

# ACA Repeal and Replace: What's at Stake for Women's Health?

*March 21, 2017*

*Creating Healthy Communities: Using Data to Advance Women's Health*

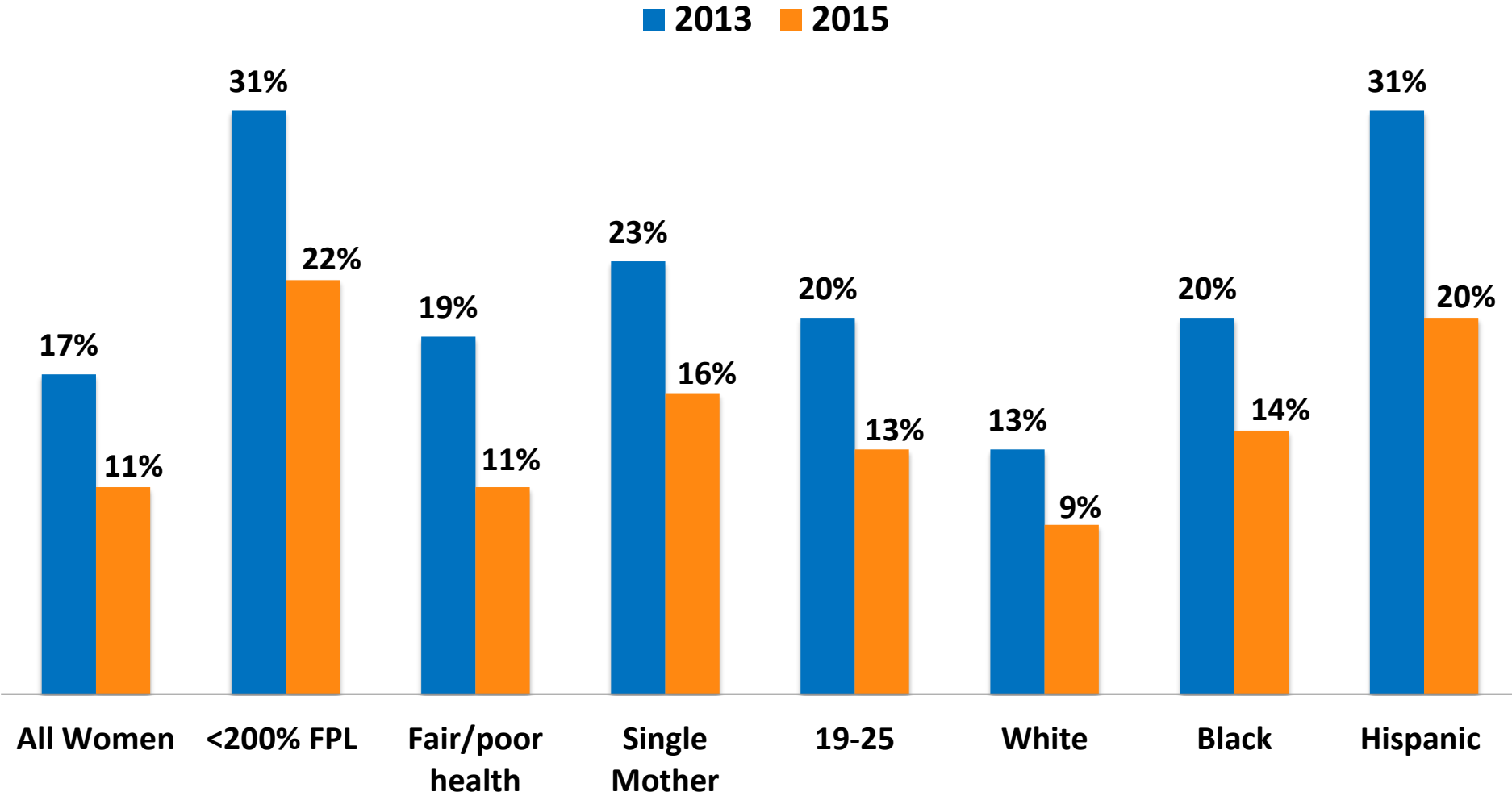
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Figure 1

