

Women and the Affordable Care Act: Factoring in the Supreme Court Decision

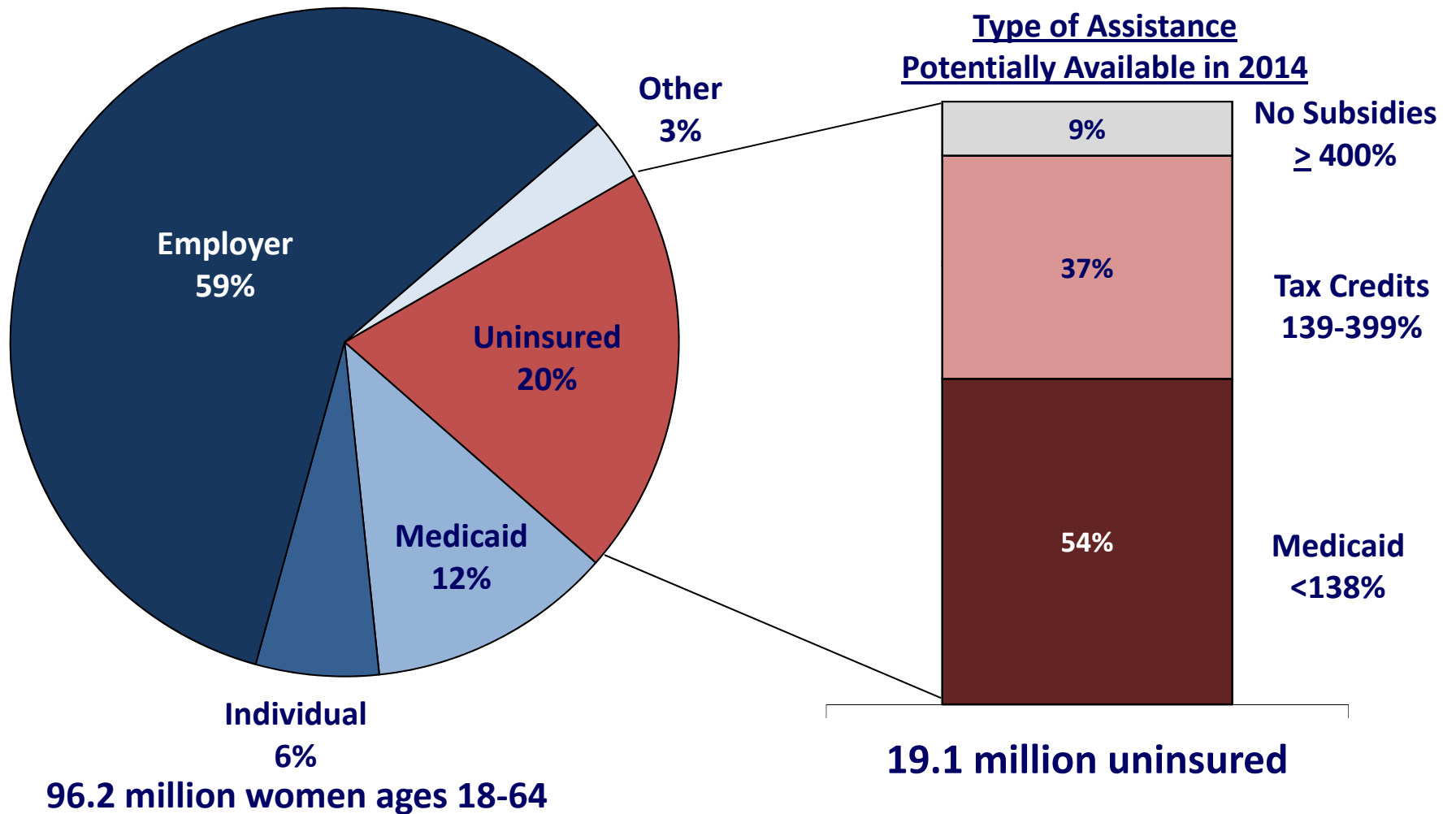
Alina Salganicoff, Ph.D.

Vice President and Director, Women's Health Policy
The Henry J. Kaiser Family Foundation

GIH Health Reform Resource Center
Audio Conference
July 12, 2012

Figure 1

Assistance For Uninsured Women Under Health Reform



Other includes programs such as Medicare and military-related coverage.
The federal poverty level for a family of three in 2012 was \$19,090.

SOURCE: KFF/Urban Institute analysis of 2010 ASEC Supplement to the Current Population Survey, U.S. Census Bureau.

