



ADVANCING NEW STANDARDS IN REPRODUCTIVE HEALTH

Opportunities for Women's Health in Health Care Reform

*Women and Health
Care Reform
Los Angeles, CA
October 5, 2010*

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Health Care Reform is a Woman's Issue

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Making Sense of Health Care Reform

- What does the new law do?
- How will this help uninsured women in California?
- Key Issues for Women:
 - Affordability
 - Preventive Services
 - Primary Care
 - Reproductive Health
 - Medicare/Long-term care

Source: Salganicoff, A., Kaiser Family Foundation, 2010.

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What does the law do?

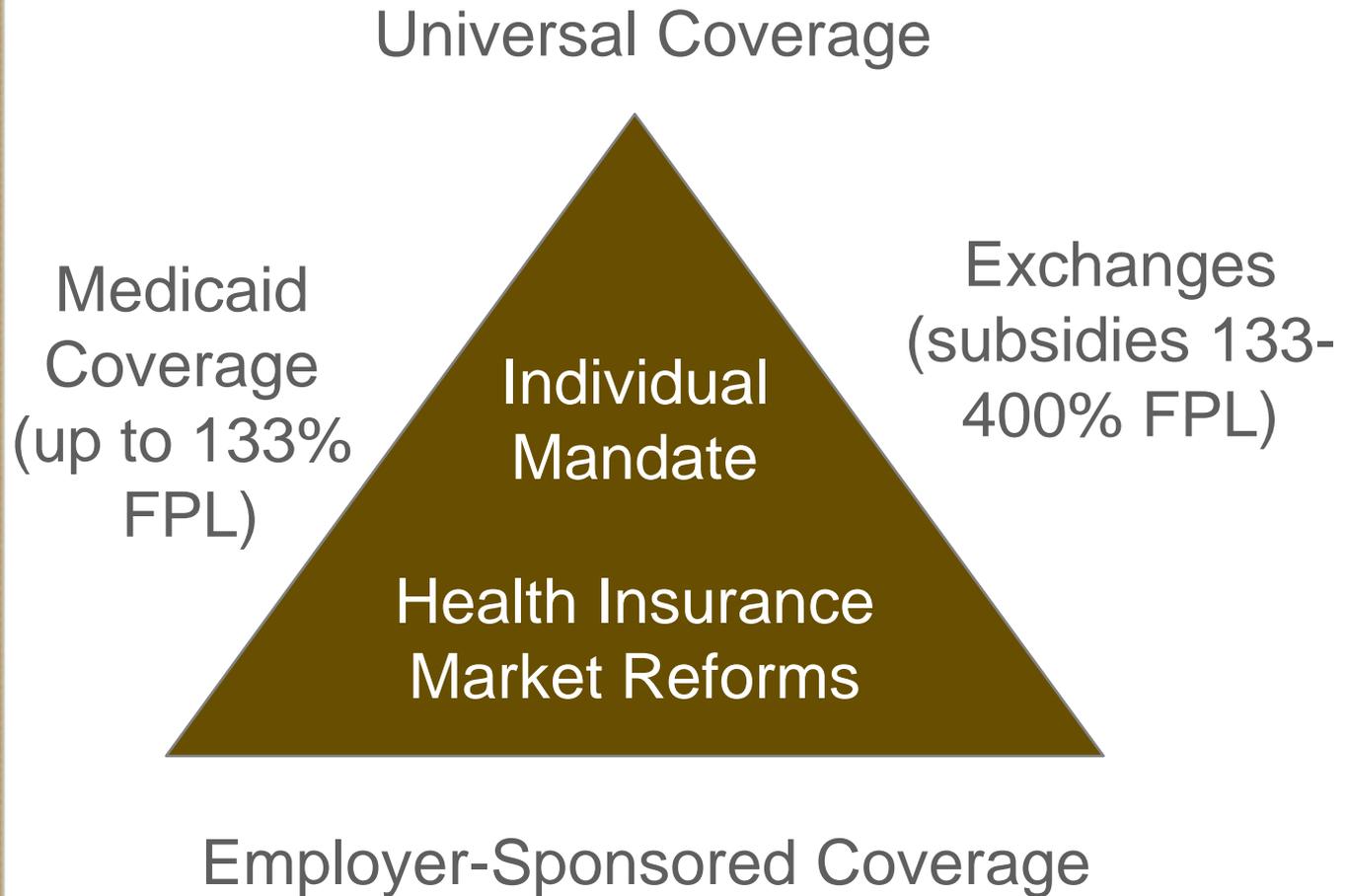


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A Three Part Formula

- Require insurers to offer coverage to anyone who wants it
- Require everyone to have health insurance
 - Preferred way to cover pre-existing conditions
 - Broaden risk pool to include healthy + less healthy
- Help people to afford the coverage that they are required to have through government subsidies

