

The National Health Policy Landscape: *Implications for Women's Coverage and Access to Care*

From Data to Action: Building Health Equity for Women in Los Angeles County

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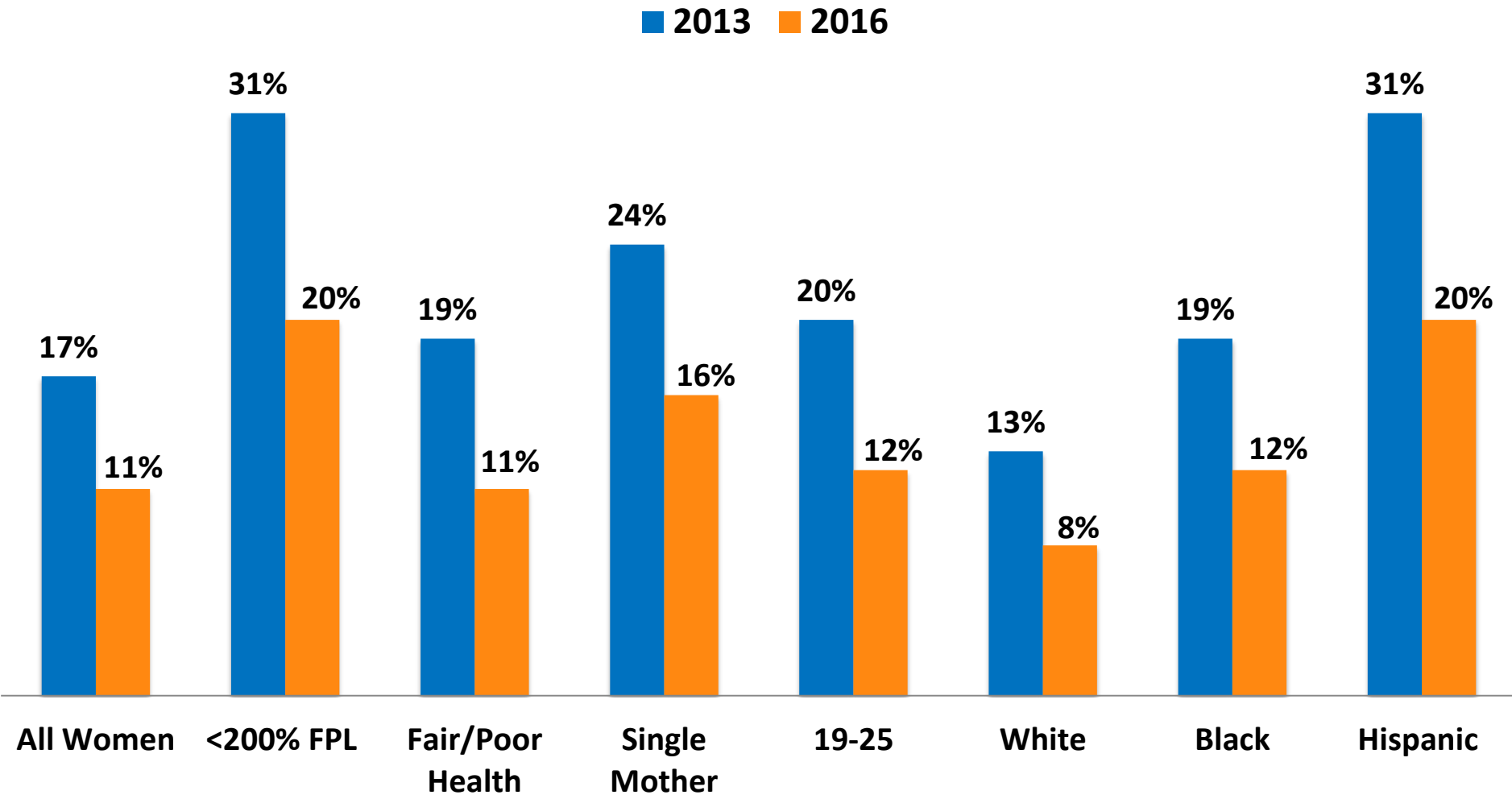
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Coverage and Access to Sexual and Reproductive Health Care: Where We are Today and Where We May be Headed

- The Future of the Affordable Care Act at the Federal and State Levels
 - Coverage
 - Benefits
 - Contraceptive Coverage
- Medicaid and Title X
 - Medicaid Waivers
 - The Family Planning Safety
- Administration Focus on “Religious Freedom”
 - HHS Division on Civil Rights
 - HHS Strategic Plan

The ACA has had an Unquestionable Impact on Coverage

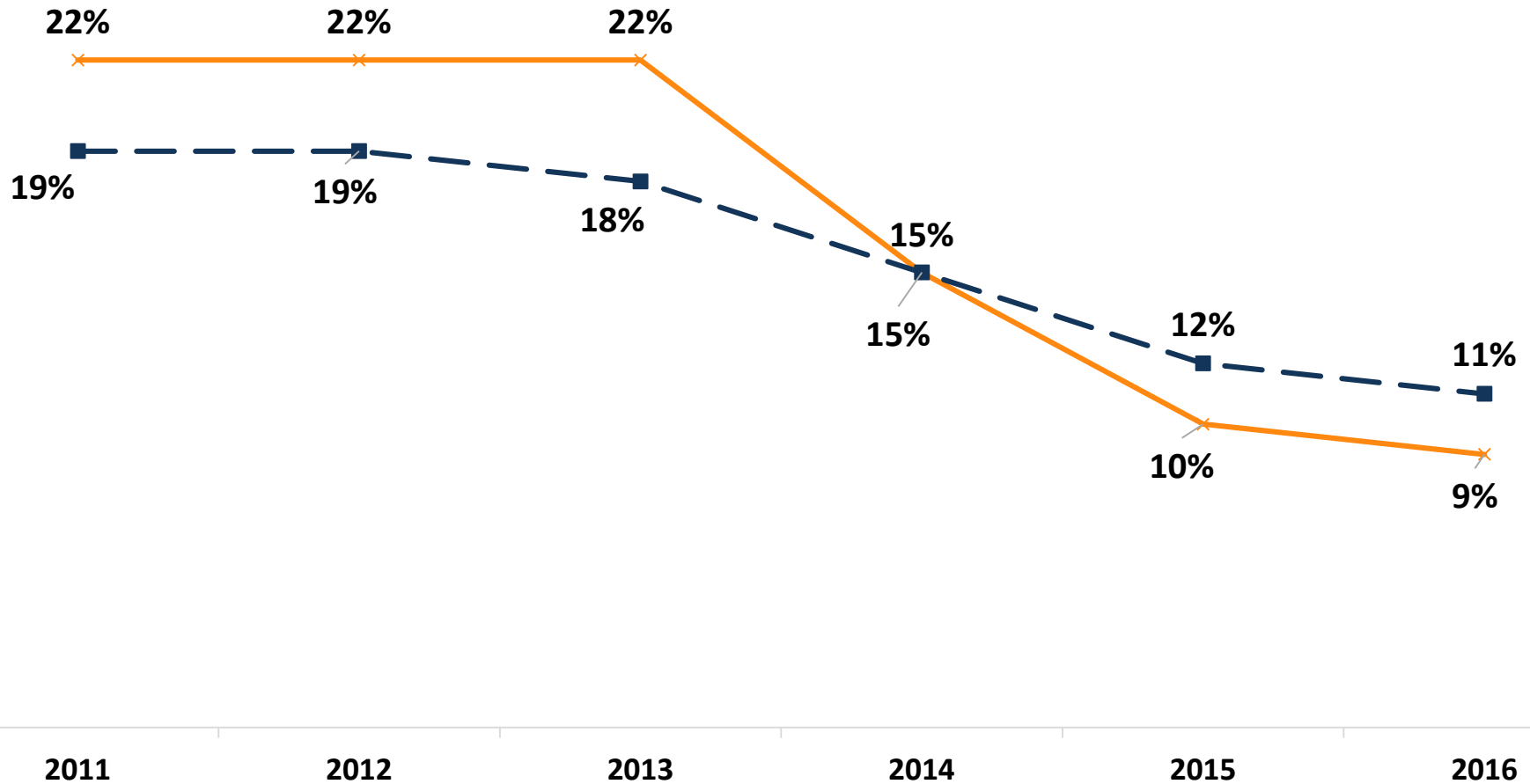


NOTE: Among women ages 19-64.