Figure 2

Insurance Reforms

- Modified community rating
 - Prohibit insurers from charging people more based on gender, health status, or occupation
 - Variations in premiums based on age (3 to 1) and tobacco use (1.5 to 1) would be limited
- Bans on pre-existing condition exclusions
- Prohibits annual and lifetime limits on coverage
- Guarantee issue and renewability (regardless of health status)
- Coverage expansion to dependents up to age 26

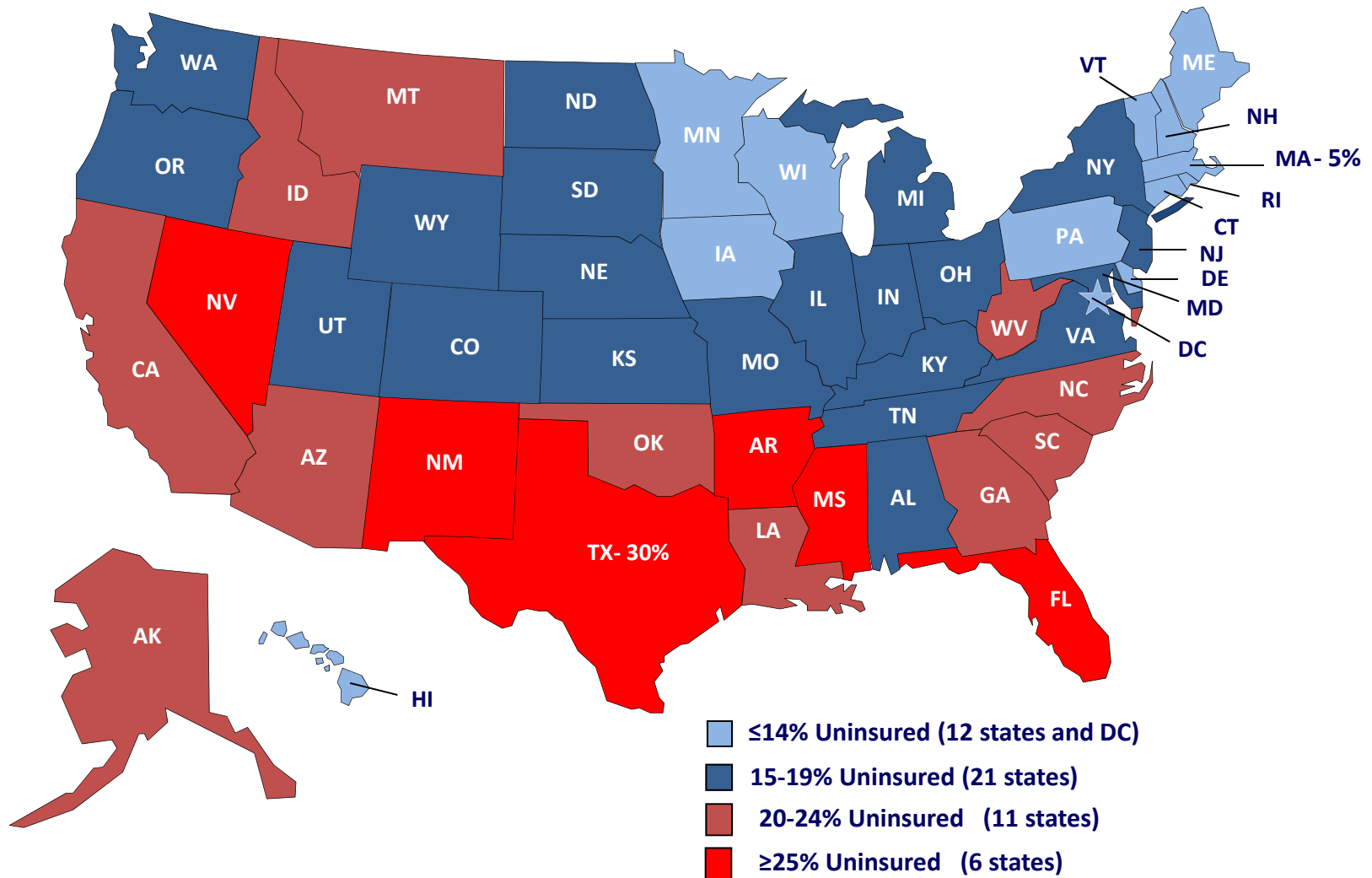
Figure 3

Impact of the Supreme Court Ruling

- All ACA provisions remain in effect BUT Medicaid expansion is vulnerable:
 - The Court constrained the Secretary's enforcement power while leaving the Medicaid expansion intact;
- States have financial incentive to expand Medicaid through federal financing, but the penalty for states who do not expand Medicaid is loss of expansion funds, not all Medicaid funds

Figure 4

Uninsured Rates Among Nonelderly Women by State, 2009-2010



Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2010 and 2011 Current Population Survey .