Promoting Health Coverage

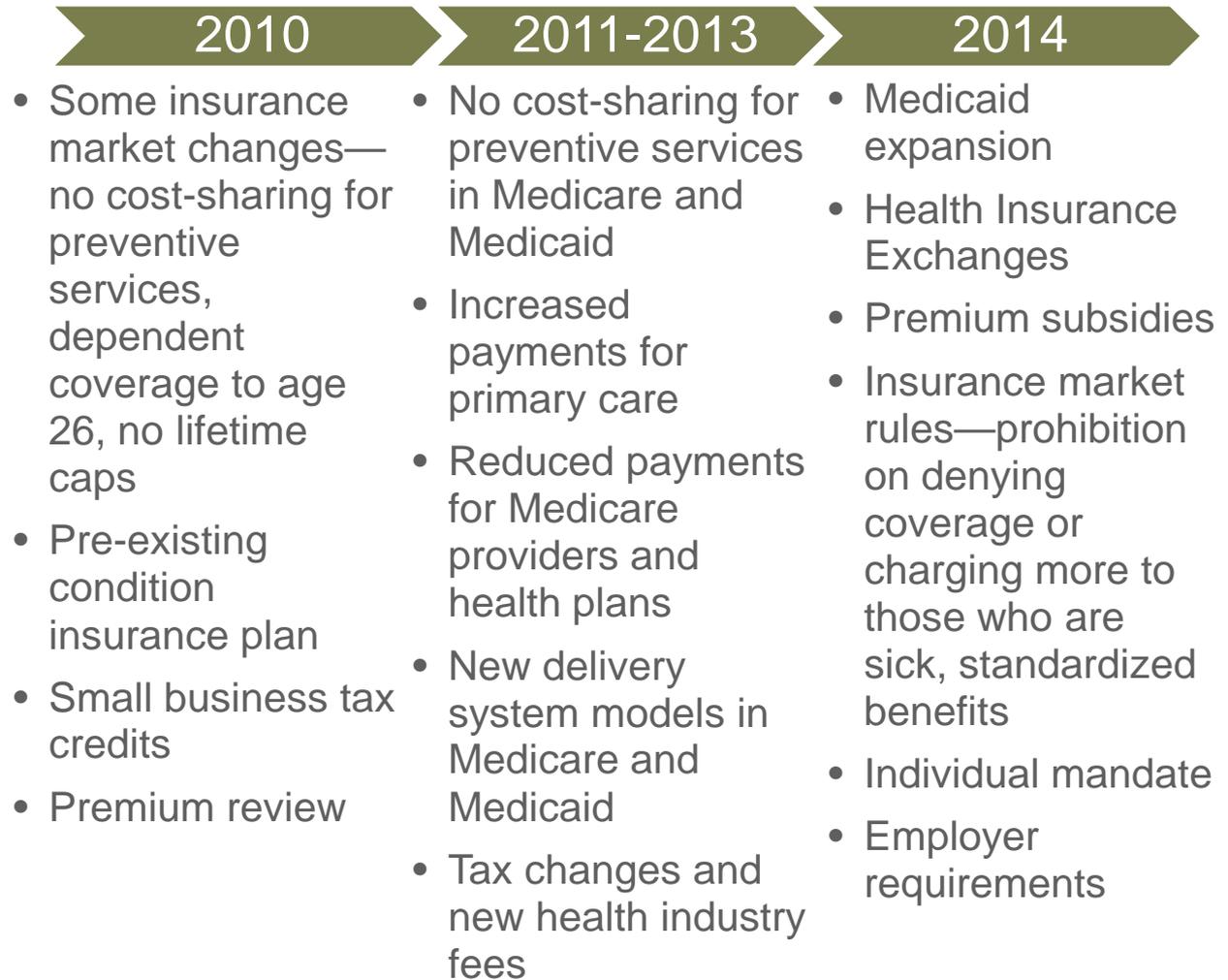


Source: Tolbert, J., KaiserEDU.org Tutorial, Health Reform: An Overview, 2010.