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



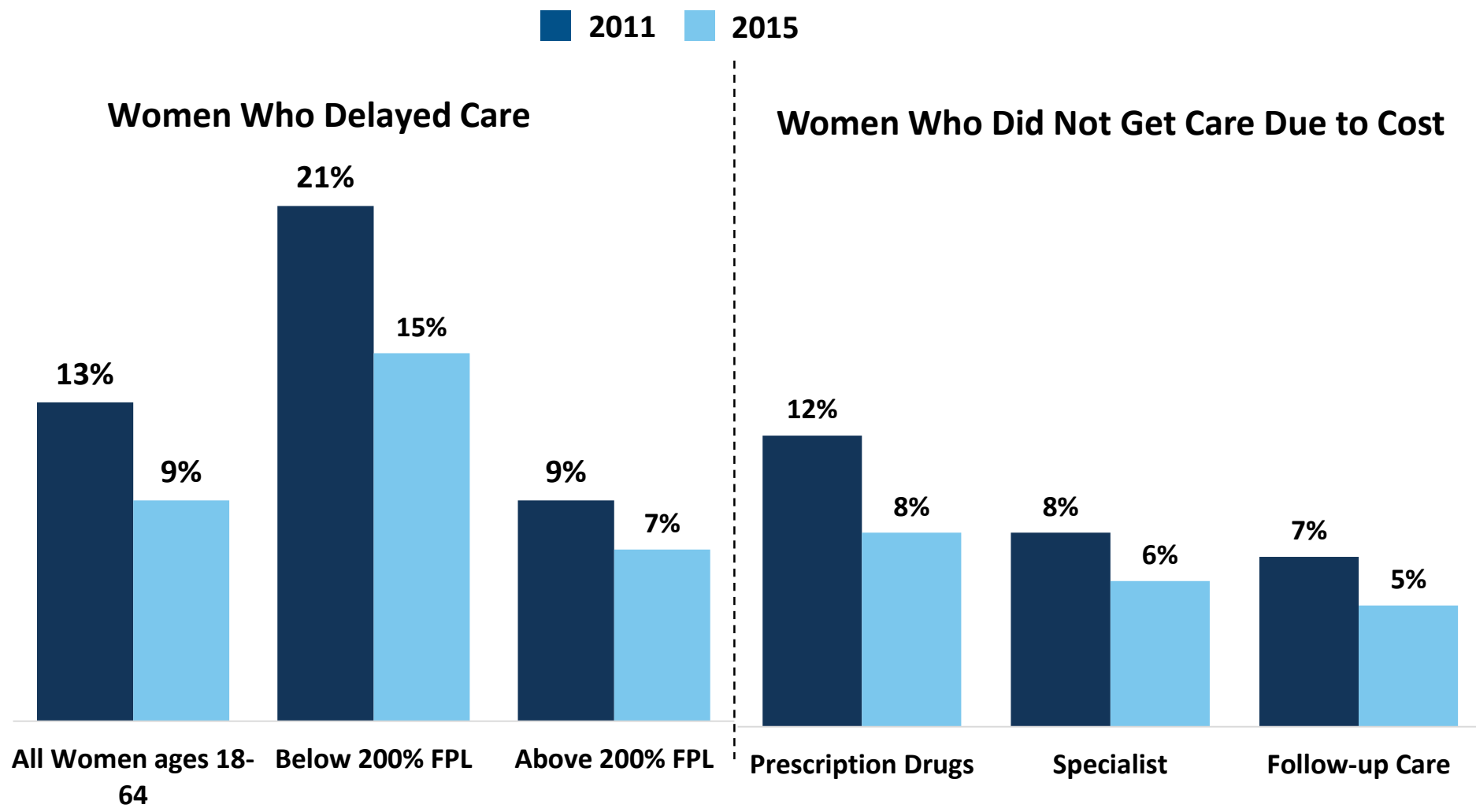
NOTE: Among women ages 19-64.

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



Figure 2

# 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



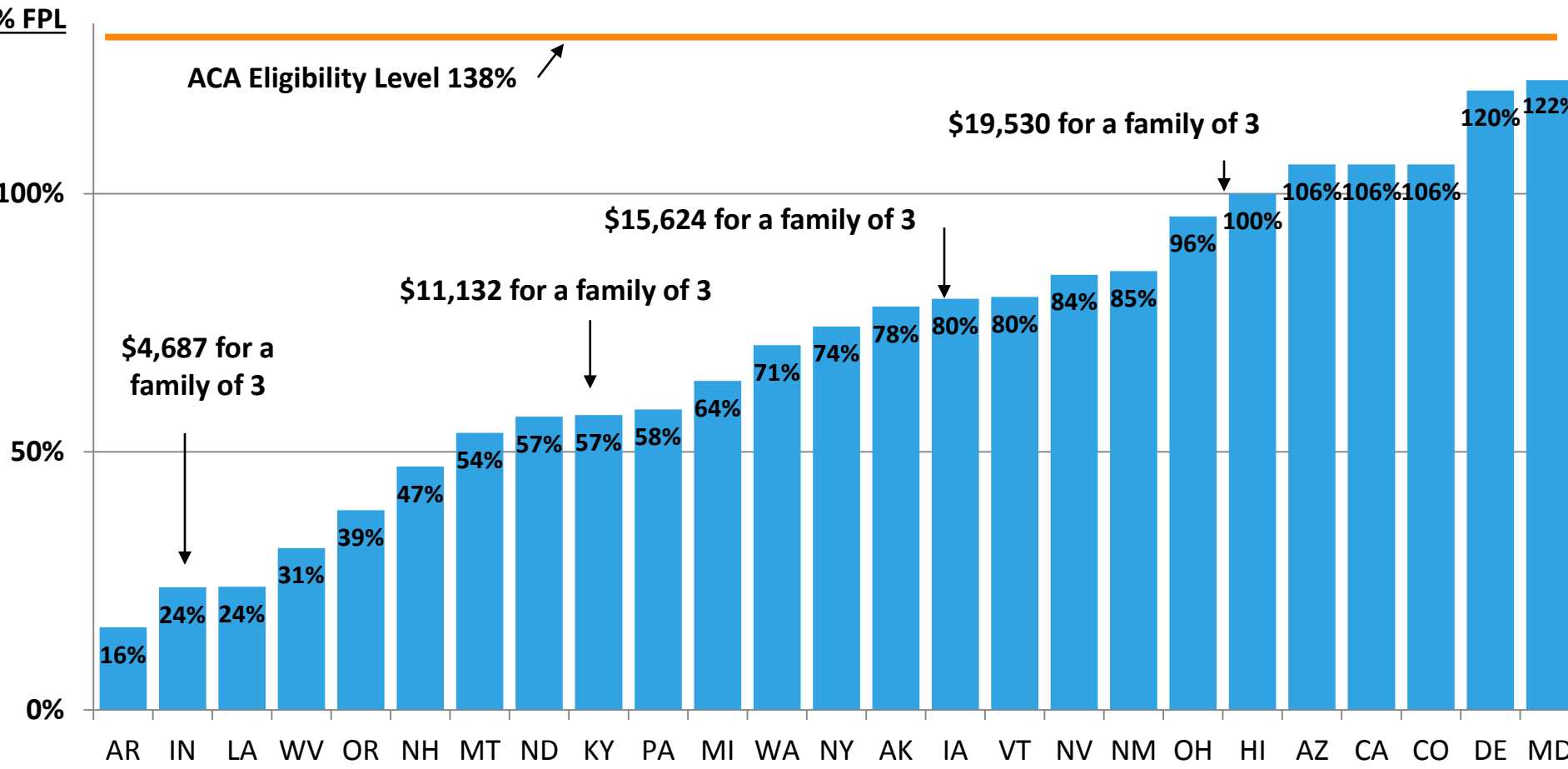
# Medicaid Plays Major Role in Reproductive Health for Low-Income Women