Figure 5

Essential Health Benefits: Minimum Set of Benefits That Plans in Exchanges Must Cover

Essential Benefits in ACA

- ambulatory patient services;
- emergency services;
- hospitalization;
- maternity and newborn care;
- mental health and substance use disorder services, including behavioral health treatment;
- prescription drugs; rehabilitative and habilitative services and devices;
- laboratory services;
- preventive and wellness services and chronic disease management;
- pediatric services, including oral and vision care

BUT...abortion services specifically banned from EHB

Figure 6

ACA Preventive Services for Private Plans

New Plans must cover without cost-sharing:

- **U.S. Preventive Services Task Force (USPSTF) Recommendations** rated A or B
- **ACIP** recommended immunizations
- ***Bright Futures*** guidelines for preventive care and screenings
- ***“With respect to women,”* evidence-informed preventive care and screenings not otherwise addressed by USPSTF recommendations**

Figure 7

Adult Preventive Services to be Covered by Private Plans Without Cost Sharing

Cancer	Chronic Conditions	Immunizations	Healthy Behaviors	Pregnancy-Related**	Reproductive Health
<ul style="list-style-type: none"> ✓ Breast Cancer <ul style="list-style-type: none"> - Mammography for women 40+* - Genetic (BRCA) screening and counseling - Preventive medication counseling ✓ Cervical Cancer <ul style="list-style-type: none"> - Pap testing (women 18+, - High-risk HPV DNA testing ♀ ✓ Colorectal Cancer <ul style="list-style-type: none"> - One of following: fecal occult blood testing, colonoscopy, sigmoidoscopy 	<ul style="list-style-type: none"> ✓ Cardiovascular health <ul style="list-style-type: none"> - Hypertension screening - Lipid disorders screenings - Aspirin ✓ Type 2 Diabetes screening (adults w/ elevated blood pressure) ✓ Depression screening (adults, when follow up supports available) ✓ Osteoporosis screening (all women 65+, women 60+ at high risk) ✓ Obesity Screening (all adults) Counseling and behavioral interventions (obese adults) 	<ul style="list-style-type: none"> ✓ Td booster, Tdap ✓ MMR ✓ Meningococcal ✓ Hepatitis A, B ✓ Pneumococcal ✓ Zoster ✓ Influenza, ✓ Varicella ✓ HPV (women 19-26) 	<ul style="list-style-type: none"> ✓ Alcohol misuse screening and counseling (all adults) ✓ Intensive healthy diet counseling (adults w/high cholesterol, CVD risk factors, diet-related chronic disease) ✓ Tobacco counseling and cessation interventions (all adults) ✓ Interpersonal and domestic violence screening and counseling (women 18-64) ♀ ✓ Well-woman visits (women 18-64) ♀ 	<ul style="list-style-type: none"> ✓ Tobacco and cessation interventions ✓ Alcohol misuse screening/counseling ✓ Rh incompatibility screening ✓ Gestational diabetes screenings ♀ - 24-28 weeks gestation - First prenatal visit (women at high risk for diabetes) ✓ Screenings <ul style="list-style-type: none"> - Hepatitis B - Chlamydia (<24, hi risk) - Gonorrhea - Syphilis - Bacteriurea ✓ Folic acid supplements (women w/repro capacity) ✓ Iron deficiency anemia screening ✓ Breastfeeding Supports <ul style="list-style-type: none"> - Counseling - Consultations with trained provider ♀ - Equipment rental ♀ 	<ul style="list-style-type: none"> ✓ STI and HIV counseling (adults at high risk; all sexually-active women ♀) ✓ Screenings: <ul style="list-style-type: none"> - Chlamydia (sexually active women ≤24y/o, older women at high risk) - Gonorrhea (sexually active women at high risk) - Syphilis (adults at high risk) - HIV (adults at high risk; all sexually active women ♀) ✓ Contraception (women w/repro capacity) ♀ - All FDA approved methods as prescribed, - Sterilization procedures - Patient education and counseling

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

More information about each of the services in this table, including details on periodicity, risk factors, and specific test and procedures are available at the following websites:

USPSTF: <http://www.uspreventiveservicestaskforce.org/recommendations.htm>

ACIP: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm#comp> HRSA Women's Preventive Services: <http://www.hrsa.gov/womensguidelines/>

