



# **Women, Families & the Affordable Care Act: Overview of Preventive Services Requirements**

**Webinar and Discussion  
December 4<sup>th</sup> 2013**

# Presentation

Quick overview of the Affordable Care Act

1. Coverage and benefits
2. Preventive services
3. Breast-feeding support and supplies

## Why This is Important: Women, Families & the Affordable Care Act

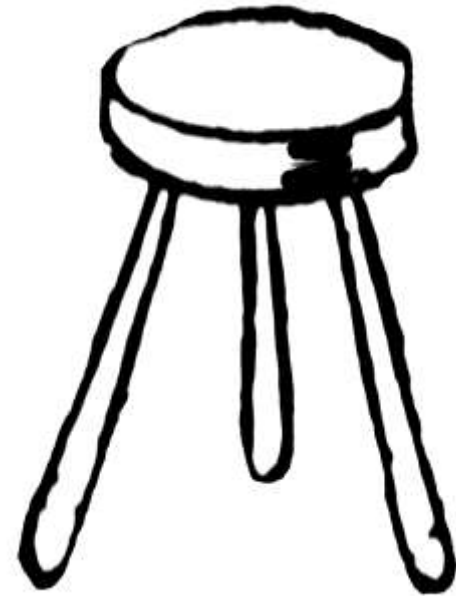
The health care law, known as the Affordable Care Act (ACA), protects women from discriminatory health insurance practices, makes