- **Prevention**
  - Mandatory coverage for family planning services, but states determine specific benefits
  - Enhanced FMAP (90%) for family planning services. Single largest public payer (75%)
  - Cost sharing prohibited for family planning services and to pregnant women
  - “Freedom of choice” allows most beneficiaries to seek family planning from any participating provider
- **Maternity Care**
  - Funds almost half of births nationwide
  - Typically covers prenatal care, screenings, delivery, and postpartum care up to 60 days
  - ACA provides pathway to continuous eligibility
- **Abortion**
  - Federal financing of abortion limited to cases of rape, incest, and life endangerment through Hyde Amendment
- ***AHCA caps federal financing per enrollee and shifts more financial risk to states***

Figure 4

# Prior to the ACA, Income Eligibility Levels for Parents Residing in Most 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.



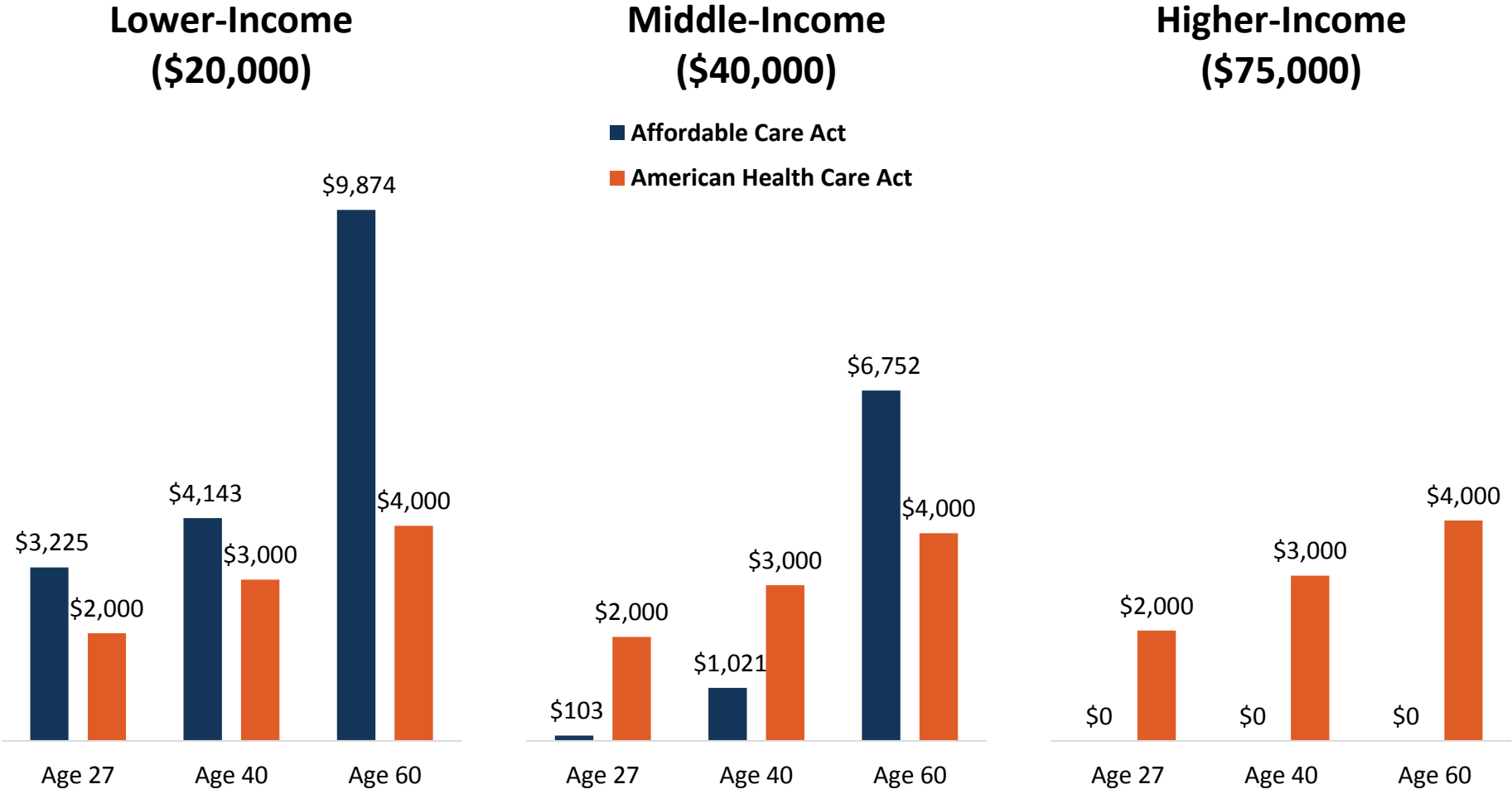
Figure 5

# ACA and GOP replacement plan use different methodology with different outcomes

- Tax credits under the ACA vary with:
  - family income
  - the cost of insurance where people live,
  - age,
  - and grow annually if premiums increase.
- Tax credits under the ACA are:
  - higher for people with lower incomes than for people with higher incomes,
  - Are not available to individuals with incomes over 400% of poverty.
- GOP Replacement vary only by:
  - age
- Do not vary by:
  - income,
  - Location cost of premiums
  - Grow by general inflation
  - If premiums grow more rapidly than inflation over time (which they generally have), the replacement proposal tax credits will grow more slowly than those provided under the ACA.

Figure 6

# How House GOP bill would shift health insurance tax credits, based on income and age, in 2020



Source: Kaiser Family Foundation analysis. Note: Data for Affordable Care Act represent the average tax credit available across all counties in the United States, at a given age.



Figure 7

# The ACA Made Many Insurance Reforms Affecting Women

ACA	At Risk Under Repeal
✓ No pre-existing condition exclusions	At risk to be treated as pre-existing condition: <ul style="list-style-type: none"> <li>• Pregnancy (~ 4 million births per year)</li> <li>• Prior C-section (1/3 births)</li> <li>• Depression (1/10 women)</li> <li>• History of domestic violence (1/3 women)</li> </ul>
✓ Gender rating banned	<ul style="list-style-type: none"> <li>• Individual plans may charge higher premiums to women for same coverage</li> <li>• 1/3 of plans charged 25 and 40 year old women at least 30% more than men</li> </ul>
✓ Maternity care required in all plans	<ul style="list-style-type: none"> <li>• Individually purchased plans and small employer-based plans could exclude maternity care                             <ul style="list-style-type: none"> <li>• Included in only 12% of plans (2012)</li> </ul> </li> <li>• 7% of plans offered maternity riders (2012)</li> <li>• Riders can cost more than \$1000/month</li> </ul>
✓ Plans must offer dependent coverage up to age 26	<ul style="list-style-type: none"> <li>• Women in their twenties had the highest uninsured rate before ACA</li> <li>• 30% of women, 19-26, were uninsured in 2009</li> </ul>