SOURCE: Kaiser Family Foundation analysis of the 2014 and 2017 ASEC Supplement to the Current Population Survey, U.S. Census Bureau.

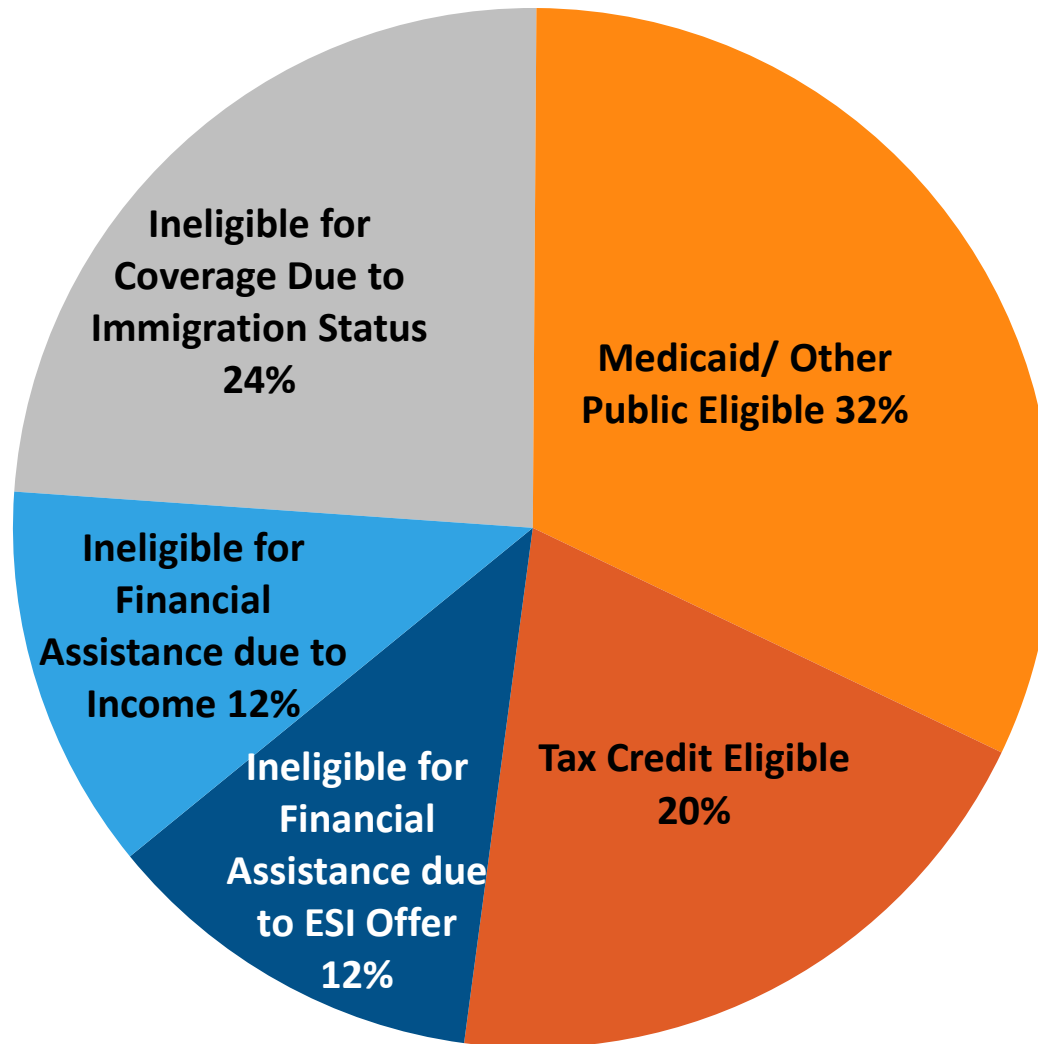
Approximately 1 Million Women in California Uninsured

—x— California —■— United States



NOTE: This represents women ages 18-64.
SOURCE: U.S. Census Bureau, 2011-2016 American Community Survey.

Eligibility for Assistance Under the ACA Among Uninsured Women in California, 2016 Estimates



1.0 Million Uninsured Women in CA Ages 19-64 in 2016

NOTE: Medicaid/ Other Public also includes CHIP and some state-funded programs for immigrants otherwise ineligible for Medicaid.

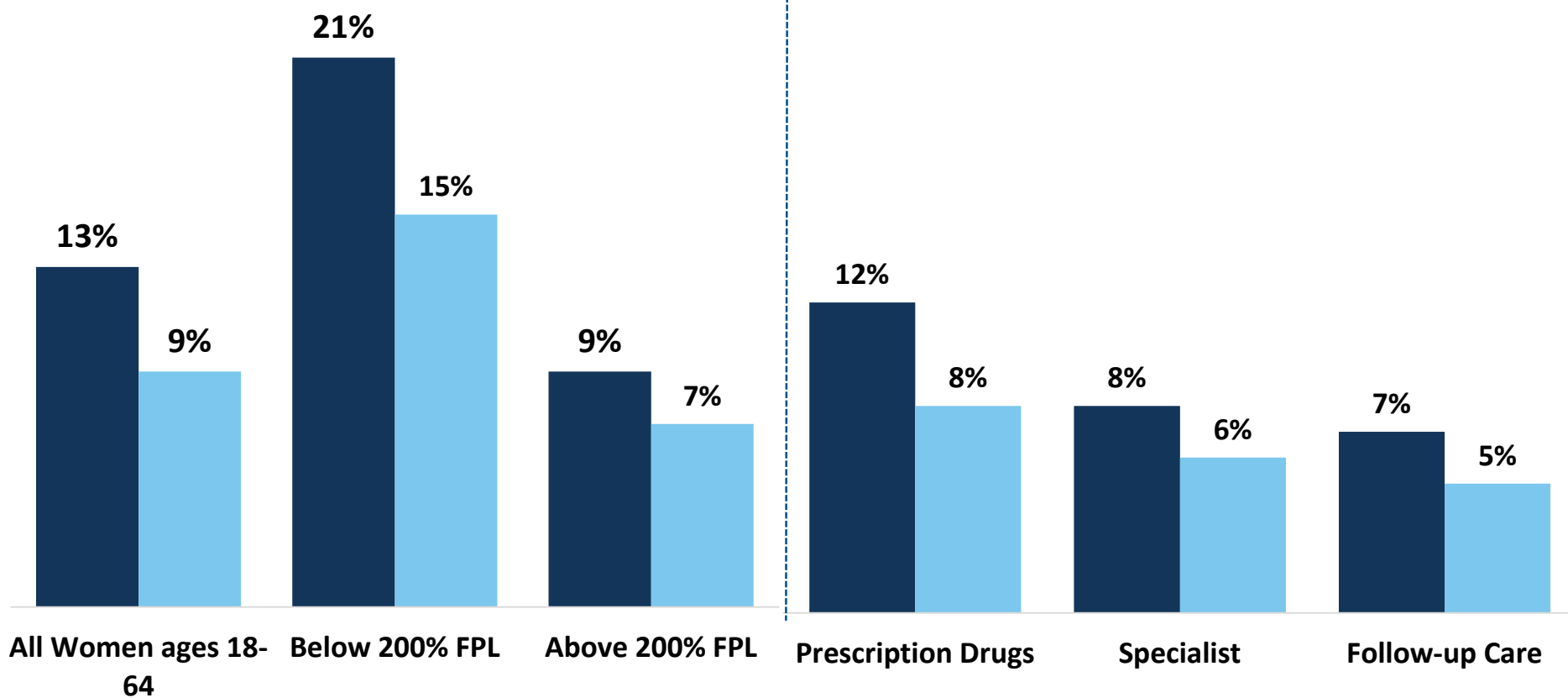
SOURCE: Kaiser Family Foundation analysis of 2017 ASEC Supplement to the Current Population Survey, U.S. Census Bureau. Methods available at: <http://kff.org/health-reform/issue-brief/new-estimates-of-eligibility-for-aca-coverage-among-the-uninsured/>.