health coverage more affordable and easier to obtain, and improves access to many of the health services people need.

# What does the Affordable Care Act do?

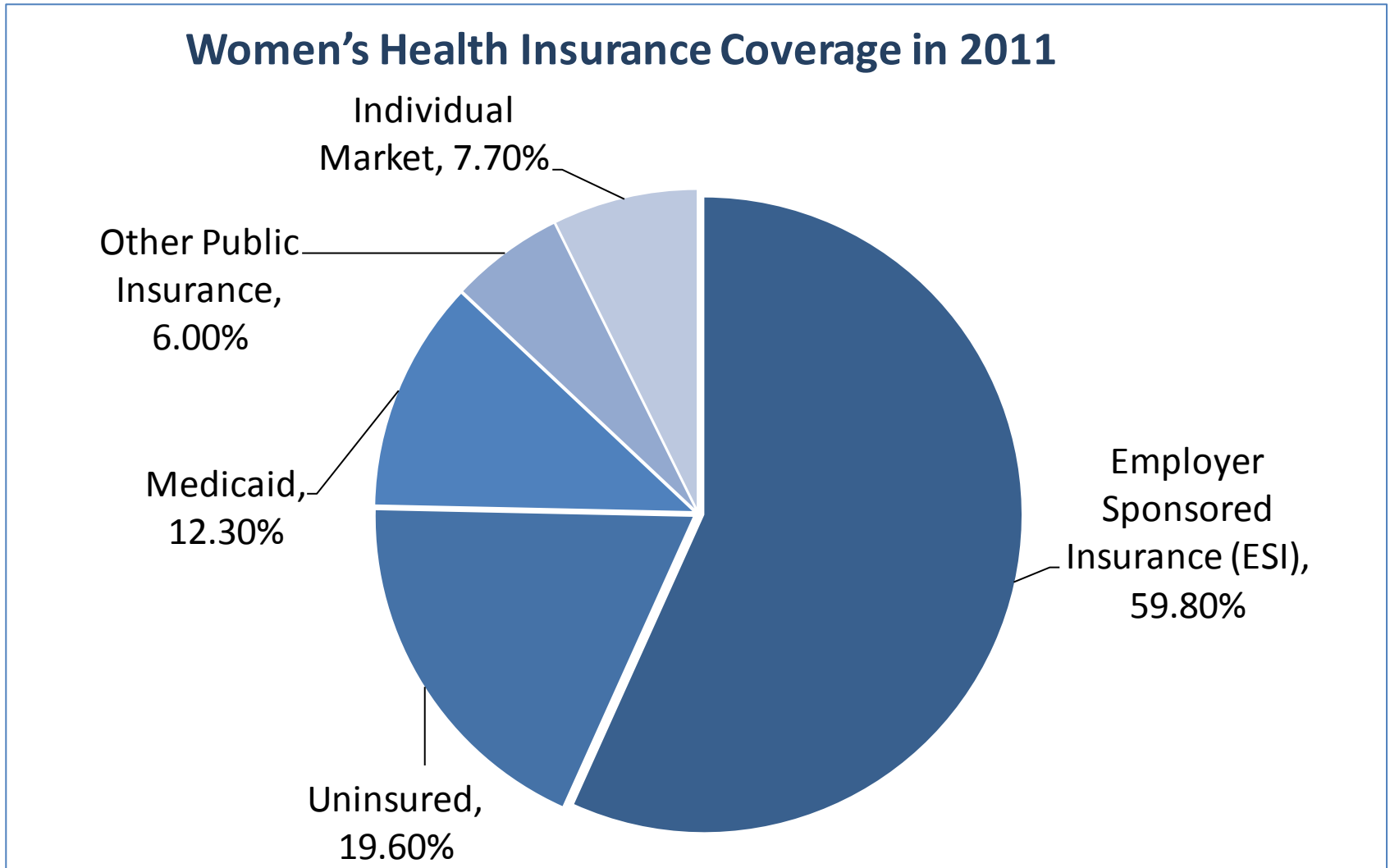
- Expands Coverage
  - Medicaid
  - Insurance Exchanges (marketplaces)
- Insurance Protections
  - No pre-existing limit exclusions
  - No gender rating
  - Maternity care and other essential health benefits
  - Preventive services with no co-pays
- Shared Responsibility
  - Individual responsibility
  - Employer responsibility