Figure 8

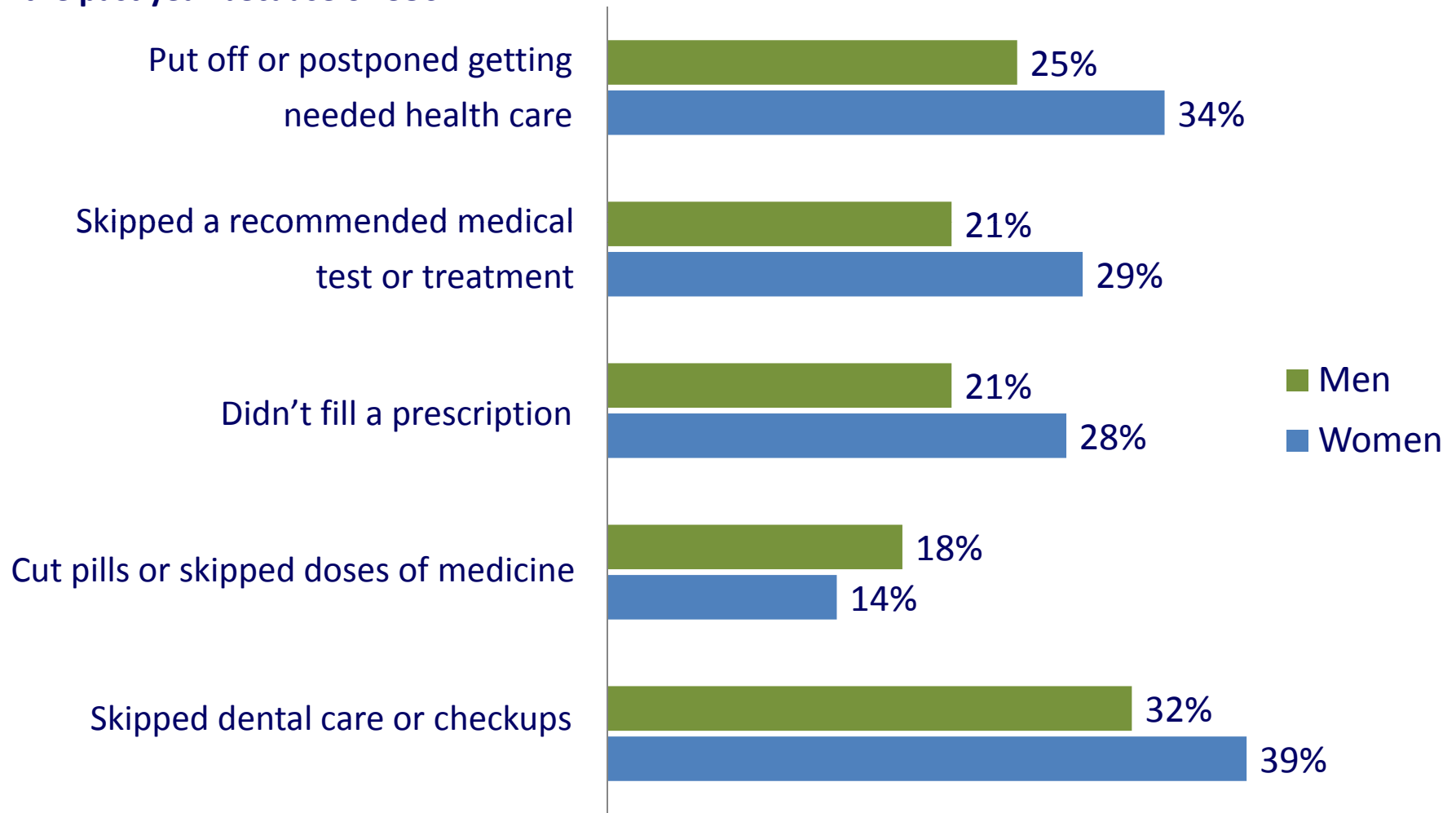
What about religious exemptions for contraceptive coverage?

- All “houses of worship” may be exempt from ONLY the contraceptive coverage requirement if they wish
- An HHS accommodation provided a one year delay for religiously affiliated organizations that object. In those cases, the insurer will be required to cover the contraceptive services and supplies, NOT the employer
- Many details will be worked out over the coming year
- Currently 23 lawsuits filed in various federal courts against HHS, DOL and Treasury to block implementation

Figure 9

Will Cost Continue to Be a Barrier to Care and Treatment for Women?