The Share of Women Who Delayed or Did Not Get Care Due to Cost Is Falling

■ 2011 ■ 2015

Women Who Delayed Care

Women Who Did Not Get Care Due to Cost



NOTES: Among all women ages 18-64

SOURCE: Kaiser Family Foundation Analysis of the National Health Interview Survey 2011-2015.

The ACA is being weakened without full repeal

- Repeal of individual mandate via tax reform bill
- Reducing marketing and enrollment activities and shortened enrollment period; CA open enrollment through January 31
- Ending CSR Payments
- Broader definition of Association Health Plans
- Redrafting Regulations and Guidance

ACA broadened scope of benefits - Maternity Remains “Essential” in CA but what About Rest of the Country?

Essential Health Benefits for Individual and Small Group plans (changeable by States through 1332 Waivers and not required in Association Health Plans)

- ✓ Ambulatory patient services
- ✓ Emergency services
- ✓ Hospitalization
- ✓ Maternity and newborn care
- ✓ Mental health and substance abuse disorder services including behavioral health treatments
- ✓ Prescription drugs
- ✓ Rehabilitative and habilitative services and devices
- ✓ Laboratory services
- ✓ Preventive and wellness services
- ✓ Chronic disease management
- ✓ Pediatric dental and vision care

ACA Requires All Private Plans, Medicare, and Medicaid Expansion to Cover Recommended Preventive Services Free of Cost Sharing

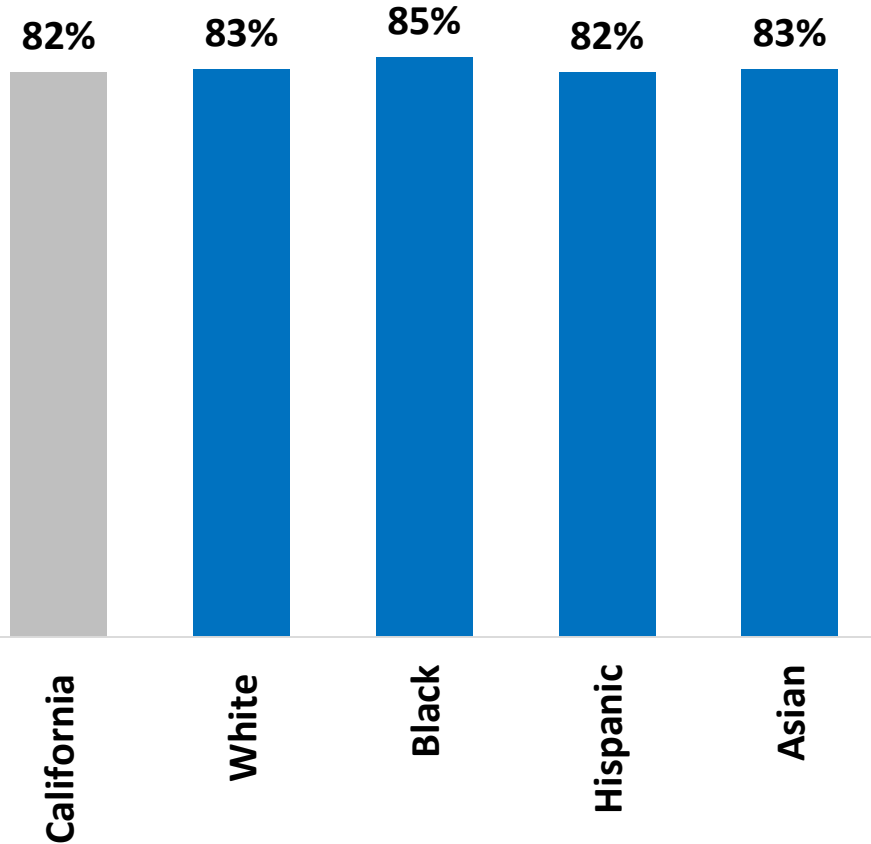
Cancer	Chronic Conditions	Vaccines	Healthy Behaviors	Pregnancy	Repro & Sexual Health
<p>Breast Cancer Mammography Genetic screening & counseling Preventive medication</p> <p>Cervical Cancer Pap testing High-risk HPV DNA testing</p> <p>Colorectal Cancer Fecal occult blood testing, colonoscopy, or sigmoidoscopy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

NOTE: Orange indicates service exclusive to women.

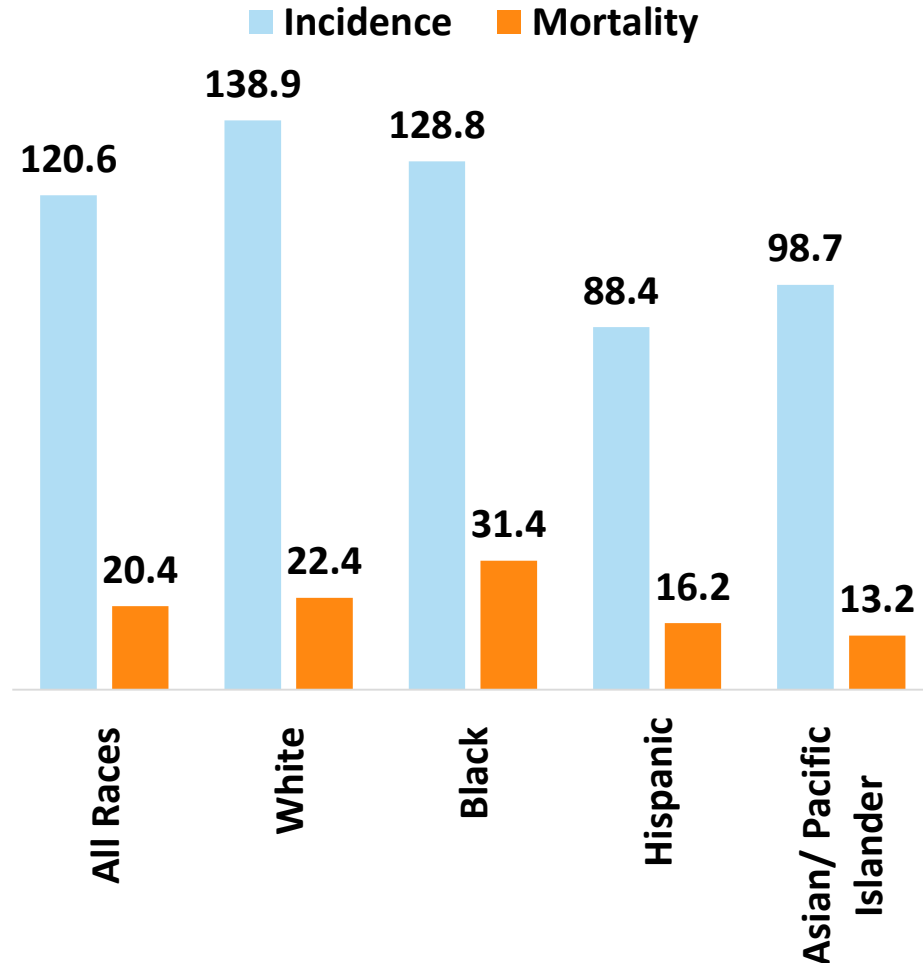
SOURCE: U.S. DHHS, "Recommended Preventive Services." Available at <http://www.healthcare.gov/center/regulations/prevention/recommendations.html>.