# Three-legged Stool

1. Insurance Coverage
2. Insurance Reforms  
Consumer protections
3. Personal Responsibility  
Exceptions



# Where Do Women Get Their Health Coverage?



Source: National Women's Law Center analysis of 2011 health insurance data from the U.S. Census Bureau Current Population Survey's (CPS) 2011 Annual Social and Economic (ASEC) Supplements

# Coverage Estimates

- By 2014:
  - 14 million can expect to gain coverage through ACA
  - 7 million through exchanges
  - 9 million through Medicaid and CHIP
- By 2023
  - 25 million can expect to gain coverage through ACA
  - 24 million through exchanges
  - 13 million through Medicaid and CHIP

# Expanding Health Coverage

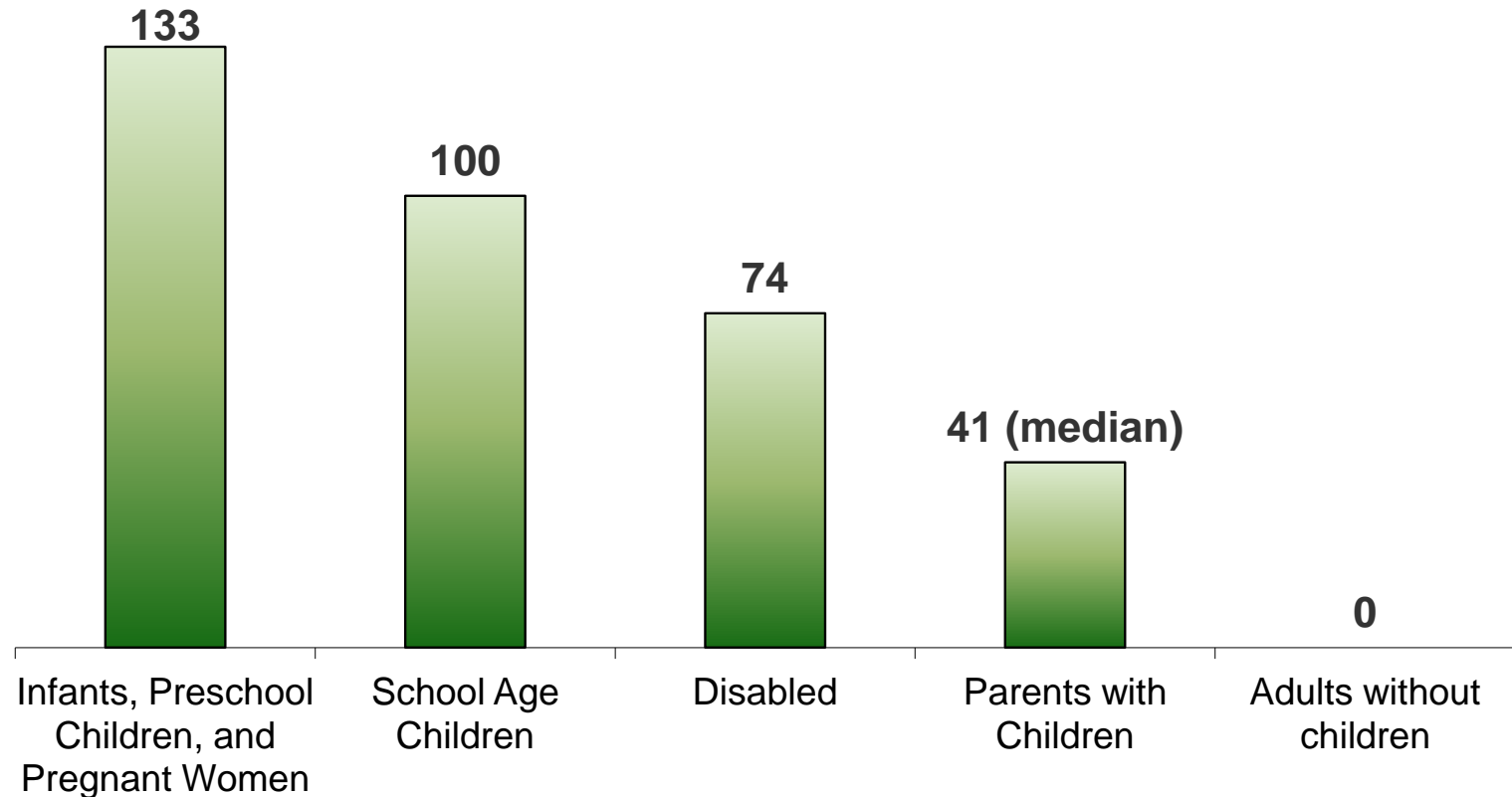
- Marketplaces
  - Also known as “exchanges”
  - Set up in every state either run by the state or by the federal government
  - Check out [healthcare.gov](http://healthcare.gov) for more information
- Tax credits to help purchase insurance
  - Sliding scale based on household income (100% - 400% FPL)
  - Must use tax credit in the marketplace/exchange to purchase a Qualified Health Plan that meets certain standards