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Health Reform Implementation Timeline

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Source: Tolbert, J., KaiserEDU.org Tutorial, Health Reform: An Overview, 2010.

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How Insurance Expansion Works

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Medicaid

<133% FPL

1 person
<\$14,404

4 people
<\$29,327

Exchange (with differing levels of subsidies)

133-400%
FPL

1 person
14,404-
\$43,320

4 people
\$29,327-
\$88,200

Personal

>400% FPL

1 person
>\$43,320

4 people
>\$88,200

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Who will it help?

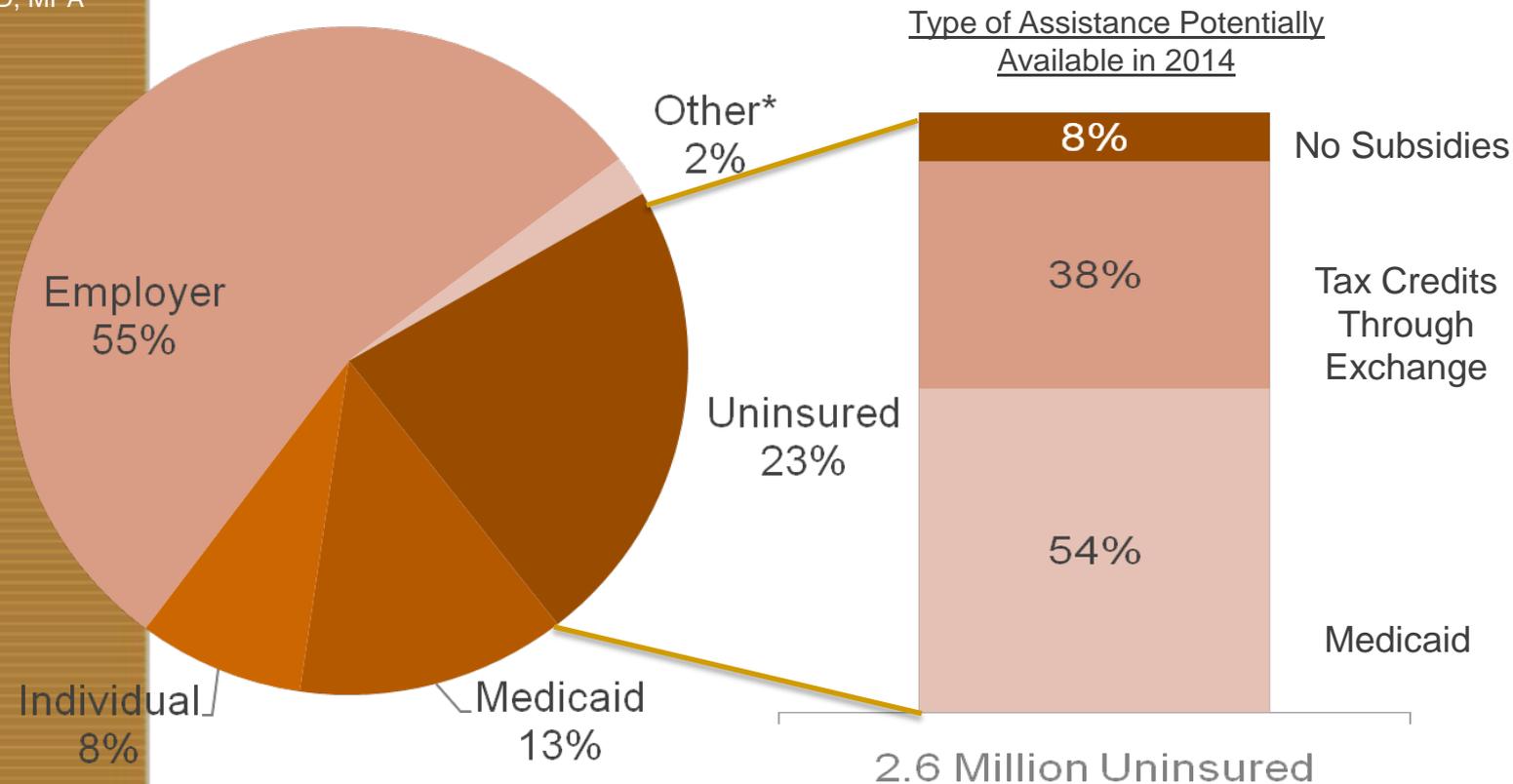


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Subsidy Assistance For Uninsured California Women

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11.5 million women ages 18-64 in CA
(2008/2009)



*includes Medicare and military-related coverage.