Disparities in Breast Cancer Incidence and Mortality

Percent of Women 50-74 in California Who Had a Mammogram in the Past 2 Years, 2016



Breast Cancer Incidence and Mortality in California, 2010-2014



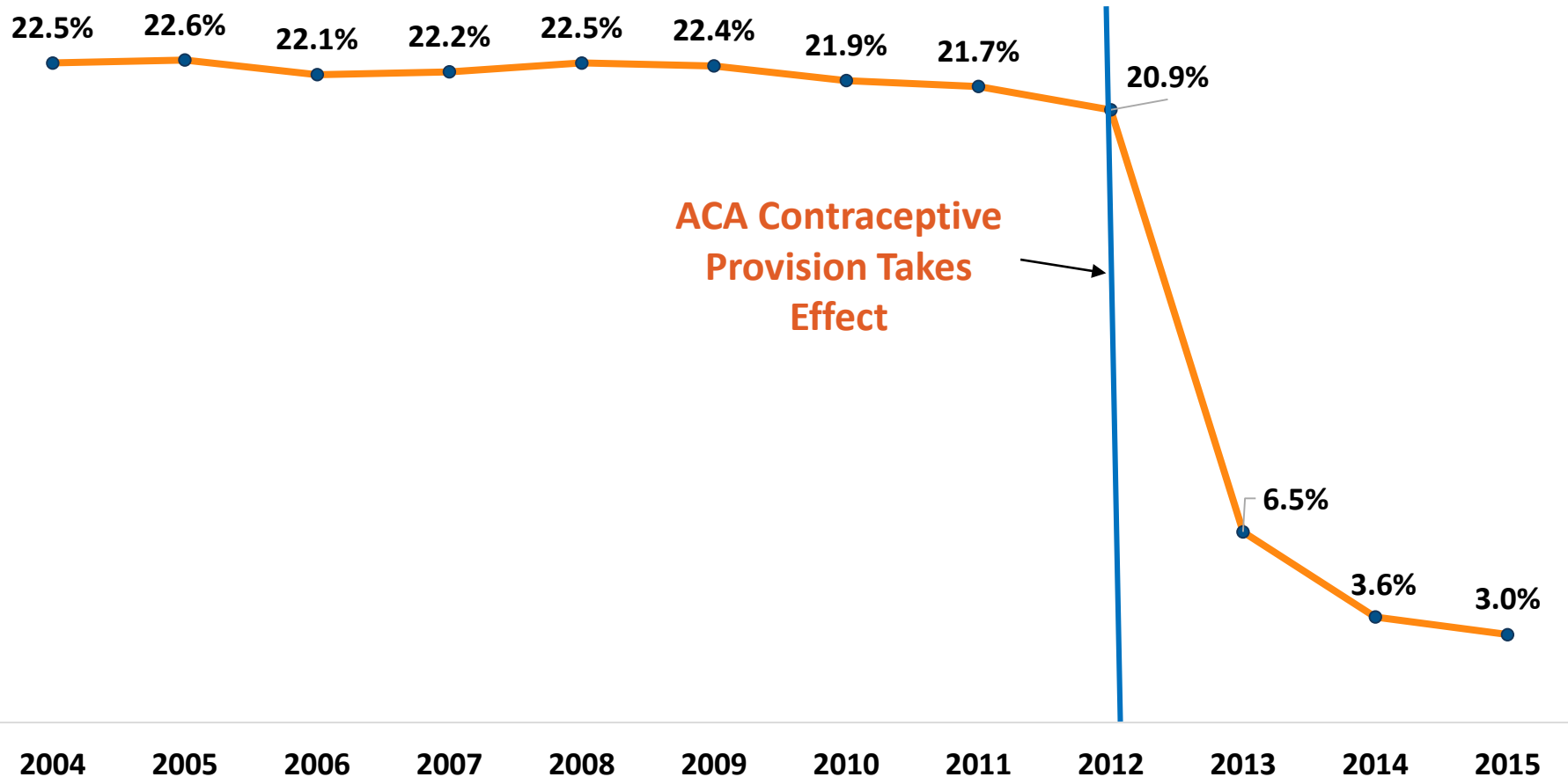
NOTES: Data for breast cancer incidence and mortality rates are age-adjusted rates per 100,000 persons.

SOURCE: Centers for Disease Control and Prevention. [BRFSS Prevalence & Trends Data](#). 2015. Accessed Jan 26, 2018.

California Cancer Registry. [Age-Adjusted Cancer Mortality Rates by County in California, 2010 - 2014](#). Based on Oct 2016 Extract. Accessed on Jan 29, 2018.

The Contraceptive Coverage Policy Has Had a Large Impact 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, 2004-2015.
SOURCE: Kaiser Family Foundation analysis of Truven Health Analytics MarketScan Commercial Claims and Encounters Database, 2004 – 2015. [Peterson-Kaiser Health System Tracker](#).

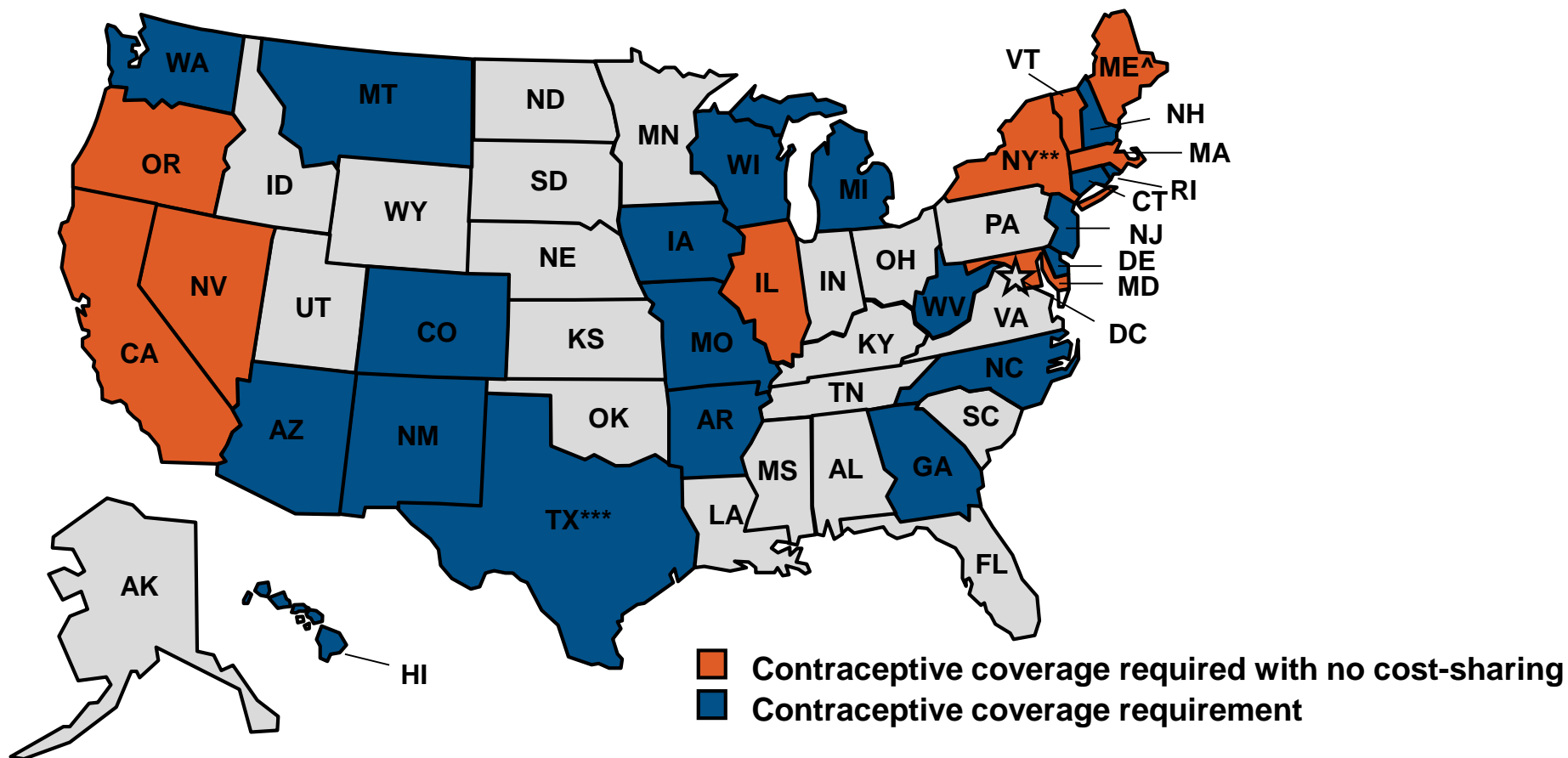
Trump Administration is Trying to Allow Any Employer to be Exempt from the Contraceptive Coverage Rule