# Medicaid Expansion

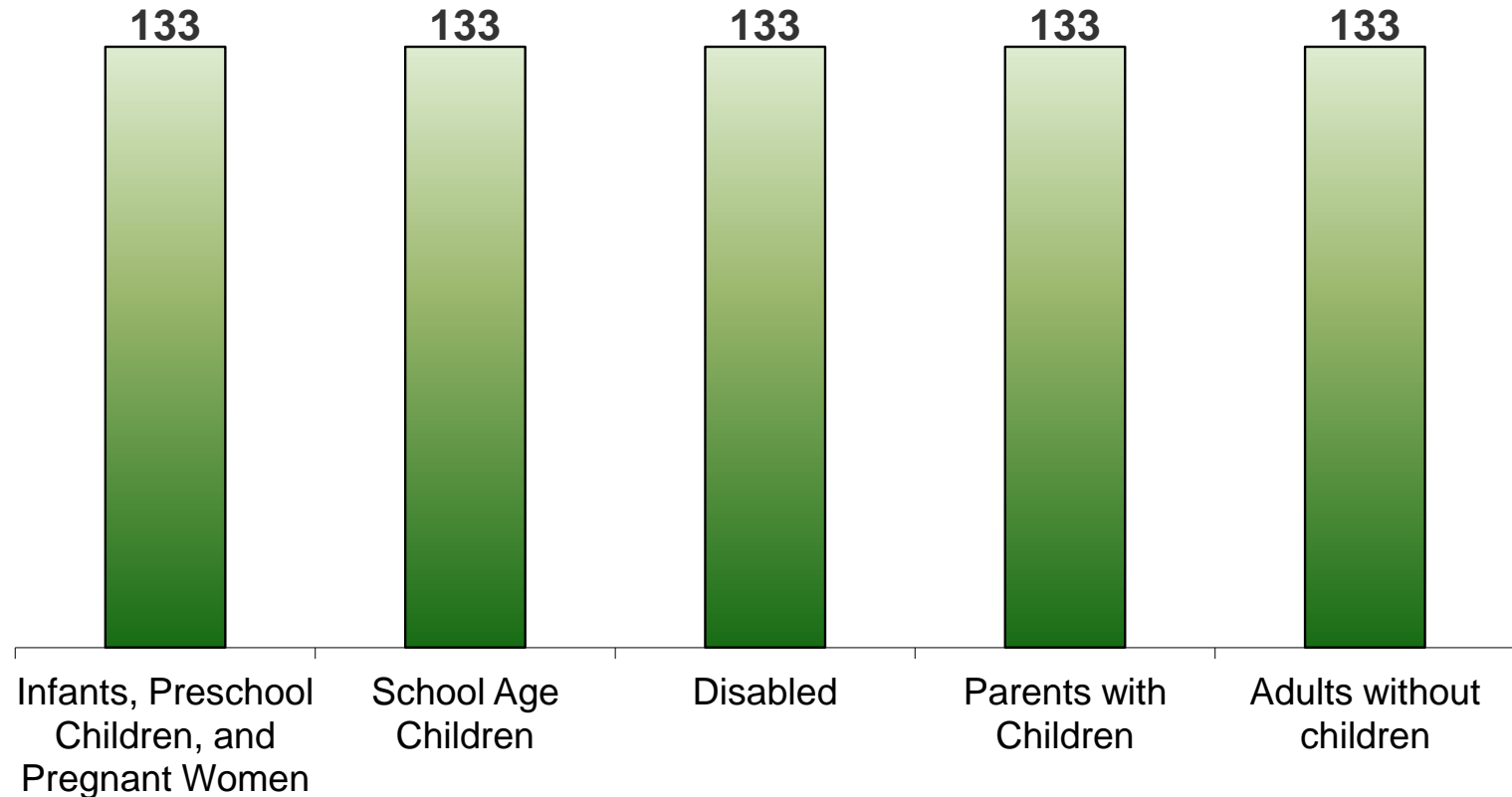
# Current Medicaid Levels

(varies by state)



