Opportunities for Women’s Health in Health Care Reform

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Health Care Reform is a Woman’s Issue

Tracy A Weitz, PhD, MPA
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

What does the law do?
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

Universal Coverage

Medicaid Coverage (up to 133% FPL)

Individual Mandate

Health Insurance Market Reforms

Exchanges (subsidies 133-400% FPL)

Employer-Sponsored Coverage

## Health Reform Implementation Timeline

<table>
<thead>
<tr>
<th>Year</th>
<th>Key Changes</th>
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<tbody>
<tr>
<td><strong>2010</strong></td>
<td>• Some insurance market changes—no cost-sharing for preventive services,</td>
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<tr>
<td></td>
<td>dependent coverage to age 26, no lifetime caps</td>
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<td></td>
<td>• Pre-existing condition insurance plan</td>
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<td></td>
<td>• Small business tax credits</td>
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<td>• Premium review</td>
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<tr>
<td><strong>2011-2013</strong></td>
<td>• No cost-sharing for preventive services in Medicare and Medicaid</td>
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<td></td>
<td>• Increased payments for primary care</td>
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<td></td>
<td>• Reduced payments for Medicare providers and health plans</td>
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<td></td>
<td>• New delivery system models in Medicare and Medicaid</td>
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<td></td>
<td>• Tax changes and new health industry fees</td>
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<tr>
<td><strong>2014</strong></td>
<td>• Medicaid expansion</td>
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<tr>
<td></td>
<td>• Health Insurance Exchanges</td>
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<tr>
<td></td>
<td>• Premium subsidies</td>
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<tr>
<td></td>
<td>• Insurance market rules—prohibition on denying coverage or charging more to</td>
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<tr>
<td></td>
<td>those who are sick, standardized benefits</td>
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<tr>
<td></td>
<td>• Individual mandate</td>
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<td>• Employer requirements</td>
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How Insurance Expansion Works

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
Who will it help?
Subsidy Assistance For Uninsured California Women

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

- Employer 55%
- Individual 8%
- Medicaid 13%
- Uninsured 23%
- Other* 2%

Type of Assistance Potentially Available in 2014

- No Subsidies
- Tax Credits Through Exchange
- Medicaid

2.6 Million Uninsured

*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.

Key Issues for Women
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)

### Preventive Screening Services

**U.S.P.S.T.F. A and B Recommendations**
- No Cost Sharing
- Medicare, Medicaid, Qualified Health Plans

<table>
<thead>
<tr>
<th>Lifestyle/Healthy Behaviors</th>
<th>Cancer</th>
<th>STI/STDs</th>
<th>Chronic Conditions</th>
<th>Pregnancy</th>
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</thead>
<tbody>
<tr>
<td>Alcohol Screening</td>
<td>Colorectal</td>
<td>HIV</td>
<td>Hypertension</td>
<td>Tobacco</td>
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<tr>
<td>Depression Screening</td>
<td>Breast Screening</td>
<td>Gonorrhea</td>
<td>Diabetes</td>
<td>Rh Incompatibility Screening</td>
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<tr>
<td>Healthy Diet Counseling</td>
<td>Breast Chemoprevention</td>
<td>Chlamydia</td>
<td>Obesity Screening</td>
<td>Hepatitis B Screening</td>
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<tr>
<td>Tobacco</td>
<td>Breast/Ovarian</td>
<td>Syphilis</td>
<td>Osteoporosis</td>
<td>Iron Deficiency Anemia Screening</td>
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<tr>
<td>Immunizations</td>
<td>Cervical Cancer</td>
<td>Lipid Disorders</td>
<td>Bacteriurea Screening</td>
<td></td>
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Impact of Health Reform on Women’s Reproductive Health Services

- 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

### 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

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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

<table>
<thead>
<tr>
<th></th>
<th>Waivers</th>
<th>SPAs</th>
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<tbody>
<tr>
<td>Budget neutrality</td>
<td>Required</td>
<td>Not required</td>
</tr>
<tr>
<td>Research/ Evaluation</td>
<td>Required</td>
<td>Not required</td>
</tr>
<tr>
<td>Renewal</td>
<td>Every 3 yrs</td>
<td>None</td>
</tr>
<tr>
<td>Eligibility</td>
<td>State discretion</td>
<td>Men, teens included</td>
</tr>
<tr>
<td>DRA eligibility requirements</td>
<td>Incompletely enforced</td>
<td>Fully enforced</td>
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</table>
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

- 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
Long Term Care: The Forgotten Women's Issue

Nursing Home Residents
- Women 68%
- Men 32%
- Total = 1.5 million
- Private room average $77K/year

Home Health Users
- Women 76%
- Men 24%
- Total = 2.5 million
- Average $29/hour

CLASS ACT: New Help for Long-Term Care Costs

- 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.

Reform Includes Many Other Improvements

- 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
Medicare’s Drug Benefit is Inadequate

- **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

- 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

- **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

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.*