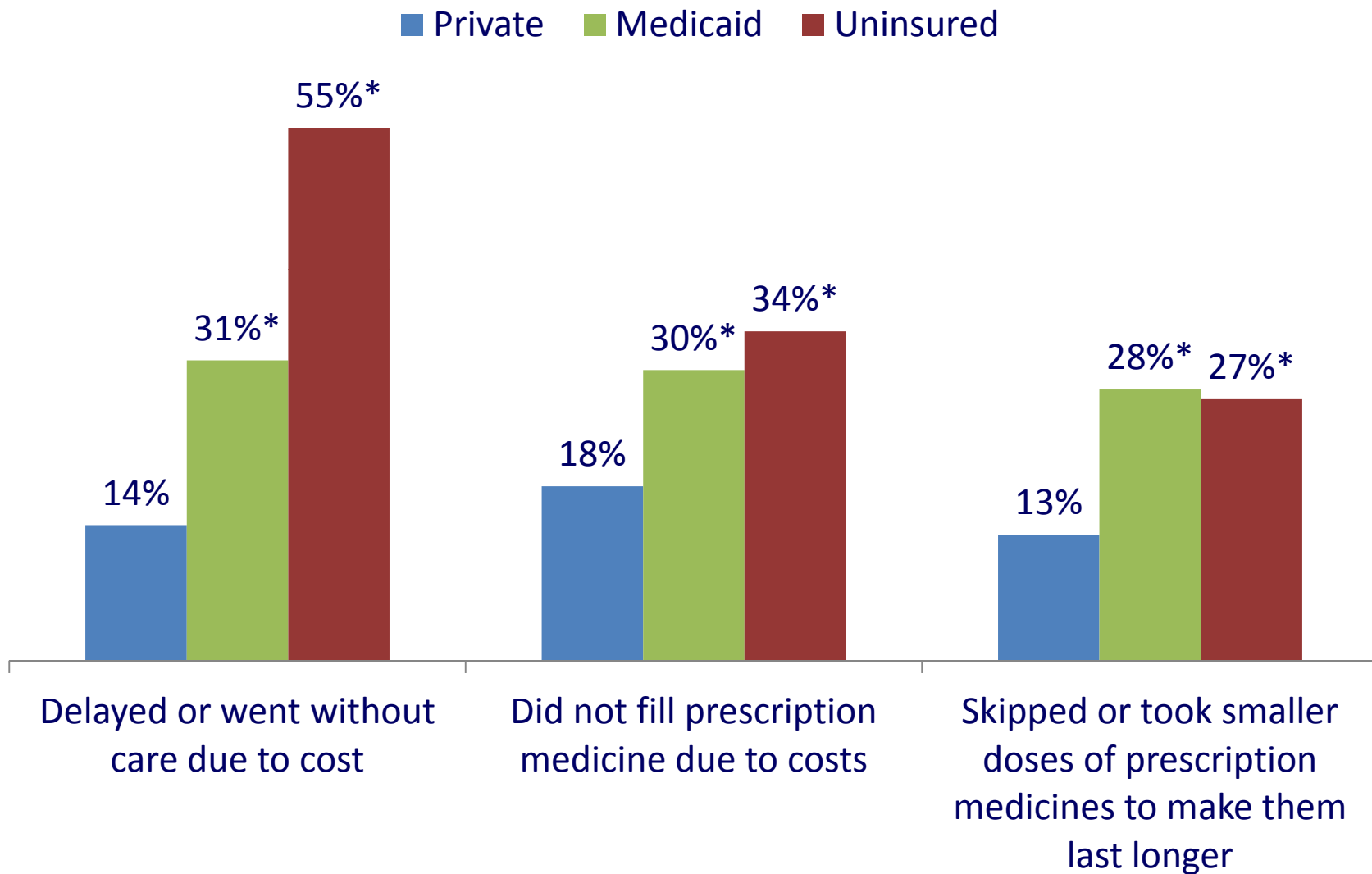
Percentage of men and women who say they or a family member have done each of the following in the past year because of COST:



Source: Kaiser Health Tracking Poll: (May 2012). *Indicates statistical significance at the 95% level.

Figure 10

Costs are Often a Barrier For Many Women, Regardless of Insurance Type



Source: Ranji and Salganicoff, *Kaiser Women's Health Survey*, 2008. *Significantly different from Private, $p < .05$.

Figure 11

But not all will be insured...

- Congressional Budget Office (CBO) estimates 23 million uninsured in 2019
- Who are they?
 - Immigrants who are not legal residents
 - Eligible for Medicaid but not enrolled
 - Exempt from the mandate (most because can't find affordable coverage)
 - Choose to pay penalty in lieu of getting coverage
- How SCOTUS Medicaid ruling will affect Medicaid expansion is still to be determined
- Many (most?) remaining uninsured will be low-income
- A robust health care safety net will be essential
 - Public Hospitals
 - Federally Qualified Health Centers/Rural Health Centers
 - Family Planning Providers