# Medicaid Coverage in 2014

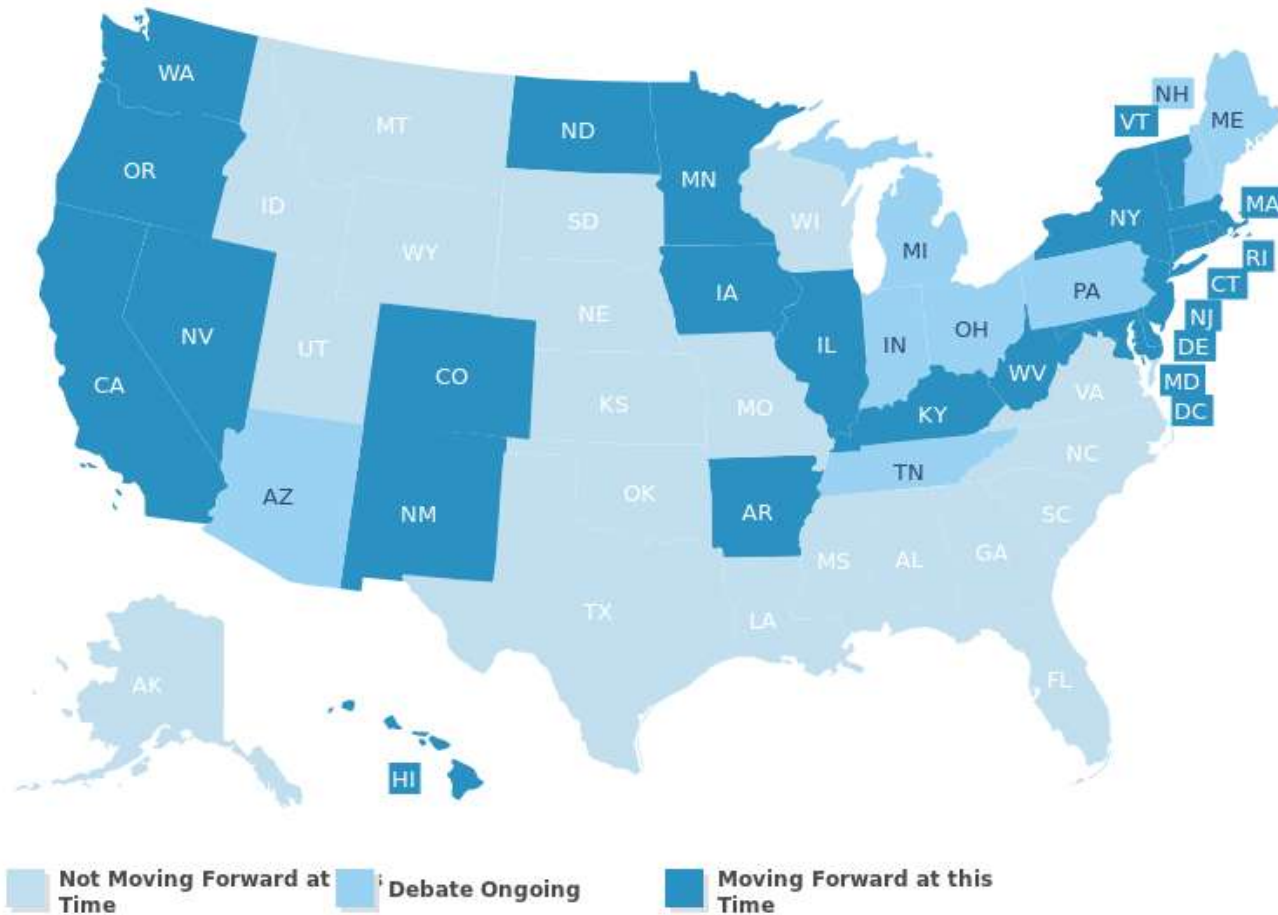
up to 15 million uninsured newly eligible,  
including 7 million women



