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UCSF University of California San Francisco

Health Care Reform and Women's Health Care

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No commercial disclosures for this lecture

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Educational Objectives

- Describe 5 highlights of the health care reform package which was recently passed by Congress
- List 3 components of the health care reform package which will directly impact women's health care
- Review 3 features of the ACA that will affect abortion coverage in health insurance
- List 3 differences between an family plannning 1115 waiver and a State Plan Amendment

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Health Policy versus Health Politics

- **Health *Policy:* What policies, structures, and financing lead to optimal (clinical and economic) health outcomes**
  - **The Clinton Health Care Plan**
- **Health *Politics:* What is possible, who wins, and who loses**
  - **The Obama Health Care Plan**

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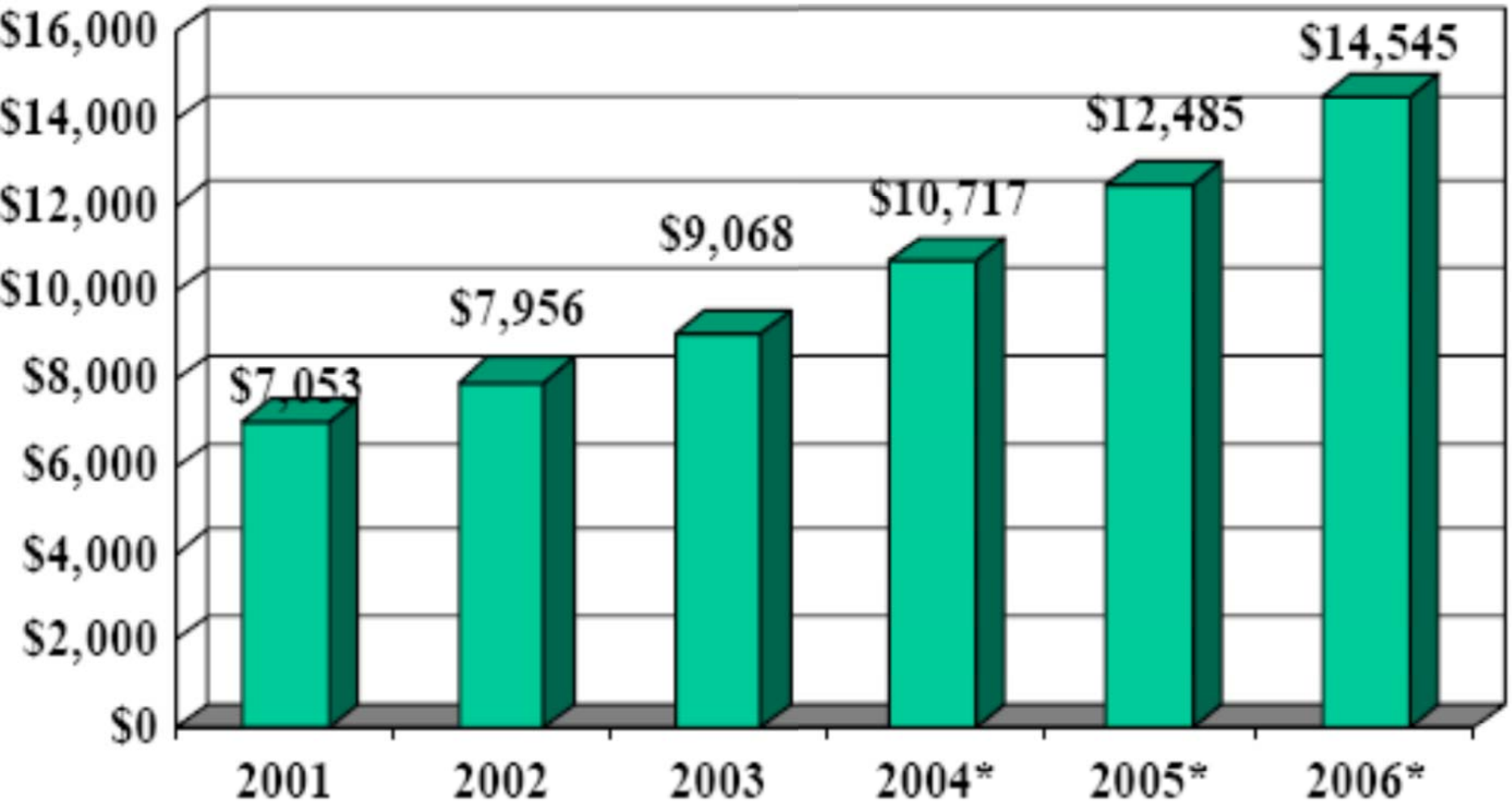
Why Health Reform Now?