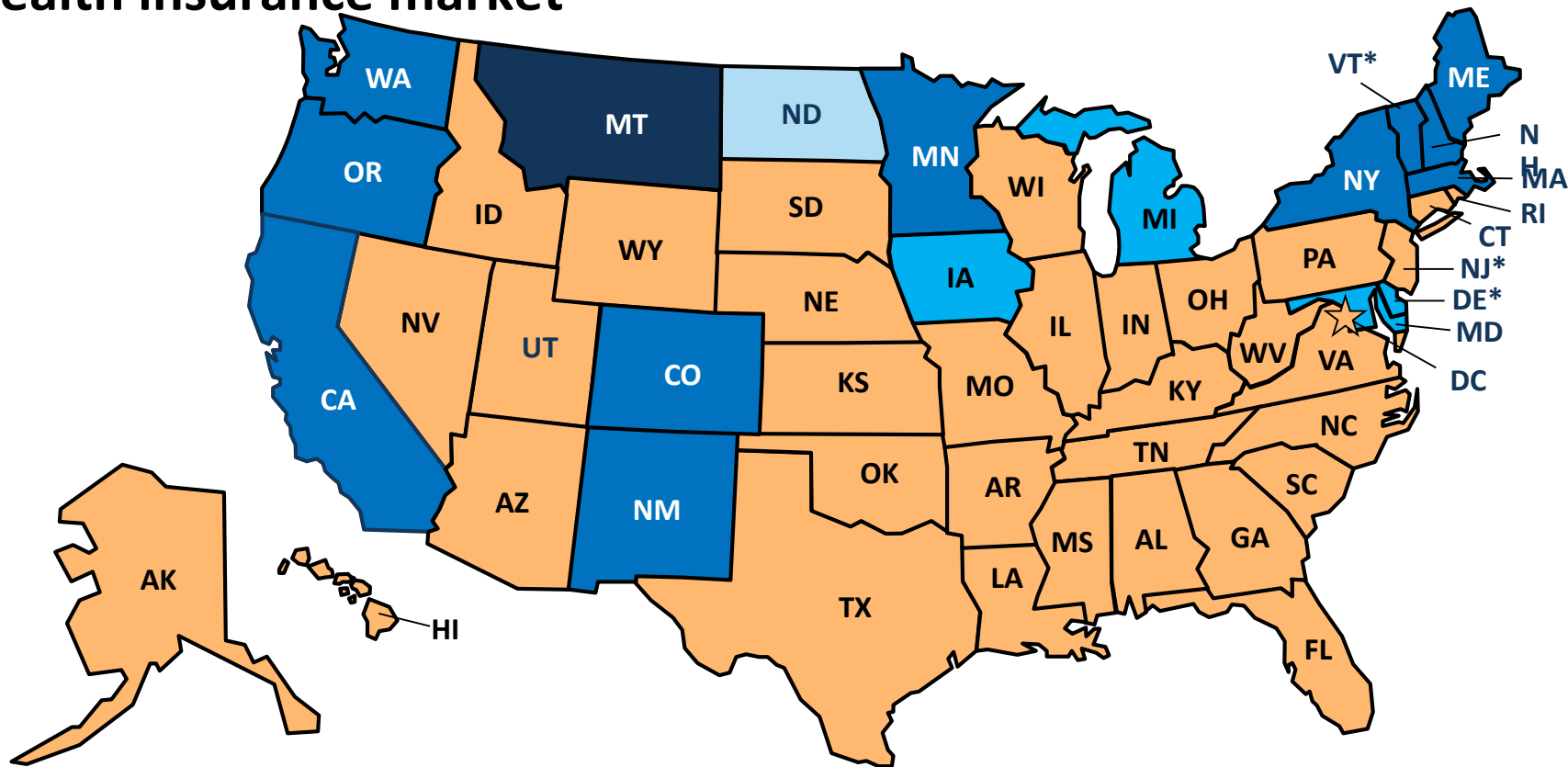
SOURCES: Centers for Disease Control and Prevention (CDC), [Births - Method of Delivery 2015](#), [Depression in U.S. Household Population 2009-2012](#). National Coalition Against Domestic Violence (NCADV), [National Statistics](#), 2010. National Women's Law Center (NWLC), [Turning to Fairness Report](#), 2012. Kaiser Family Foundation/Urban Institute analysis of the March 2009 Current Population Survey, U.S. Bureau of the Census.





Figure 8

# States that ban or limit gender rating in the individual and group health insurance market



## Gender rating ban or limited in:

- Individual market
- Small group market
- Both the individual and small group market
- All state issued insurance policies