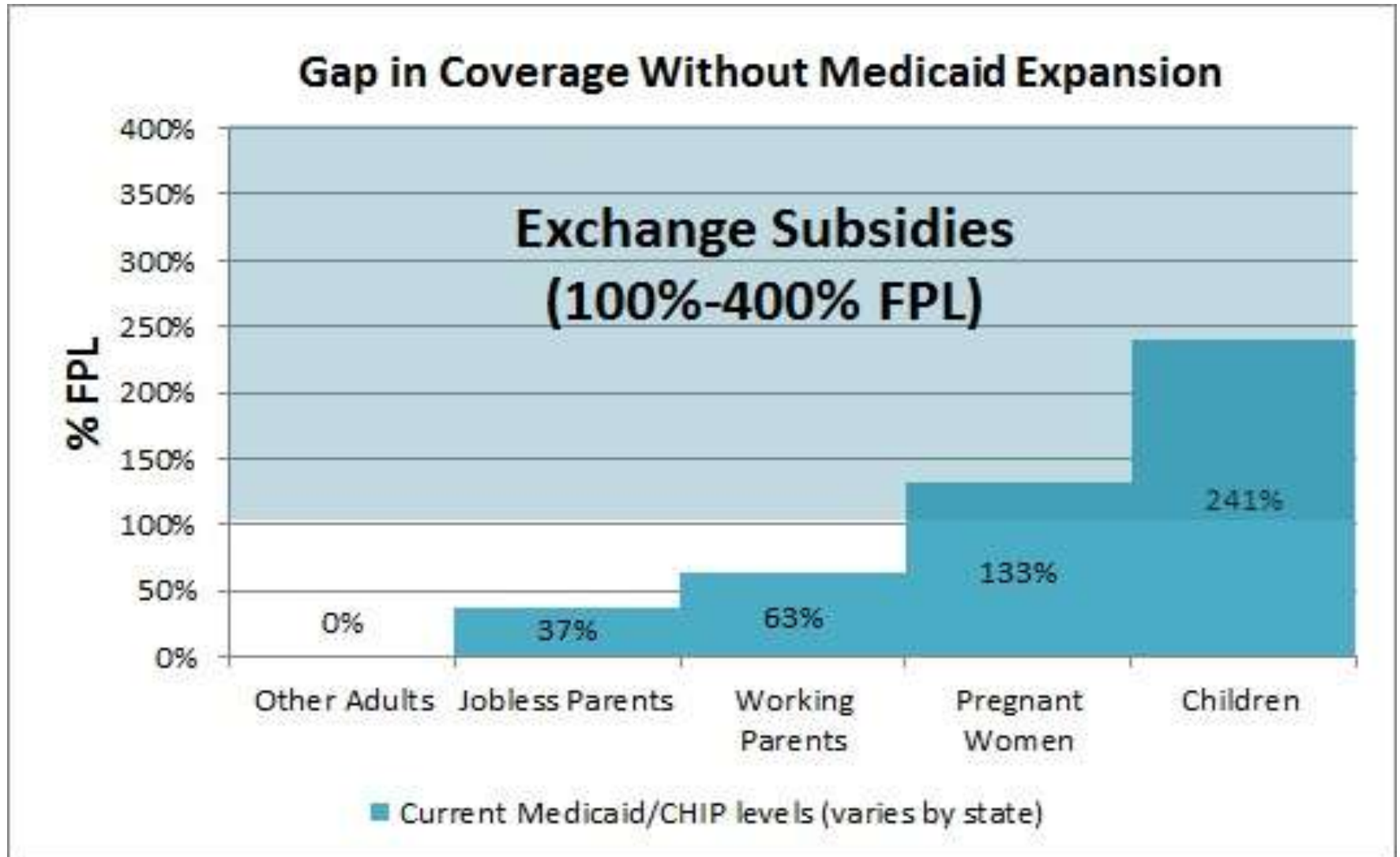
# Medicaid Expansion

- State by state decision whether or not to accept the federal money and cover more people (as per SCOTUS decision).
- States are required to maintain current coverage levels for adults through 2014 and for children through 2019.
- For newly eligible Medicaid recipients, the federal government will pay 100 percent of the costs from 2014 to 2016; the federal contribution phases down to 90 percent by 2020 and remains that that level.