** Exchange eligibility based on 139-399% FPL, *** Medicaid eligibility <139% FPL.

The federal poverty level for a family of four in 2009 was \$22,050.

Source: KFF/Urban Institute analysis of 2009, 2010 ASEC Supplements to the Current Population Survey, U.S. Census Bureau.

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Key Issues for Women



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New Insurance Protections in 2014

- 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)
- Benefit Standards (uniform benefits packages within tiers of coverage)



Source: Salganicoff, A., Kaiser Family Foundation, 2010.

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Preventive Screening Services

U.S.P.S.T.F. A and B Recommendations

- No Cost Sharing
- Medicare, Medicaid, Qualified Health Plans

U.S. Preventive Taskforce A and B Level Recommendations

Lifestyle/Healthy Behaviors	Cancer	STI/STDs	Chronic Conditions	Pregnancy
Alcohol Screening	Colorectal	HIV	Hypertension	Tobacco
Depression Screening	Breast Screening	Gonorrhea	Diabetes	Rh Incompatibility Screening
Healthy Diet Counseling	Breast Chemoprevention	Chlamydia	Obesity Screening	Hepatitis B Screening
Tobacco	Breast/Ovarian High Risk/BRCA	Syphilis	Osteoporosis	Iron Deficiency Anemia Screening
Immunizations	Cervical Cancer		Lipid Disorders	Bacteriurea Screening

Source: Salganicoff, A., Kaiser Family Foundation, 2010.

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Impact of Health Reform on Women's Reproductive Health Services

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- Direct access to Ob-Gyns (qualify as a medical home)
- Ends pre-existing coverage exclusions for women who are pregnant, prior c-section, domestic violence history
- Maternity Care
 - Maternity and newborn care defined as essential benefit in plans
 - Medicaid coverage for all newborns who lack acceptable coverage
 - Tobacco cessation for all pregnant women
 - Grants to states for home visitation programs
 - Grants to states for postpartum depression services
 - Workplace breastfeeding protections for nursing mothers
 - Option to cover midwife-led birth centers

Source: Salganicoff, A., Kaiser Family Foundation, 2010.

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Reproductive Health Services (con't)

- STIs/HIV
 - Screening for HIV, Chlamydia, Gonorrhea, Syphilis considered preventive services in benefit package in Medicaid and Medicare (no cost sharing effective 2011) and Exchange plans (2014)
- Teen Pregnancy Prevention
 - Establishes a new state program for evidence based education to reduce teen pregnancy and STIs. (\$75m/year)
 - Restores Abstinence Only Funding (\$50m/year)
- Abortion Coverage Excluded

Source: Kaiser Family Foundation, Alina Salganicoff, 2010.

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Opportunities for Engagement

- Family Planning/Contraceptive Coverage
 - No specific mention as a benefit in package or as preventive service
 - States can establish Medicaid family planning programs without federal waiver to prenatal eligibility levels
 - States can establish SPAs
- Advocates will need to be engaged throughout the process locally, at the state-level and nationally

So...What is a SPA??

- Family Planning State Plan Amendment authorized in Section 2303 of the ACA
- Capitalize on the success of federal “1115 waivers”
- Contraceptive and “FP-related” services available to persons not eligible for Medicaid
- Optional for states to choose SPA (or not); may convert existing 1115 Waiver to SPA (or not)
- Programs operate side-by-side with Title X grants
- CMS released guidance (7/10) but not final regulations

	Waivers	SPAs
Budget neutrality	Required	Not required
Research/ Evaluation	Required	Not required
Renewal	Every 3 yrs	None
Eligibility	State discretion	Men, teens included
DRA eligibility requirements	Incompletely enforced	Fully enforced

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Expanding Covered Prevention Services

- Institute of Medicine “Preventive Services for Women”
 - Report due 8/2011
 - Key Questions
 - What is the scope of preventive services for women not included in those graded A and B by the USPSTF?
 - What additional screenings and preventive services have been shown to be effective for women? Consideration may be given to those services shown to be effective but not well utilized among women disproportionately affected by preventable chronic illnesses.
 - What services and screenings are needed to fill gaps in recommended preventive services for women?
 - What models could HHS and its agencies use to coordinate regular updates of the comprehensive guidelines for preventive services and screenings for women and adolescent girls?