NOTES: \*Indicates that the state limits gender rating through the use of rate bands, which set limits on how much a health insurer can vary premiums based on sex. Vermont limits gender rating through rate bands in the individual and small group market. New Jersey and Delaware limit gender rating through rate bands in the small group market.

SOURCE: National Women's Law Center, Turning to Fairness: Insurance discrimination against women today and the Affordable Care Act. 2012.

Figure 9

# ACA Requires ALL New Private Plans to Cover Recommended Preventive Services Free of Cost Sharing

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

Orange indicates service exclusively for women.

# Figure 10

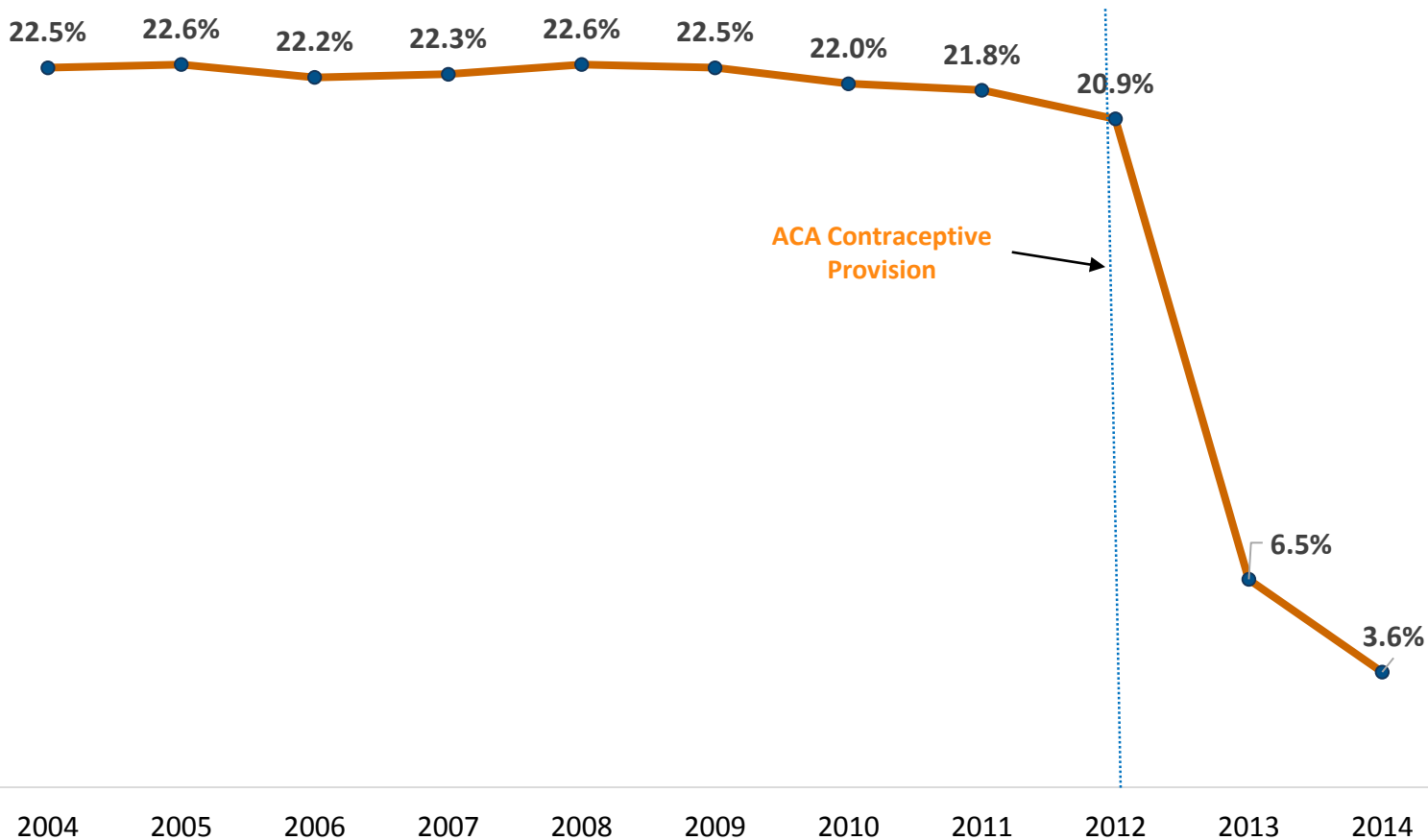
## Most GOP Plans Would Repeal the Preventive Benefits Requirements