- **Access** to health care is worsening
  - 46 million American lack health insurance
  - Up from 38 million 10 years ago
- **Outcomes** are inferior to other developed countries
  - US is 31st in life expectancy, 37th in infant mortality
- **Costs** of health care continue to escalate
  - 1993: $1 trillion, 2012: $3 trillion
  - National spending/ person
    - 1960:$1,066 → 2007: $7,421 → 2018: $13,100

Average Annual Premiums for Employer-Sponsored Family Health Coverage, 2001 to 2006



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Why Health Reform Now: *Cost of Care*

- **The real reason for reform…costs are breaking the bank!**
- **Barak Obama, March 2009**
  - **The greatest threat to America's health is not Social Security. It's not the investments we've made to rescue the economy during this crisis**
  - **By a wide margin, the biggest threat to our nation's balance sheet is the skyrocketing cost of healthcare**

….It's not even close

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"Patient Protection and *Affordable Care Act*" (ACA)

March 23, 2010

A Three Part Formula

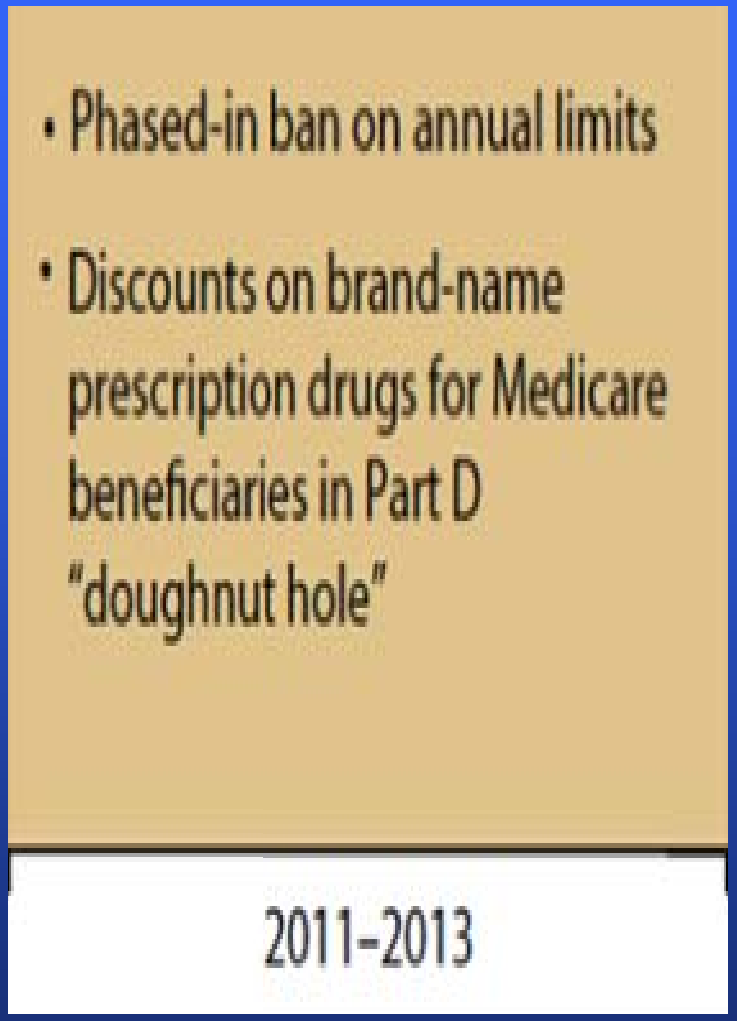
- **Require insurers to offer coverage to anyone who wants it**
- **Require everyone to have health insurance**
  - **Only way to cover pre-existing conditions**
  - **Broaden risk pool to include healthy + less healthy**
- **Help people to afford the coverage that they are required to have through government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