# About half of states are participating



# Medicaid Expansion: the Gap



# NWLC Resources

## Enrollment

- Toolkit - [We've Got You Covered: What Women Need to Know About Health Care Enrollment](#)
- Campaign - [Word of Mom: A Healthy Dose of Motherly Advice](#)

## Medicaid Expansion

- NWLC Report - [What the Medicaid expansion Means for Women](#)

# What Will Plans Cover: Essential Health Benefits

- Ambulatory patient services
- Emergency services
- Hospitalization
- Laboratory services
- **Maternity and newborn care**
- Mental health and substance use disorder services, including behavioral health treatment
- Pediatric services, including oral and vision care
- Prescription drugs
- **Preventive and wellness services** and chronic disease management
- Rehabilitative and habilitative services and devices



# Preventive Services

- Applies to new health plans (private) and Medicaid expansion plans
- No cost-sharing allowed on:
  - ‘A’ or ‘B’ rating by US Preventive Services Task Force
  - Immunizations recommended by the CDC
  - Pediatric services
  - Women’s preventive services

Full list of covered preventive services: <http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html>

# Women's Preventive Health Services

All new insurance plans are required to provide (at no cost-sharing!) the following services:

- The full range of FDA-approved contraception methods and contraceptive counseling
- **well-woman visits**
- screening for gestational diabetes
- human papillomavirus (HPV) DNA testing for women > 30 years
- sexually-transmitted infection counseling
- human immunodeficiency virus (HIV) screening and counseling;
- **breastfeeding support, supplies, and counseling**
- domestic violence screening and counseling

No copayments, deductibles or co-insurance

<http://www.hrsa.gov/womensguidelines/>

# Coverage of Breastfeeding Supplies & Lactation Counseling

- Pregnant and postpartum women have access to comprehensive lactation support and counseling from trained providers, as well as breastfeeding equipment
- Coverage is for:
  - “comprehensive lactation support and counseling”
  - “costs of renting or purchasing breastfeeding equipment”

# Issues Related to Coverage

- Insurers can use reasonable medical management techniques to determine “the frequency, method, treatment, or setting” of a covered preventive service
  - Insurers must provide access to the type a pump a woman needs
- Lactation counseling
- General rules of in and out-of-network apply

## How Can Women Access This Benefit

Contact your health insurance:

- First, ask whether your health plan is grandfathered
- Then, if your plan is not grandfathered, ASK:
  - Does the insurance plan require you to buy a pump through a specific provider (through a durable medical device provider, pharmacy, etc.)
  - Is there a list of in-network lactation consultants

## Pumping at Work – New Requirements

The Affordable Care Act also requires certain employers provide:

- “reasonable break time” to pump for up to 1 year after the child’s birth
- a place other than a bathroom “that is shielded from view and free from intrusion from coworkers and the public”

## Pumping at Work – New Requirements (cont.)

But...

- An employer is not required to compensate nursing mothers who take breaks to express milk
- An employer with fewer than 50 employees does not have to comply if they show that the break requirements pose an undue hardship on the employer

# NWLC Resources

## Preventive Services

- Toolkit – [Getting the Coverage You Deserve](#)
- Assistance by email – [prevention@nwlc.org](mailto:prevention@nwlc.org)
- Assistance by phone – 1-866-745-5487



# Differences in Coverage

## Preventive Services

- All “new” (ungrandfathered) health insurance plans
- Medicaid expansion plans
- Does not apply to traditional Medicaid (existing Medicaid programs)

# Differences in Coverage

## Medicaid

- Varies by state
- CMS survey:
  - 25 of the responding States covered breastfeeding education services
  - 15 of the responding States covered individual lactation consultations
  - 31 of the responding States covered equipment rentals.
- Kaiser survey: breastfeeding counseling 39/48 states cover in traditional Medicaid program

# Differences in Coverage Next Steps

- States have option to provide preventive services and get 1% FMAP increase
  - This does not apply to women's preventive services
  - The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding (B recommendation)
- CMS: goal is to align coverage across programs



# Thank you! Questions/Discussion

Anna Benyo

Senior Health Policy Analyst  
National Women's Law Center

[abenyo@nwlc.org](mailto:abenyo@nwlc.org)

[www.nwlc.org](http://www.nwlc.org)



@annabenyo