GOP Replacement Plans	Preventive Health Benefits Standards for Private Plans
House GOP American Health Care Act	<b>Maintains</b> ; The second round bill could include a <b>repeal</b> of preventive services
Paul Ryan’s A Better Way proposal	<b>Repeals</b>
House GOP “Obamacare Repeal and Replace” Plan	<b>Repeals</b>
Tom Price’s Empowering Patients First Act	<b>Repeals</b>
Rand Paul’s Obamacare Replacement Act	<b>Repeals</b>
Bill Cassidy’s Patient Freedom Act	<b>Maintains</b> unless employer contributes to individual’s Roth HSA

Figure 11

# The Contraceptive Coverage Policy Has Had a Large Effect on 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.

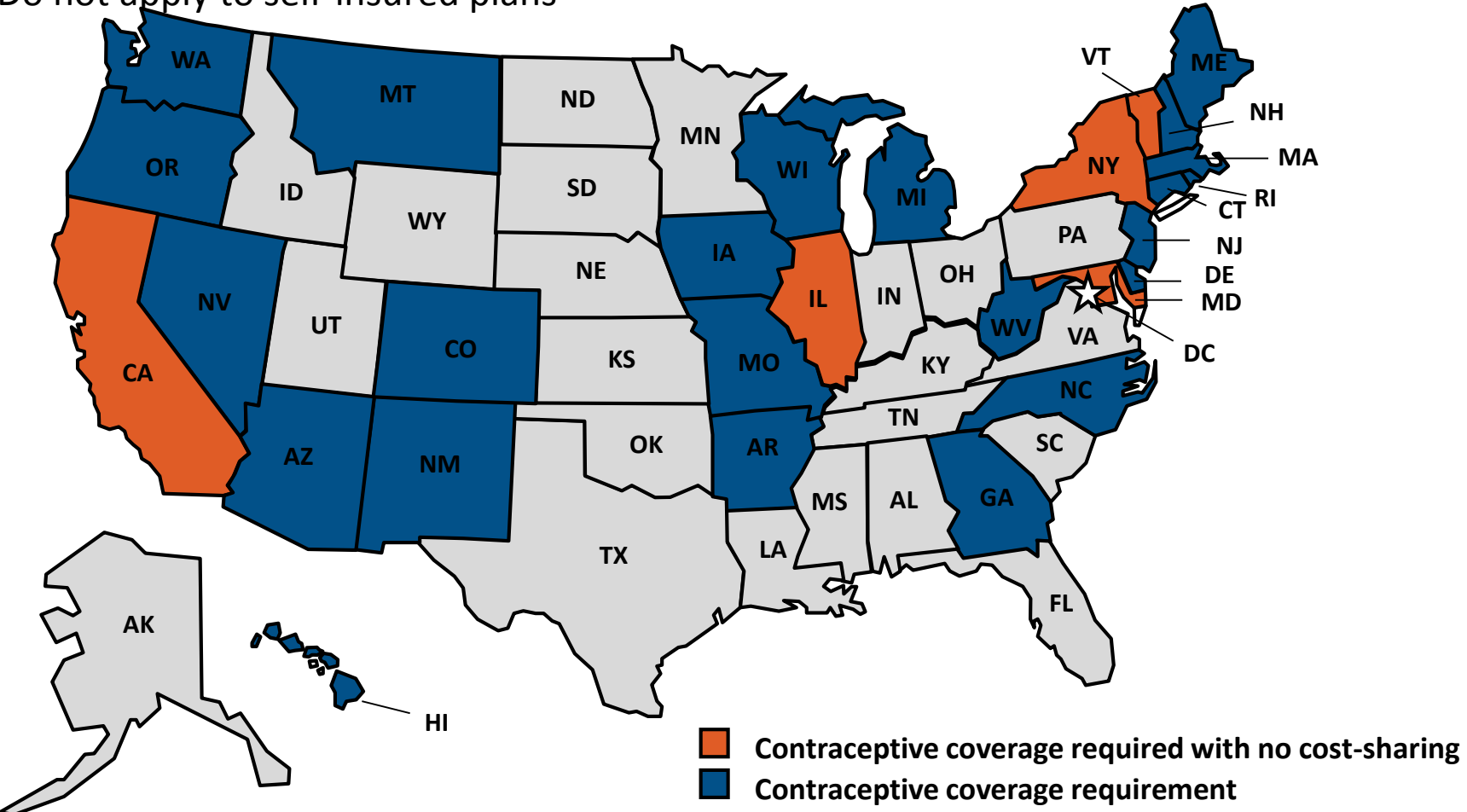
# What Will Happen to Contraceptive Coverage...? There are Options for HHS Administration Action without Full Repeal

