges and foster real change in women's health within the emerging health care system.

KEY FINDINGS AND RECOMMENDATIONS

Challenge	Impact of the ACA	Opportunities for Philanthropy
<p>Preventive Care</p> <p>Preventive care and early detection of diseases can lead to effective treatment and improved health outcomes while cost-sharing (copayment, coinsurance, or deductible) can be a barrier to women's access to care.</p>	<p>Private insurers are now required to cover a range of preventive care services for women without cost-sharing, including well-woman visits; screenings for gestational diabetes; HPV DNA testing; counseling for sexually transmitted infections; counseling and screening for HIV; breastfeeding support, supplies, and counseling; screening and counseling for interpersonal and domestic violence; and Food and Drug Administration-approved contraceptive methods and contraceptive counseling.</p>	<p>The success of "no-cost" preventive women's services depends on strong oversight and comprehensive consumer education.</p> <ul style="list-style-type: none"> • Support advocacy initiatives to enhance access to and utilization of women's health preventive services. • Provide funding to monitor and evaluate access to and utilization of "no-cost" preventive services for women. • Support outreach and education to educate women and providers about "no-cost" preventive services.¹
<p>Insurance Coverage</p> <p>Twenty percent of women ages 18 to 64 are uninsured in the United States. Uninsurance affects a woman's ability to access and afford care.</p>	<p>The ACA takes a number of steps to increase insurance coverage:</p> <ul style="list-style-type: none"> • Women under the age of 26 can remain on a parent's insurance plan. • Previously uninsured low-income women may gain coverage under Medicaid expansion if their state chooses to participate. • Women without access to employer-sponsored insurance will be able to purchase health insurance plans in the newly created state health insurance exchanges. 	<ul style="list-style-type: none"> • Provide funding to monitor the impact of a state's decision to accept or deny Medicaid expansion. • Support advocacy and public service campaigns at the grassroots level to encourage states to accept expansion. • Support safety net and pilot programs that provide alternative models of coverage for low-income women in states that do not expand Medicaid. • Invest in culturally competent outreach and enrollment efforts. • Support advocacy to ensure that young women can access confidential services, including reproductive and sexual health services under their parents' insurance plans.

Continued on next page.

¹ "No-cost" preventive services: although consumers do not pay cost-sharing during a preventive care visit, they still pay for these services through premiums.

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<p>Churn & Gaps in Coverage</p> <p>In 2014, 28 million low-income Americans are expected to transition between insurance products. This is known as “churn.” It disproportionately affects women because of income and other gender-related circumstances.</p>	<p>The ACA attempts to reduce churn through the following provisions:</p> <ul style="list-style-type: none"> • The Basic Health Plan would allow states to create an intermediate insurance program between Medicaid and the exchange. • The “no wrong door” provision is a streamlined approach to enroll in insurance through Medicaid or state health insurance exchanges. 	<ul style="list-style-type: none"> • Support advocacy programs designed to help reduce churn and gaps in coverage. • Fund studies and programs to monitor and address churn and gaps in coverage for women. • Support pilot studies to examine the efficacy of models designed to reduce churn.
<p>Affordability</p> <p>Women are disproportionately affected by health care costs for a number of gender-based reasons, including lower incomes and longer life expectancies.</p>	<p>The ACA addresses affordability by establishing health insurance exchanges where women can purchase affordable insurance and determine eligibility for tax credits and Medicaid. It also calls for the establishment of a “navigator program” to help consumers determine which subsidies they may qualify for to help with buying coverage.</p>	<ul style="list-style-type: none"> • Support research to gauge the adequacy of premium subsidies for women and the law’s affordability standard. • Fund development of consumer affordability tools designed for women. • Support advocacy programs to work with women to ensure that they are able to access affordable, comprehensive care under the ACA.
<p>Primary Care</p> <p>Primary health careⁱⁱ is crucial to a woman’s health, yet it faces provider shortages. With 17 million women expected to gain insurance coverage, these shortages are likely to be exacerbated.</p>	<p>Although the ACA includes provisions designed to address recruitment, retention, and training of primary care providers (PCPs), efforts beyond the ACA provisions will be necessary to maximize PCP access and utilization for women.</p>	<ul style="list-style-type: none"> • Fund research on flexible work arrangements for primary care clinicians. • Support primary care workforce studies and research on issues driving provider shortages. • Support the development of public-private partnerships to address workforce shortages.
<p>Long-Term Care</p> <p>Women are more likely to be the recipients of long-term care (LTC) over the lifespan, to work in caregiving professions, and to perform unpaid informal caregiving duties for family members and friends.</p>	<p>The ACA strengthens the formal LTC workforce through loan repayment programs and provides funding for new models of care to better address the needs of the LTC population. Because the ACA’s major LTC initiative (CLASS Act) failed, philanthropy has significant opportunities to improve the LTC landscape.</p>	<ul style="list-style-type: none"> • Invest in comprehensive data sets that track LTC issues and needs. • Support public-private partnership strategic planning initiatives with states. • Fund advocacy to improve LTC options for women. • Support innovations in LTC financing. • Support programs for informal caregivers.
<p>Women’s Health Research</p> <p>Data collection and reporting standards will be essential to understand the impact that important ACA provisions have on women’s health.</p>	<p>The ACA requires the collection of certain self-reported data on sex, race, ethnicity, primary language, and disability status. The law, however, does not require the routine analysis and reporting needed to ensure that health disparities are addressed under reform.</p>	<ul style="list-style-type: none"> • Fund research studies that examine the impact of health reform on women and subgroups of women. • Require grantees to report stratified data as a condition of funding.

ⁱⁱ Family medicine, internal medicine, obstetrics and gynecology, geriatrics, and psychiatry

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