- Young adults on parents' plans
- Ban on lifetime benefit caps and rescissions
- Phased-in ban on annual limits
- Preexisting Condition Insurance Plan
- Preventive services coverage without cost-sharing
- $250 rebate for Medicare beneficiaries in Part D "doughnut hole"

2010

- **Coverage on parents plan until age 26**
  - **–1.1 million newly covered in 2011**
- **No lifetime limit on insurance benefits**
- **Insurance cannot be revoked during episode of illness unless fraud proven**
- **Remove limitations on annual benefits**
- **Pre-existing conditions ins. plan (PCIP)**
  - **–29 state plans; 21 use federal plan**
- **Preventive services (USPSTF grade A, B) covered without deductible, co-pay**
- **Help with drug benefit for seniors**

Collins SR, Commonwealth Fund, 2010



Collins SR, Commonwealth Fund, 2010

- **Expansion in Medicaid eligibility to cover adults with incomes below 133% FPL (1/14)**
- **Covers 8.2 million women < age 65**

- **State health insurance exchanges, with premium and out-of-pocket subsidies for people with low and moderate incomes (1/14)**
- **Covers 7 million uninsured women < age 65**

Who will benefit most?

States with high rates of unisured working-age women (2008)

- **New Mexico, Texas: 29%**
- **Florida, Louisiana: 24%**
- **Alaska, AZ, AK, CA, CA, WV: 22%**

Collins SR, Commonwealth Fund, 2010

- Medicaid expansion
- State insurance exchanges
- Insurance market reforms, including no rating on health, gender
- Essential benefit standard including maternity
- Premium and cost-sharing credits for exchange plans
- Individual requirement to have insurance
- Employer shared responsibility penalties

2014

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The Impact of the ACA on Women's Health Care

- Preventive services
- Abortion services
- Family Planning services

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ACA: Benefits to Women's Health

- Insurance premium equity with men
- Guaranteed maternity coverage in *all* health plans
- Ends pre-existing coverage exclusions for women who are pregnant, prior c-section, domestic violence history
- Preventive care with no co-pays, deductibles
- Direct access to Ob-Gyns; qualify as "medical home"
- Increased support for nurse midwives, birth centers, and tobacco cessation programs for pregnant women

Promoting Prevention through the Affordable Care Act

Howard K. Koh, M.D., M.P.H., and Kathleen G. Sebelius, M.P.A.

Too many people in our country are not reaching their full potential for health because of preventable conditions. Moreover, Americans receive only about half of the preventive services that

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- **Preventive services include all services categorized by USPSTF with a grade [A] or [B] recommendation**
- **IOM will recommend additional women's prevention benefits (not listed by USPSTF); regulations due 8/11**
  - **The battle for inclusion of contraceptive services as required prevention has already started!!!**

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Federal Medicaid Funding of Abortion

- 1973: Hyde Amendment: no federal funding for abortion, unless the pregnancy is the result of "rape or incest" or "would, as certified by a physician, place the woman in danger of death unless an abortion is performed"
- Currently
  - 17 states cover all or most medically necessary abortions under Medicaid
  - 33 states that provide minimal Medicaid coverage of abortion beyond federal requirements

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The Impact of the ACA on Elective Abortion