- Under ACA, all new private plans (employer, marketplace, Medicaid expansion) required to cover all prescription contraceptive methods for women without cost sharing
- Included an *exemption* for houses of worship and an *accommodation* for faith-based nonprofits that did not want to pay for contraceptives in their plans but that still allowed women to receive the benefit
- Challenged at Supreme Court twice (*Hobby Lobby*, *Zubik*) by employers with religious objections to including some or all methods in health plans
- Cases not resolved before Trump Administration took office, but policy remained that women would receive coverage
- October 2017 Trump Administration regulations would allow almost any employer exempt based on *religious* or *moral* objections
- Federal courts in CA and PA have blocked this exemption so contraceptive coverage remains in tact; lawsuits likely to continue



Many States have Contraceptive Coverage Requirements

- 29 states require insurance to cover prescription contraceptives to some extent but only 9 include no cost-sharing and require all FDA approved contraceptives
- State Laws do not apply to self-insured plans—61% of covered workers
- State Exemptions differ from new federal regulations

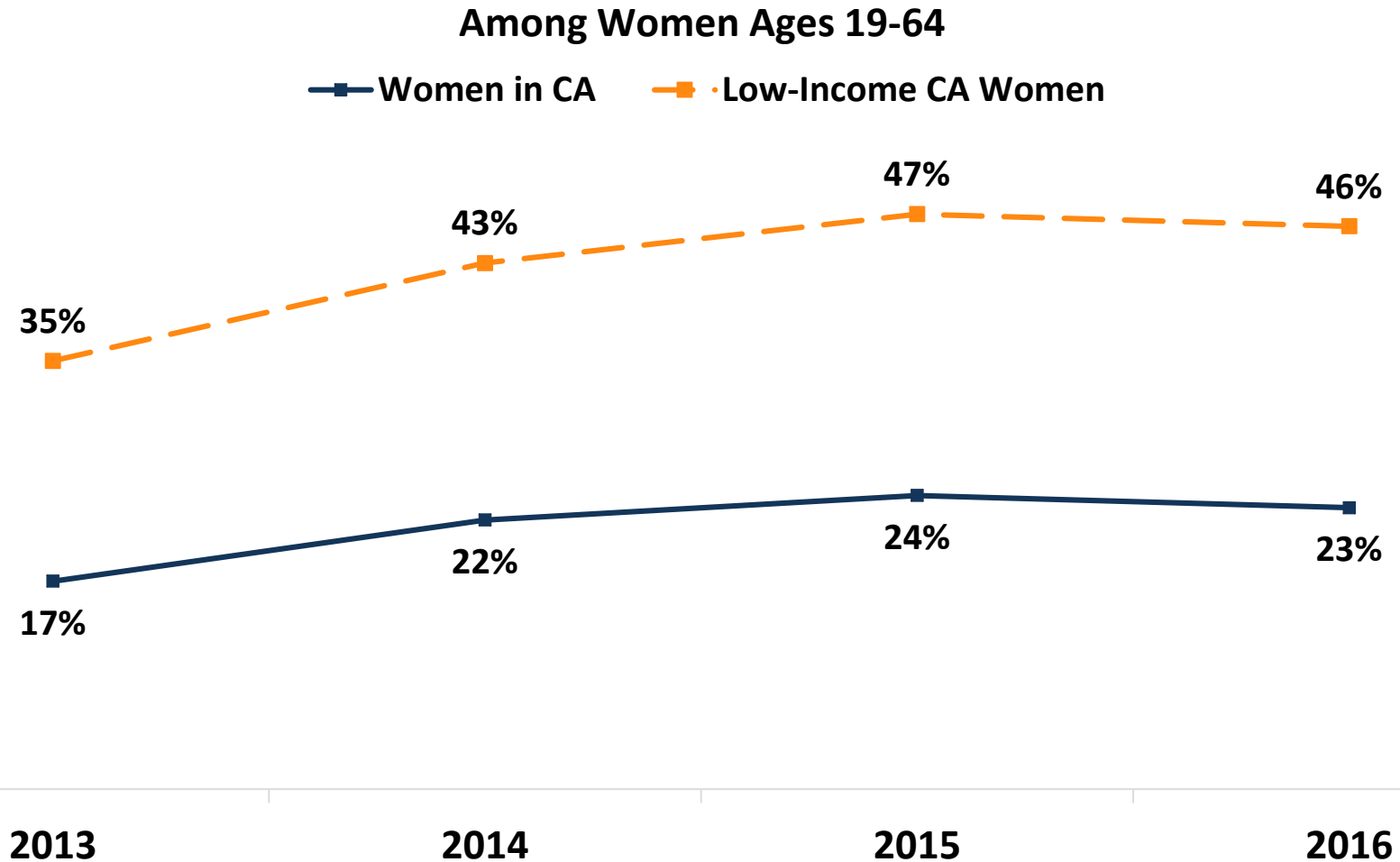


NOTES: [^]ME law goes into effect January 2019.

SOURCE: Kaiser Family Foundation. [State Requirements for Insurance Coverage of Contraceptives](#). State Health Facts, as of September 1, 2017.