- HHS could drop requirement (Trump HRSA could have different recommendations)
- Scale back the requirement (fewer methods, more medical management permitted)
- Broaden the qualifications for exemption to all employers who object
  - Hobby Lobby and Zubik SCOTUS cases - plaintiffs sought exemption
  - Obama's HHS held firm: women workers & dependents entitled to contraception
  - Trump's HHS likely to give employers the right to be exempt if they object to contraception on moral or religious grounds

Figure 13

# State Requirements for Contraceptive Coverage

- 28 states require insurance to cover prescription contraceptives to some extent but only 5 include no cost-sharing and require all FDA approved contraceptives
- Do not apply to self-insured plans



SOURCE: Guttmacher Institute, [Insurance Coverage of Contraceptives](#), January 2017.

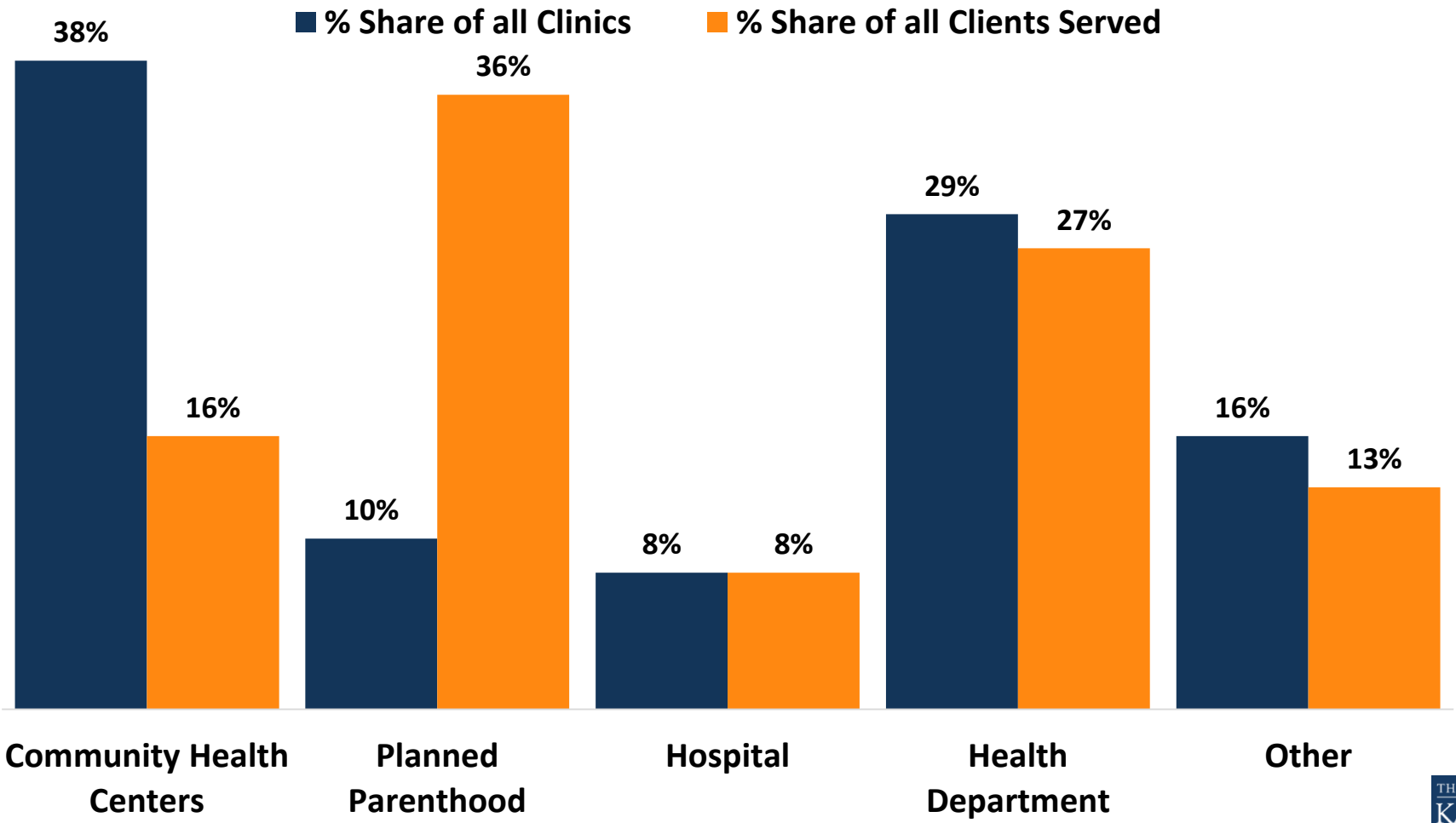
## ACA Also Made Important Reforms Improving Availability of Maternity Care