- **The Stupak-Obama Compromise**
  - **Presidential Executive Order (3/24/10) enforcing Hyde**
  - **Applies to exchanges, Medicaid, PCIPs, Community Health Center Fund**
- **No federal subsidies may be used to purchase coverage for abortion beyond Hyde**
- **In state health insurance exchanges (starting in 2014)**
  - **At least 1 plan that covers + 1 does not cover abortion**
  - **No plans can be required to offer abortion coverage**
  - **State laws may ban abortion coverage in exchange**

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The Impact of the ACA on Elective Abortion

- Plans that cover abortion beyond Hyde
  - Must notify enrollees of the abortion benefit
  - Members must write a "separate check" for abortion coverage
  - AB premiums and pay-outs kept in separate account, apart from taxpayer money
- No plan can discriminate against a provider or facility because of unwillingness to provide abortion services
- Does not apply to health plan products that have no members with federal support

The Impact of the ACA on Elective Abortion

- Extends the Hyde Amendment to middle class individuals using state health insurance exchanges
- Sends the message that abortion is not "health care"
- Further institutionalizes the moral view of some members of Congress
- Unlikely that many women will write the "separate check…will not have coverage when they need it

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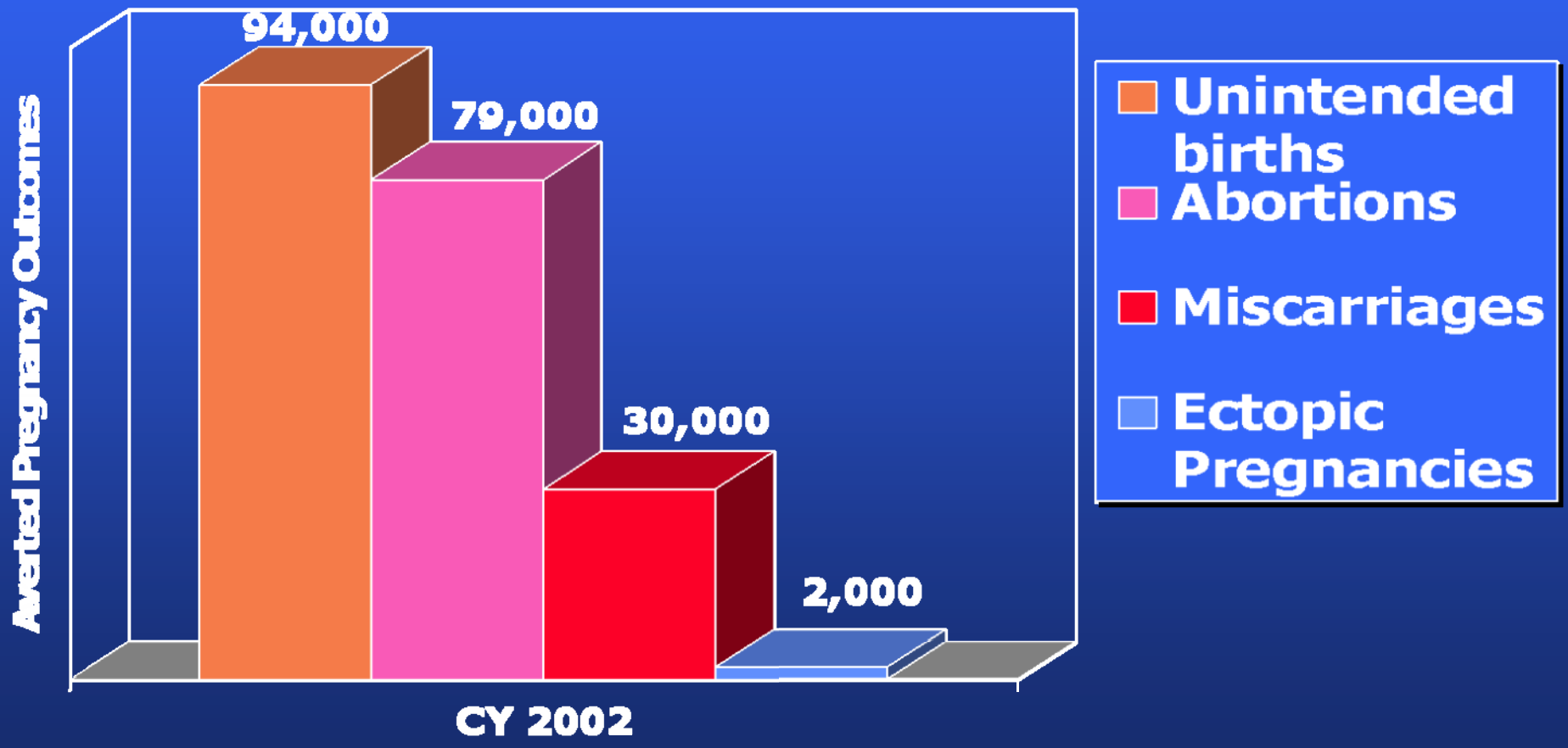
So…What Is A SPA??