^{**} New York Insurance Regulation 62, [Minimum Standards for Form, Content, and Sale of Health Insurance, Including Standards of Full and Fair Disclosure](#), January 21, 2017. ^{***} Texas Insurance Code Section [1369.004](#)

The Share of Women on Medicaid Grew Substantially Following ACA Coverage Expansion



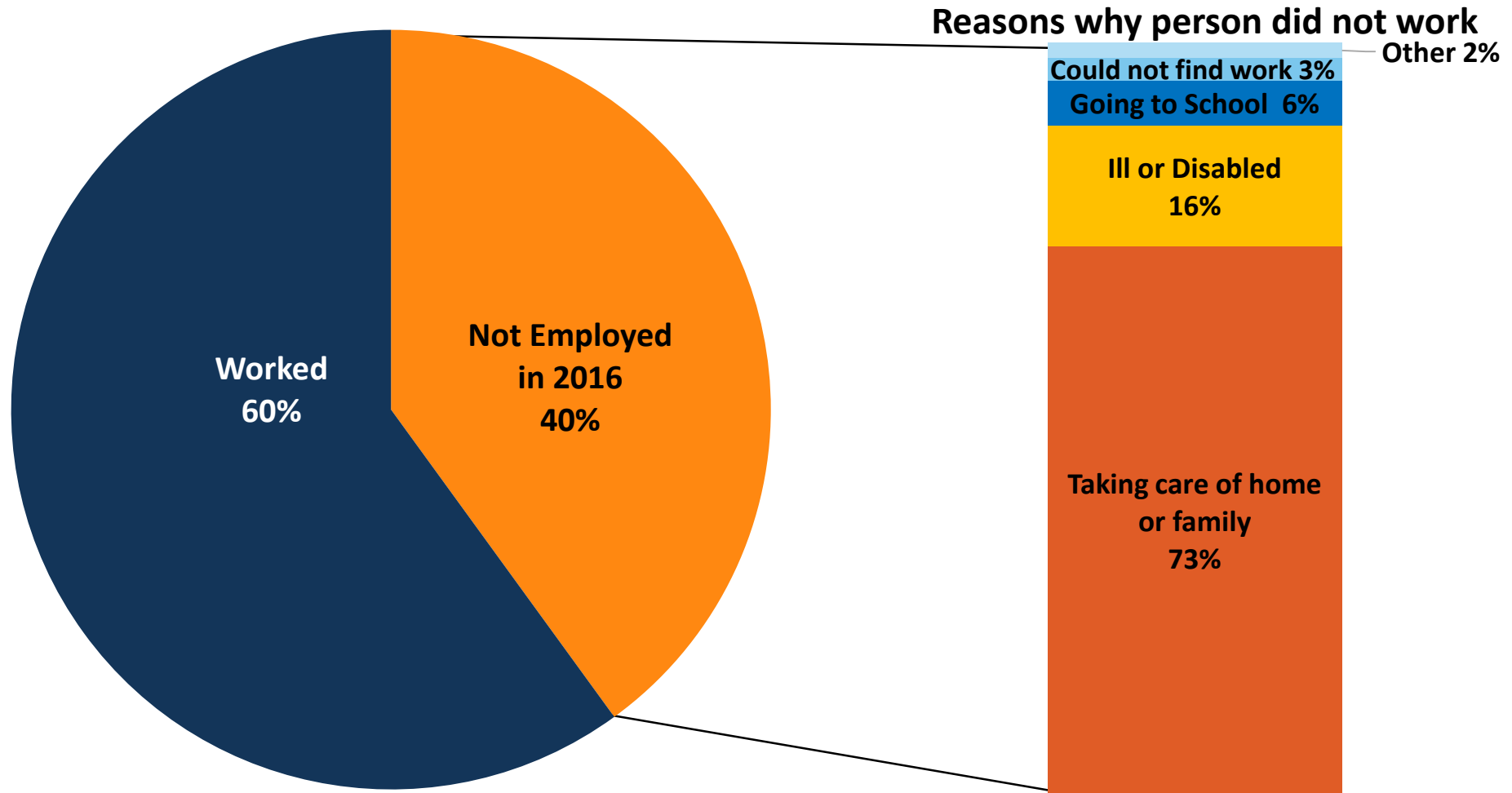
NOTE: Among women ages 19-64

SOURCE: Kaiser Family Foundation analysis of 2014-2017 ASEC Supplement of the Current Population Survey, U.S. Census Bureau.

States Can Make Major Changes to Medicaid through Federal Waivers and...CMS Likely to Approve

- States can use waivers to:
 - ☐ change **eligibility, benefits, cost-sharing, payment** policies;
or
 - ☐ offer **limited scope coverage to limited populations** (e.g. substance use disorders, emergency situations, family planning)
- Common waiver themes so far include:
 - ☐ Premium assistance to buy private insurance
 - ☐ Charging monthly premiums
 - ☐ Healthy behavior incentives
 - ☐ Work requirements (Kentucky approved) for “able-bodied” which includes parents but not pregnant women

Most Mothers Covered By Medicaid Are Working; Among Those Who Do Not, Most Are Taking Care of Family



**Among 6.9 million female parent
Medicaid enrollees, 2016**

NOTES: Among female parents enrolled in Medicaid without SSI, ages 19-64. Percentages may not add up to 100% due to rounding.

SOURCE: Kaiser Family Foundation analysis of ASEC supplement to 2017 Current Population Survey, U.S. Census Bureau.

Medicaid and Immigrant Families

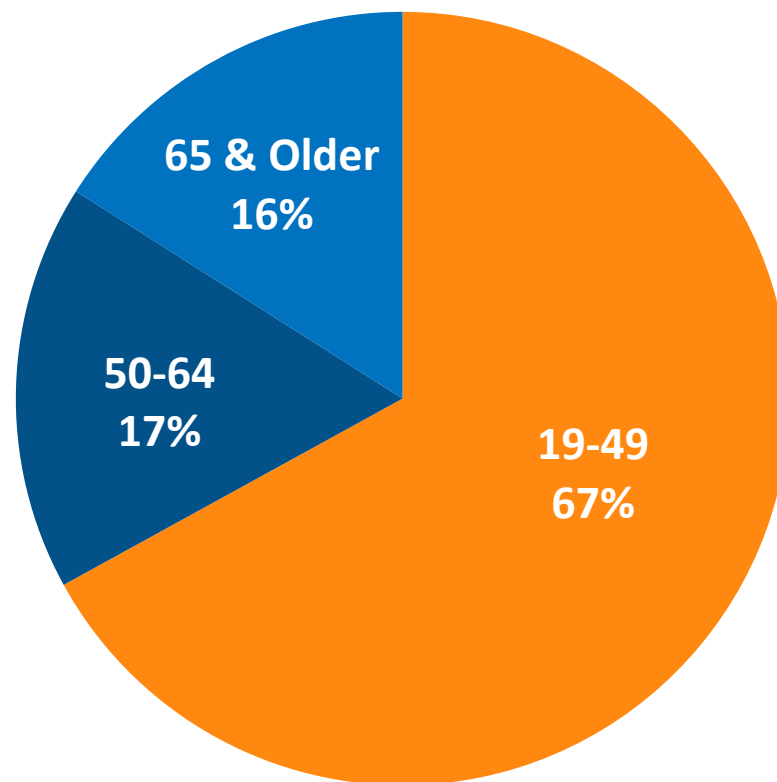
- Parents highly value Medicaid and CHIP and that coverage enables access to care for their children, but signs of increasing fear for eligible families
- *“I’ve heard about the food stamps, that if you get the government to help you, it’s going to affect your status.”* –Latino Parent, Los Angeles, CA
- *“I personally am afraid of trying to get my MassHealth [Medicaid] or something again, due to my permit... They are requesting many documents...”* –Latino Parent, Boston, MA
- *“I’ve started hearing... questions about whether or not they should access services... So a few new moms of newborns asking if they should enroll their child who is a U.S. citizen and born here in this country, if they should enroll their child in WIC. And, even in some circumstances, deciding not to apply even though they would have qualified...”* –Pediatrician, D.C.
- *“...I have noticed that more and more people who did not used to be afraid of getting... services like SNAP, for instance, are very nervous about that. And so I had two families last week who did not want to get those services even though they were in need...and then one family who was nervous about even reapplying for Medicaid, because... they thought that it would put in jeopardy the father’s ability to get a visa.”* –Pediatrician, CA

Medicaid is the Largest Public Payer for Family Planning

Family Planning Provisions

- Mandatory
- Cost-sharing banned
- Beneficiaries may get care from *any willing participating provider*
- Medicaid Managed Care enrollees may go out of network to get family planning
- Federal government pays 90%
- BUT no federal definition about what states must include as family planning

