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Health Reform's Impact on Women's Access to Care and Preventive Services

The Patient Protection and Affordable Care Act (PPACA) expands women's access to preventive testing and health insurance coverage that will strengthen the existing health care system's ability to serve millions of women.

Many factors shape how well the law improves coverage rates for women and ultimately, access to care. For instance, regulations promulgated by the Department of Health and Human Services (HHS), the choices that state policymakers will make regarding their Medicaid programs and new insurance exchanges and in the end, the types of plans that are selected by women and their families.

This brief discusses the impact PPACA will have for woman on access to care and preventive services.

Impact on Coverage

One of the major goals of the health reform law is to expand access to coverage to the uninsured, and the PPACA requires almost all individuals to have some form of health coverage by 2014. The new law accomplishes this through

- Employer Sponsored Insurance - The law requires large employers to provide coverage to their workers and dependents. It also establishes tax credits and other incentives for small employers.
- Health Insurance Exchanges - Small businesses and uninsured individuals will be able to purchase coverage from a choice of private or public plans that will be sold through new entities: state-level health insurance "exchanges."
- Individual Market - PPACA makes changes in this market by banning the practices of gender rating, preexisting condition exclusions, and varying premiums based on health status.
- Medicaid - The law expands Medicaid eligibility to all individuals with incomes up to 133% of the Federal Poverty Level (FPL). When the Supreme Court decided on the constitutionality of the PPACA law in June 2012, the court ruled that Medicaid expansion is optional for states. To date, 25 states have decided to opt in, 15 states chose to opt out, and 10 states are still undecided. In some states, like Florida, the state Legislature is debating whether to accept the federal dollars but use them to purchase coverage versus actually expanding the Medicaid program. Fifty-five percent of all uninsured women have incomes below 133% of the FPL and would qualify for Medicaid if states choose to expandⁱ.

Preventive Care

The health reform law includes some important new expansions and protections in the coverage of preventive services that began to take effect in 2010.

Below is a table from the Kaiser Family Foundation that outlines women’s preventive services that will be covered by new insurance plans without co-pay.

Cancer	Chronic Conditions	Immunizations	Healthy Behaviors	Pregnancy-Related**	Reproductive Health
<ul style="list-style-type: none"> ✓ Breast cancer <ul style="list-style-type: none"> - Mammography for women 40+* - Genetic (BRCA) screening and counseling - Preventive medication counseling ✓ Cervical cancer <ul style="list-style-type: none"> - Pap testing (women 18+) - High-risk HPV DNA testing ✓ Colorectal cancer <ul style="list-style-type: none"> - One of the following: fecal occult blood testing, colonoscopy, sigmoidoscopy 	<ul style="list-style-type: none"> ✓ Cardiovascular health <ul style="list-style-type: none"> - Hypertension screening - Lipid disorders screenings - Aspirin ✓ Type 2 Diabetes screening (adults w/ elevated blood pressure) ✓ Depression screening (adults, when follow up supports available) ✓ Osteoporosis screening (all women 65+, women 60+ at high risk) ✓ Obesity <ul style="list-style-type: none"> - Screening (all adults) - Counseling and behavioral interventions (obese adults) 	<ul style="list-style-type: none"> ✓ Td booster, Tdap ✓ MMR ✓ Meningococcal ✓ Hepatitis A, B ✓ Pneumococcal ✓ Zoster ✓ Influenza ✓ Varicella ✓ HPV (women 19-26) 	<ul style="list-style-type: none"> ✓ Alcohol misuse screening and counseling (all adults) ✓ Intensive healthy diet counseling (adults w/high cholesterol, CVD risk factors, diet-related chronic disease) ✓ Tobacco counseling and cessation interventions (all adults) ✓ Interpersonal and domestic violence screening and counseling (women 18-64) ✓ Well-woman visits (women 18-64) 	<ul style="list-style-type: none"> ✓ Tobacco and cessation interventions ✓ Alcohol misuse screening/ counseling ✓ Rh incompatibility screening ✓ Gestational diabetes screenings <ul style="list-style-type: none"> - 24-28 weeks gestation - First prenatal visit (women at high risk for diabetes) ✓ Screenings <ul style="list-style-type: none"> - Hepatitis B - Chlamydia (< 24, high risk) - Gonorrhea - Syphilis - Bacteriurea - HIV ✓ Folic acid supplements (women w/repro capacity) ✓ Iron deficiency anemia screening ✓ Breastfeeding supports 	<ul style="list-style-type: none"> ✓ Screenings: <ul style="list-style-type: none"> - Chlamydia (sexually active women ≤ 24 y/o, older women at high risk) - Gonorrhea (sexually active women at high risk) - Syphilis (adults at high risk) - HIV (adults at high risk; all sexually active women) ✓ Contraception (women w/repro capacity)*** <ul style="list-style-type: none"> - All FDA approved methods as prescribed, - Sterilization procedures - Patient education and counseling

Conclusion

Health reform holds the potential to expand access to coverage for millions of currently uninsured women and stabilize coverage for many more. Many important details will be determined over the next few years during the implementation phase, particularly whether states opt to expand their Medicaid programs to more low-income individuals. The decisions that the federal government, states, insurance companies and policymakers make over the next few years will have a major impact on access to coverage and care for millions of women across the nation in the years ahead.

ⁱ 2010 survey Kaiser Family Foundation