- Pregnancy no longer a pre-existing condition
- Maternity and newborn care are essential health benefits
- No cost prenatal visits and recommended screening services
- Medicaid expansion provides pathway to coverage for mothers who previously may have lost coverage post partum
- Breastfeeding supports for nursing mothers
  - Breast pumps and lactation consultation now covered without cost-sharing
  - Breaks and private area to express milk in workplace

Figure 15

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

Health centers make up a greater share of providers, but Planned Parenthood Clinics serve a disproportionate share of clients



SOURCE: Frost JJ, Zolna MR, & Frohwirth L. (2013). [Contraceptive Needs and Services, 2010](#). New York: Guttmacher Institute, Table 3 on pg. 15.

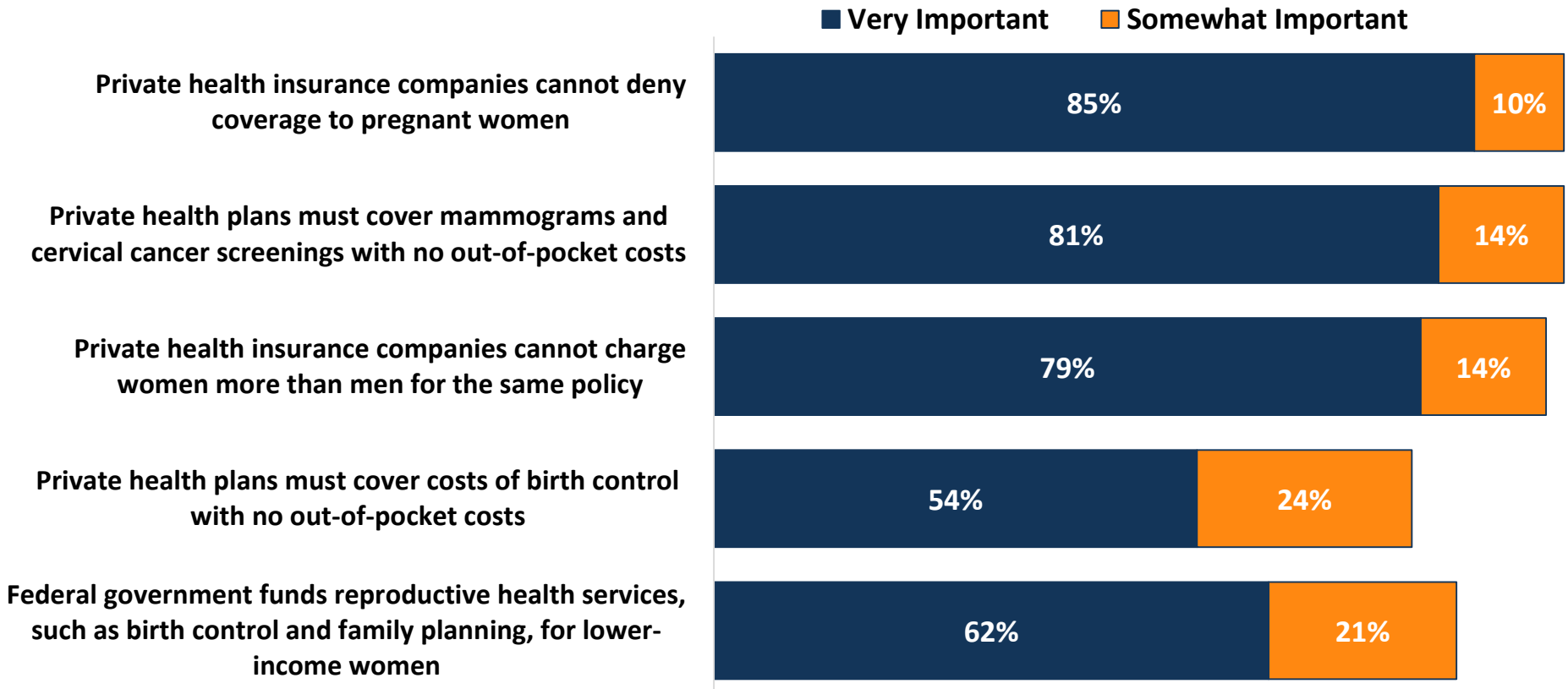




Figure 16

# Majority Support for ACA's Women's Health Provisions and Federally Funded Family Planning for Low-Income Women

Percent who say it's important that each be kept in place if lawmakers repeal the 2010 health care law:



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