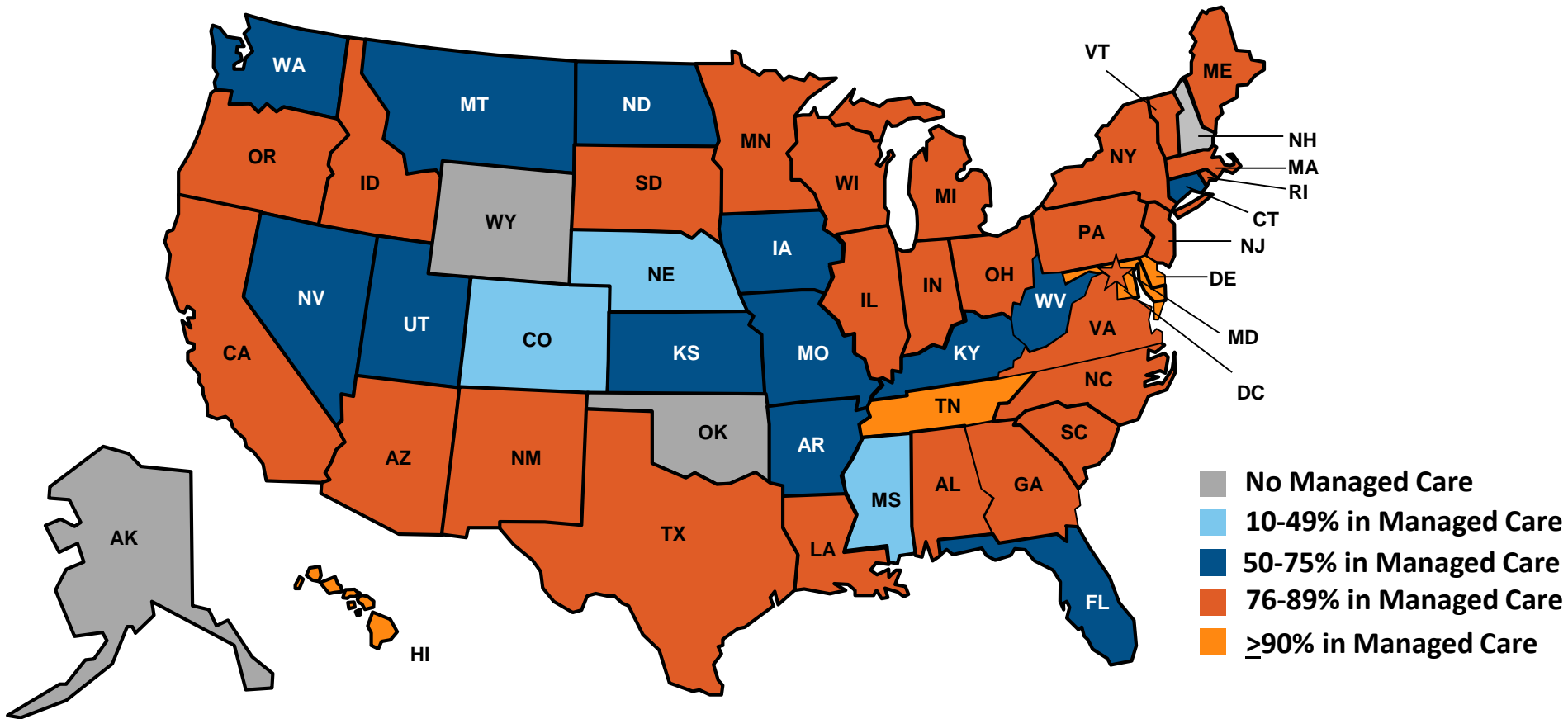
Age distribution among 25.0 million adult women enrolled in Medicaid, 2014



The Vast Majority of Women on Medicaid are Enrolled in Managed Care Arrangements

Share of Women Ages 15-49 with Medicaid who are Enrolled in Managed Care, 2011

U.S. Average = 77%

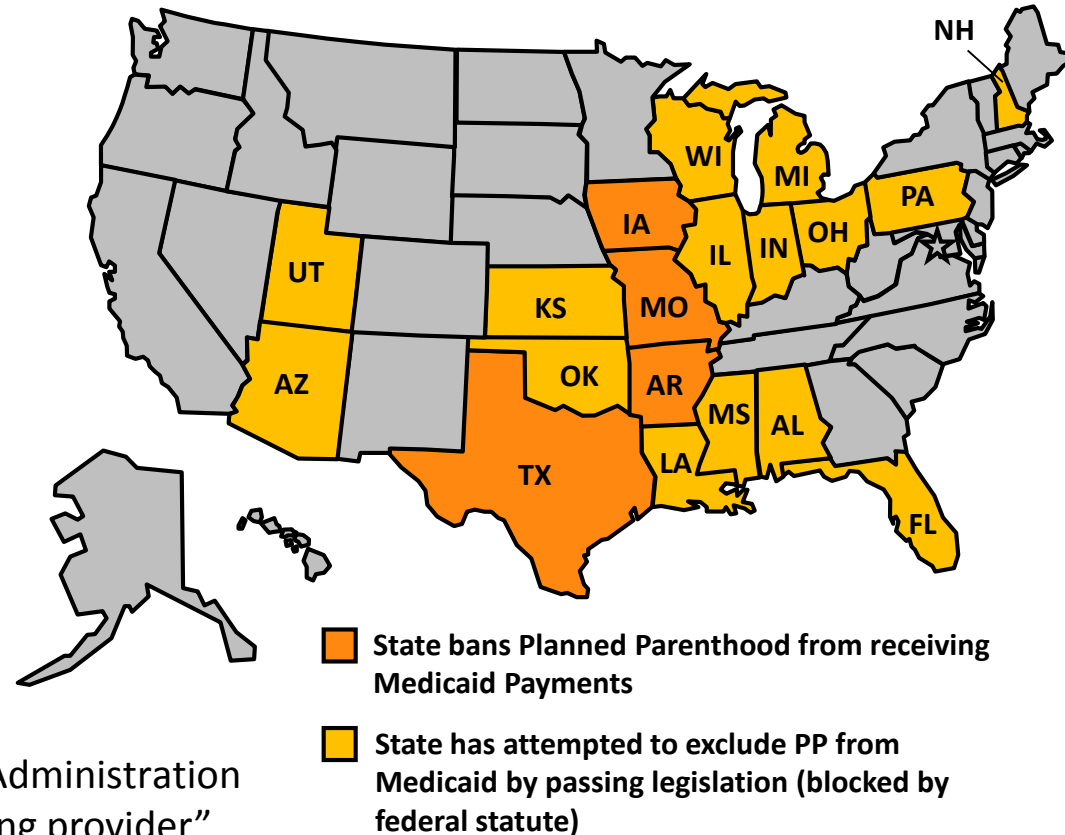


NOTE: Managed care enrollment includes women enrolled in comprehensive managed care or PCCM for at least one month during the year.

SOURCE: Kaiser Commission on Medicaid and the Uninsured and Urban Institute estimates based on FY 2011 MSIS. 2010 MSIS data were used for FL, KS, ME, MD, MT, NJ, NM, OK, TX, UT because 2011 MSIS data were unavailable or unreliable in these states.