Learn from the Massachusetts Experience Regarding the Health Needs of Young Adults

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- Study conducted by Ibis Reproductive Health (2010)
- Recommendations:
 - Create information resources to help young adults understand and navigate health insurance and contraceptive coverage
 - Develop resources that can assist parental decision-makers understand better the insurance needs of their young adult children
 - Develop mechanisms for providing contraceptive services to young adults
 - Require health plans to disclose limitations and exclusions including restrictions on contraceptive coverage
 - Collect data on young adults and health care reform

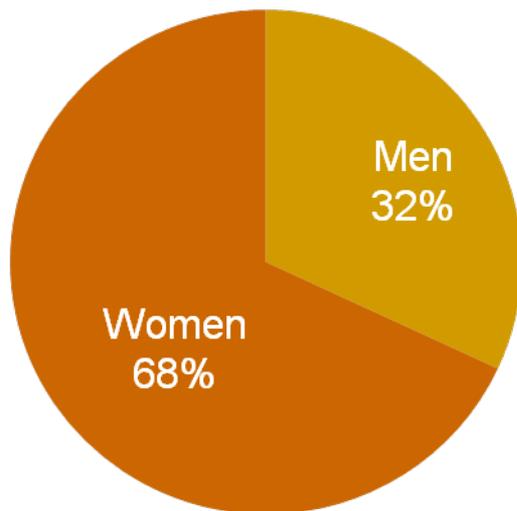


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Long Term Care: The Forgotten Women's Issue

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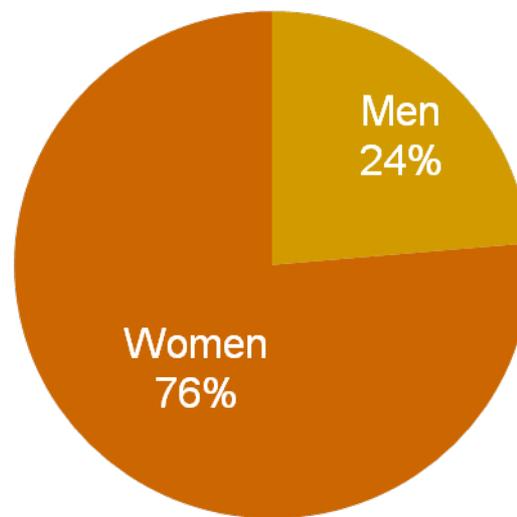
Nursing Home Residents



Total = 1.5 million

Private room
average \$77K/year

Home Health Users



Total = 2.5 million
average \$29/hour

Source: Kaiser Family Foundation analysis of Medicare Current Beneficiary Survey Access to Care file, 2006.

CLASS ACT: New Help for Long-Term Care Costs

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- Voluntary saving program to provide cash benefit to those with disabilities to purchase non-medical services and supports
- Working adults can make voluntary contributions through payroll deductions through employer or directly.
- Adults with multiple functional limitations or cognitive impairments eligible for cash benefits if they have paid monthly premiums for at least 5 years and have been employed during 3 of those 5 years.
- Cash benefit can be used for non-medical services and supports necessary to maintain community residence as well as institutional care
- Cash benefit is based on the degree of impairment or disability, averaging no less than \$50 per day.
- CLASS will generally be the primary payer for individuals who are also eligible for Medicaid.

Source: Salganicoff, A., Kaiser Family Foundation, 2010.

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Reform Includes Many Other Improvements

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National Committee to Preserve
Social Security and Medicare

- Helps Improve Coverage for 50-65 Year-Olds
 - Healthier When They Turn 65
- Improves Protections for Seniors in Nursing Homes
- Provides Incentives for Improved Quality in Delivery of Health Care
- Improves Part D for Low-Income Seniors



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Medicare's Drug Benefit is Inadequate



National Committee to Preserve
Social Security and Medicare

- Deductible – Seniors Pay 100%
 - Grew from \$250 in 2006 to \$310 in 2010
- Basic Benefit – Seniors Pay 25%
 - \$250 to \$2250 in 2006
 - \$310 to \$2830 in 2010
- Donut Hole – Seniors Pay 100%
 - \$2250 to \$5100 in 2006
 - \$2830 to \$6440 in 2010
- Catastrophic Threshold – Seniors Pay 5%
 - \$5100 in 2006 -- \$6440 in 2010