- 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

Family PACT services averted 205,000* pregnancies that would have led to…



*due to the provision of contraceptive services to females only

The Family PACT Program is Cost-Saving

Time Frame (CY 2002)	Total Costs Averted	C/B Ratio
2 yrs following birth	$1.1 billion	$2.76
5 yrs following birth	$2.2 billion	$5.33

Time Frame (CY 2007)	Total Costs Averted	C/B Ratio
2 yrs following birth	$1.9 billion	$4.30
5 yrs following birth	$4.1 billion	$9.25

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The Family PACT Program is Cost-Saving

- Compared to a previous cost-benefit analysis conducted in 2002, cost avoidance nearly doubled
  - Increased public sector cost per pregnancy
  - More pregnancies averted per client
  - Decreased Family PACT expenditures per client
- Family planning services are not *merely* cost effective, they are cost saving
  - "Return on investment" is $9 and change for every dollar invested

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Family Planning SPA: Client Eligibility

- Both women and men of all ages must be covered
- Medicaid rules relating to citizenship and immigration
- States may choose to provide **presumptive eligibility**
  - Citizenship documentation is not required
  - Eligibility ends on day of eligibility determination or no later than the last day of the following month

AGI, NFPRHA 2010

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Family Planning SPA: Income Eligibility

- Minimum income limit is ≤ 133% of Federal Poverty Level (FPL), but higher thresholds permitted
  - States will determine eligibility using same formula for pregnant women
- May count applicant as two people…men included!!
- For example, at 200% of FPL
  - Single woman: $21, 660
  - Single pregnant woman: $29,140

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Family Planning SPA: Covered Services

- Contraceptive services for women and men
- "FP-related" conditions identified at a FP visit
  - STI screening, diagnosis, and treatment (except drugs for HIV and hepatitis)
  - Lower urinary tract infections
  - Genital skin infections and disorders
  - HPV vaccination
  - Treatment of major contraceptive complications
- Transportation must be covered (as per Medicaid)

AGI, NFPRHA 2010

Family Planning Waivers vs. SPAs

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

States with waivers in place can choose whether to continue waiver or convert to SPA

AGI, NFPRHA 2010

Health Care Reform: Is It Worth It?

The Good

- 32+ million currently uninsured will be covered
- Avoids coverage denial for pre-existing conditions
- Over a decade will reduce the deficit by improved care to newly insured + cost reductions

The Bad

- No coverage for undocumented persons
- Continues restrictions on federal abortion funding
- Little on quality of care
- Little on skyrocketing health care costs

Reform makes a *broken system* available to more people

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The Future of Family Planning Clinics

- 5-6% of women in US **will not** have coverage
  - Mainly undocumented or women between jobs
  - Clinics will continue as a safety net providers
- 94-95% of women in US **will** have full coverage
  - During transition years, Feds and states will continue support thru SPAs, 1115 waivers, Title X
    - » Primary care provider shortage
    - » Enrollment challenges
- **Look to Massachusetts!!**

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