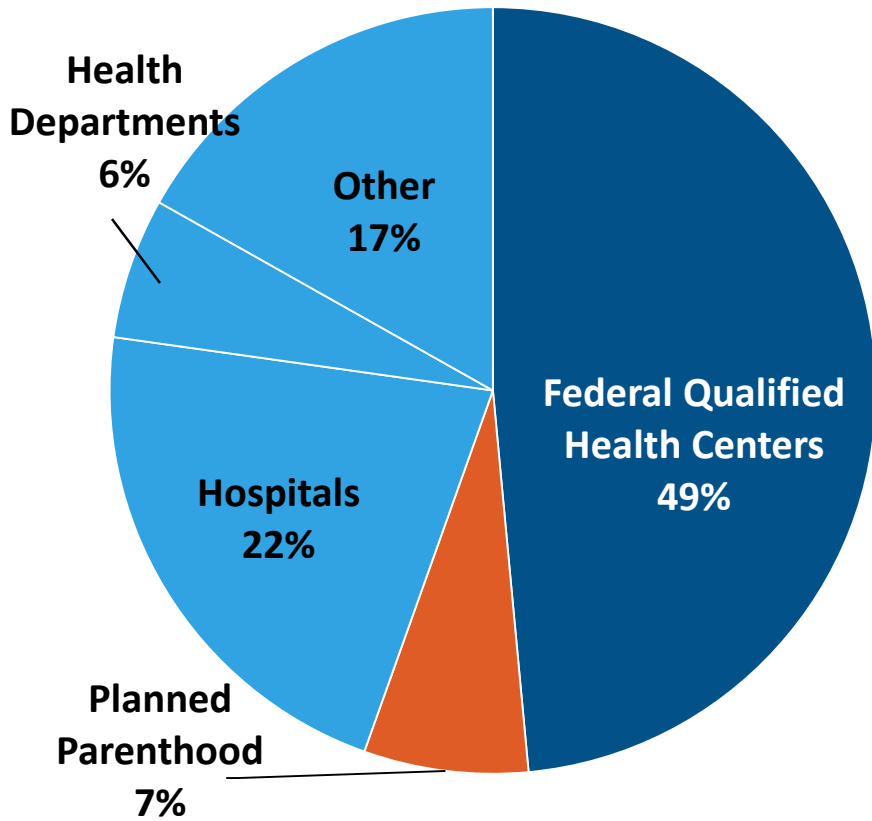
Efforts Under Way to Upend Longstanding Family Planning Rules Under Medicaid

- 4 states already have excluded Planned Parenthood from their Medicaid Family Planning programs
- Pending application from Texas to receive federal matching funds for their Medicaid Family Planning program would restrict “freedom of choice” by excluding providers that perform, promote or affiliate with entities that offer “elective” abortions – AKA Planned Parenthood
- On 1/19/2018 CMS rescinded an Obama Administration letter that reaffirmed Medicaid’s “any willing provider” protection
 - ❓ Further opening door for states to exclude Planned Parenthood from their Medicaid networks



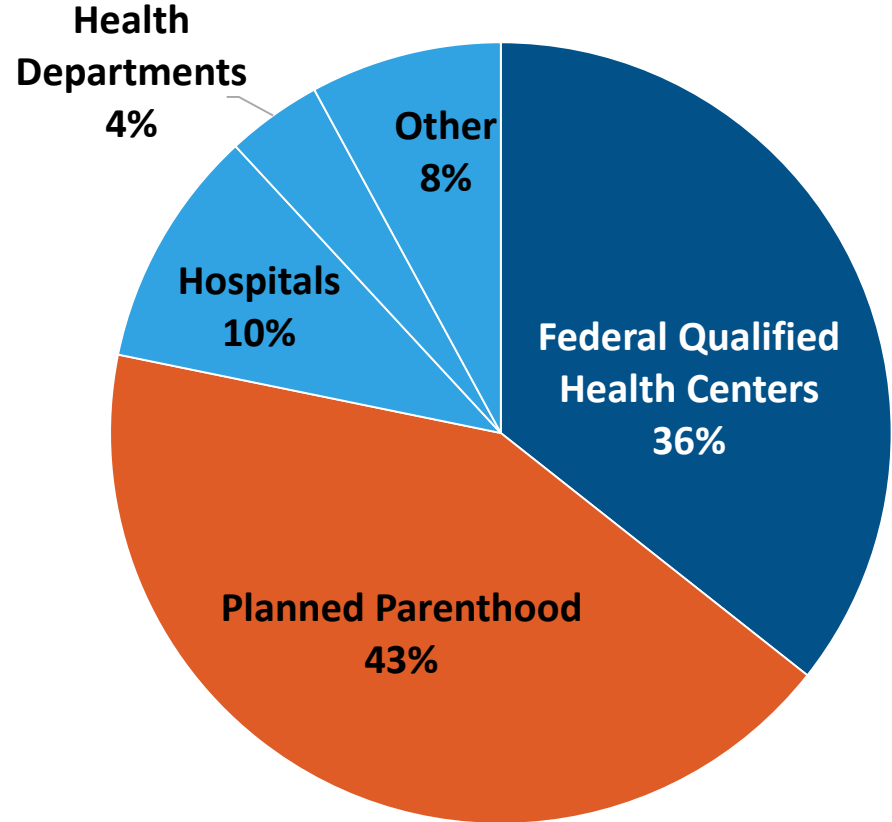
Banning Planned Parenthood as a Medicaid Provider Could Limit Access to Family Planning Services for Many Low-Income Women

Distribution of Clinics in CA



Total = 1,697 clinics providing publicly funded family planning services in 2015

Distribution of Clients in CA



Total = 1.7 million female Contraceptive Clients in 2015



HHS Draft Strategic Plan for 2018-2022 is a Significant Departure from Prior Years

*“A **core component of the HHS mission** is our dedication to serve all Americans from **conception to natural death...**”*

*“Design healthcare options that are responsive to consumer demands, while removing barriers for **faith-based** and other community-based providers “*

*“While we may refer to the people we serve as beneficiaries, enrollees, patients, or consumers, our ultimate goal is to **improve healthcare outcomes for all people, including the unborn, across healthcare settings.**”*

*“**identify and remove barriers to, or burdens imposed on, the exercise of religious beliefs and/or moral convictions by persons or organizations partnering with, or served by HHS.**”*

Limiting Abortion Access Remains a Priority

- **New HHS Division on Conscience and Religious Freedom**- tasked with enforcing protections for providers that refuse to perform or make a referral for an abortion
- **Federal legislation banning abortions after 20 weeks**– passed by House but failed in Senate 51-46
- **Codifying Hyde** – currently an amendment that is approved every year; legislation to make it permanent passed by House
- **Abortion coverage** – required in all plans in CA; ACA repeal legislation repeatedly attempted to prohibit abortion coverage and is likely to come up again
- **California FACT Act** – requires crisis pregnancy centers to post information on availability of family planning and abortion services from other providers as well as disclose lack of medical providers; being challenged on 1st Amendment grounds, at Supreme Court on March 20

Some Protections in California

- **Any Willing Provider protections (2017)** - Codifies Medicaid's "any willing provider" protection allowing patients to see the family planning provider of their choice.
- **12-month supply of birth control (2016)**– Allows pharmacists to dispense a 12 month supply & requires health plans to cover one year at a time.
- **Contraceptive Coverage (2014)** – Requires no cost coverage for all FDA-approved methods for all private plans including Medicaid Managed Care plans.
- **Expanded Scope of Practice for APCs to perform Abortion (2014)** - Authorizes advanced practice clinicians to perform aspiration abortion.
- **Pharmacist prescribing authority (2013)** - Gives pharmacists authority to prescribe hormonal contraception such as the pill, patch, ring, and shot



What to Watch

- Federal efforts to weaken ACA protections, but states have options
 - Association Plans, Short Term Plans, 1332 Waivers
- Continuing court cases on contraceptive coverage
- Expanded state & federal actions to waive Medicaid rules and make Medicaid more like private insurance
- Ongoing efforts to squeeze out Planned Parenthood and shift funds and care to CHCs and faith-based providers
- Executive actions to fulfill Administration's priorities
 - removing funds for pregnancy prevention
 - promoting abstinence education and natural family planning