Reform Lowers Prescription Drug Costs



National Committee to Preserve
Social Security and Medicare

- Closes Part D Donut Hole
 - \$250 Rebate in 2010
 - 50% Discount on Brand-Name Drugs in 2011
 - Co-Pays Reduced to 25% for Both Brand-Name and Generics by 2020
- Easier to Reach Catastrophic Limit
 - Senior Out-of-Pocket Spending Plus Drug Company Discounts Counted
 - Threshold Rises More Slowly
- Typical donut hole savings for seniors
 - \$250 in 2010
 - \$700 in 2011
 - \$3,000 by 2020

Summary: IMPLEMENTATION is a key women's health issue

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- **Implementation:** Ongoing need for women to be vigilant and involved in process
- **Affordability and Scope of Coverage:** Still central concerns for women
- **Reproductive Health:** Improvements in some areas and retrenchment in others. States will continue to play a pivotal role
- **Primary Care and Prevention:** Investments in building primary care infrastructure and prevention important but may not be sufficient
- **Long-term Care:** CLASS is something to build on... but will still fall short, esp. for low-income women and their families who don't qualify for Medicaid
- **Excluded Populations:** Many women (and men) will not qualify for assistance because of their immigration status. Safety-net providers will still be critical

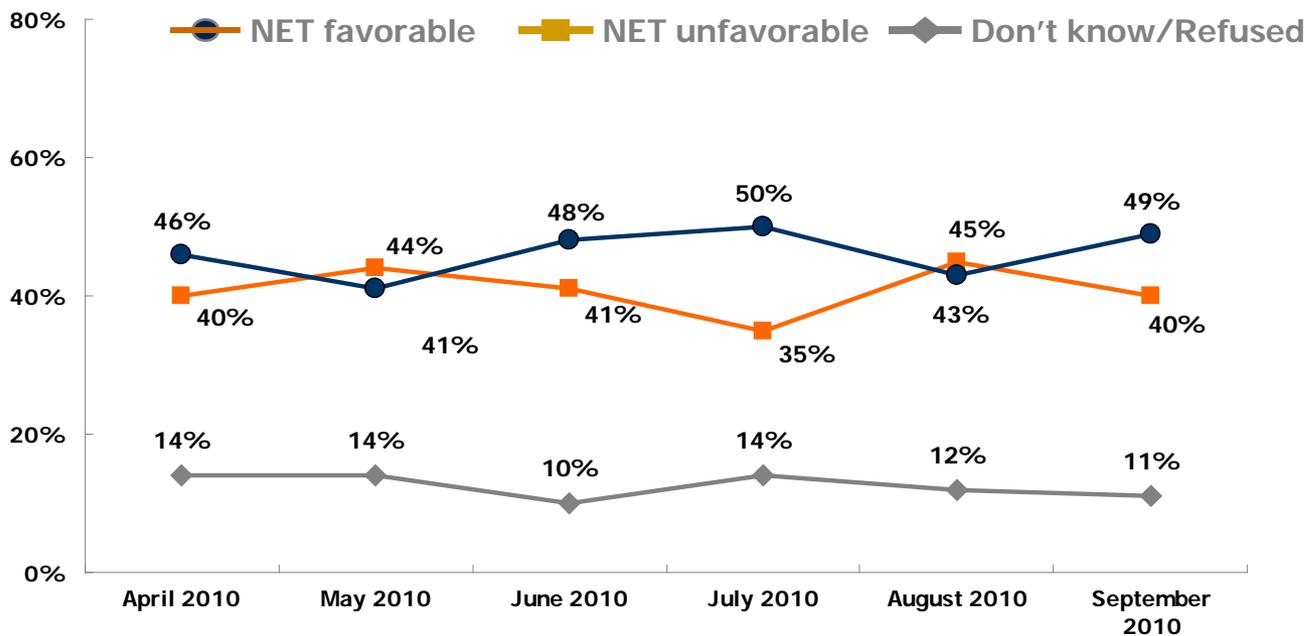
Source: Salganicoff, A., Kaiser Family Foundation, 2010.

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Continue to Educate People on Value of HCR

Favorables Up in Sept: “As you may know, a new health reform bill was signed into law earlier this year. Given what you know about the new health reform law, do you have a generally favorable or generally unfavorable opinion of it?”



Source: Kaiser Family Foundation *Health Tracking Polls*, Sept 2010.

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